

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.

1. CLCH Response

CLCH has now appointed a new Chief Executive, Andrew Ridley. He commenced work with the Trust on 1st October 2016.

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.

2. CLCH Response

We are pleased to inform the Committee that (at the time of writing) NHS Improvement has proposed that CLCH be categorized as a 'Segment 1' Trust. That is a Trust, NHSI considers as requiring the least amount of support.

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.

3. CLCH Response

This system has now been set up and red flag reporting has been incorporated into both Trust wide and divisional performance reports.

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 onwards. The Committee welcomed the new initiative on pressure ulcers which would involve input from nurses and healthcare providers. 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.

4. CLCH Response

Further information about the way the Trust deals with pressure ulcers was incorporated into the quality account at page 18.

http://www.clch.nhs.uk/media/216821/ml3976_clch_quality_account_2016_fin_web_v2.pdf

In addition to the information that was provided in the account, committee members may wish to know that there is a Trust wide pressure ulcer action plan which is monitored at the monthly pressure ulcer working group, and the monthly meeting of the patient safety and risk group. There is pressure ulcer policy which has been revised and the training element is being reviewed. In accordance with the action plan, representatives of the Trust work with Imperial College Health Partners, the CWHHE pressure group and the NWLPU Training Group across various pressure ulcer work streams.

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.

5. CLCH Response

As described above, further information on pressure ulcers was provided within the account. Furthermore, the Trust is pleased to report that for the previous 12 months (until the end of September 2016) the proportion of patients who did not have a new (CLCH acquired) pressure ulcer was 99.3% which exceeded the Trust target of 98%.

Also the incidence of CLCH acquired pressure ulcers across the Trust has decreased again this month with no individual teams showing any significant increase in incidence.

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.

6. CLCH Response

The KPI is the aggregated data for the whole year, however the graph presents it monthly hence the information would not match. However in future we will provide a more detailed commentary to explain this.

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.

7. CLCH Response

Following further review it became clear that although a few of the complaints received concerned waiting times within the walk in centre, there were also some issues with communication – in particular regarding patients' expectations as to what services the Walk In Centres were able to provide. Information posters have now been provided within the service explaining that it is a nurse lead service. This is also explained to patients when they register.

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.

8. CLCH Response

The Trust reviewed the complaints received for both months and there did not appear to be any particular trend. However it maybe that the increase in complaints was because the Trust had just updated the complaints leaflet and was ensuring that leaflets were made available across the Trust. Posters were also supplied to all services at this time so it may be that more people were aware of how to complain and acted upon this.

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.

9. CLCH Response

The CLCH complaints manager has agreed that this can be included in future annual complaints reports.

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%.

10. CLCH Response

Further information on this issue was provided to the committee clerk on the 23rd May 2016. It is also attached as an appendix to this document.

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

11. CLCH Response

Following the CQC assessment, specific aspects relating to end of life care were outlined as needing improvement including the need to review the leadership between the Trust and the Specialist Palliative Care Service. Following this, the Trust has now developed and implemented a more robust governance structure and there are now both an operational and a strategic end of life groups that monitor the EOLC action plan. CLCH has also ensured that our specialist end of life service at The Pembridge Palliative Care Centre has become more integrated within CLCH and this has enabled better shared knowledge and expertise across the Trust.

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.

12. CLCH Response

A definition of ‘Cold chain’ was included in the glossary to the Account (at page 74)

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.

13. CLCH Response

Explanations of these and other acronyms were provided in the final account (at page 41).

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.

14. CLCH Response

The final quality account was amended to make clear that this related to a death in custody at HMP services.

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.

15. CLCH Response

It should be noted that CQUIN schemes are not funding for services. They are non-recurrent incentive schemes on top of normal funding, designed to support a quality improvement and not the delivery of a service. It is not correct that income has dropped for these schemes; it is simply the case that extra income has not been achieved.

In the case of the children’s transition to adult care CQUIN, the non-achievement of the CQIN was mainly due the service lead having been on long term sick leave as well as vacancies within the physiotherapy and occupational therapy services. In respect of the dementia training this is now monitored via the trust wide dementia forum. It has now been added to the trust wide statutory mandatory training booklet. The dementia screening targets were met in quarters and 4. In the case of value based commissioning there were ongoing discussions with commissioners regarding the nature and requirements of the CQUIN.

Appendix 1 - Information provided re bullying and harassment to Anita Vukomanovic on 23rd May.

Further to your question to me on the CLCH quality account as to why CLCH was above average in the number of staff that reported bullying and harassment I have now received information from our HR department and so am able to respond to you.

The HR department have informed me that there could be a number of reasons why the reports of bullying and harassment has gone up but they are not as yet able to confirm any one single reason.

Possible reasons include the fact that the overall response rate (to the survey) has increased. Separately the increase may also be due to the increase in vacancy rates and an increase in stress levels. It possible that the forms may not have been completed correctly.

The HR department are of course aware of the issue and are now taking the following steps to deal with the problem:

In any case the following actions are being taken:

- Mediation and team interventions have been put in place to ensure early interventions
- Wellbeing champions are being put in place
- Mentoring & coaching is now available for all staff - with a targeted offer for BME Staff *
- Staff are being encouraged through communications to report issues by using success stories

Finally the Trust has now set up a Wellbeing Task and Finish Group which has formulated a strategy to respond to the issue. This is being taken to the Executive Leadership Team so a final version is not available yet.

Of course we will keep monitoring this particular key indicator and we will report on this again in the future.

Best wishes

Kate Wilkins

* Further to this e mail, a BME staff conference will be held on Wednesday, 16th November. It will be addressed by Yvonne Coghill, Director of Workforce Race Equality Standard (WRES) for NHS England. She will talk about the WRES and what it means for BME staff. It is also a unique opportunity to network with BME staff and take part in round table discussions to share ideas and explore avenues for growth and progression.