Central London Community Healthcare NHS
NHS Trust
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Questions for the Board of Directors

We welcome relevant, written questions on any agenda item from our members or the public. However, please note that in order to be considered, written questions must be submitted in advance of the meeting (at least one clear working day) and should include the agenda topic. Please forward questions to the Trust Secretary at trust.secretary@clch.nhs.uk clearly marked "Questions for the board of directors". Questions below marked* were asked by members of the audience at the annual general meeting (AGM).

Table A below lists questions received to date:

Q	Date of meeting	Received	From	Agenda item	Question as submitted (verbatim, with the exception of spelling errors) - questions asked at the AGM are summarised	Board response
	31.05.17	29.05.17	Staff	3.2	Does the board believe sufficient resources have been provided for the successful roll out of the Allocate system and are they aware of the additional time this system is taking away from clinical staff who are leading teams and also treating patients. Could additional resources be considered for the roll out of Allocate to implement effectively prior to the system being utilised for pay roll. Four staff leading the roll out of this system is unrealistic given the size and expectations of the organisation. Key measure that I believe would lead to the successful roll out of the system New user training for all managers rather than ad hoc / refresher training Could each division have a named Allocate Lead who is based in the locality.	A message was sent to the member of staff thanking them for their question and inviting them to contact Holly Ashforth to discuss their concerns, acknowledging that initial set up on the system could be onerous but that the longer term benefits were significant. The Board's response is shown below **Response to staff question for the Trust Board, 31 May 2017** **1. Does the board believe sufficient resources have been provided for the successful roll out of the Allocate system and are they aware of the additional time this system is taking away from clinical staff who are leading teams and also treating patients.** The rollout of the Allocate e-rostering system has been supported by the Allocate programme board chaired by the Chief Nurse and Interim Chief Operating Officer. The resources in place to support the roll were reviewed during the initial phase of the roll out and a business case taken to the Director of Finance requesting a further two administration posts supporting effective training and support to services prior to and during the rollout. This was approved. In addition to the programme board there is an Allocate Operational forum chaired by the Deputy Chief Nurse and Workforce Information and Allocate Programme manager. This forum is attended by Clinical Business Unit Managers and staff responsible

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						for e-rostering and the purpose is to establish how existing users of the e-rostering system are managing, address any challenges and identify and concerns for staff about to have the e-rostering system implemented. Concerns regarding the time taken for e-rostering have not been a large concern raised by the services. **2. Could additional resources be considered for the roll out of Allocate to implement effectively prior to the system being utilised for pay roll. Four staff leading the roll out of this system is unrealistic given the size and expectations of the organisation.** Having spoken to the Deputy Chief Nurse and Workforce Information and Allocate Programme Manager, it is not felt that additional resources are required. However, it is important that services are comfortable and competent with the use of the e-rostering system prior to having the payroll element implemented into their services. The Workforce Information and Allocate Programme Manager is happy to support services if they have identified concerns or have queries. **3. Key measure that I believe would lead to the successful roll out of the system:** **3a. New user training for all managers rather than ad hoc / refresher training** The Workforce Information and Allocate Programme Manager is currently reviewing this following requests at the last Operational Allocate meeting. The possibility of webinar type training is also being explored. **3b. Could each division have a named Allocate Lead who is based in the locality.** The Allocate team currently allocate one member of staff to operate a support system and the other staff rotate to services to support training and the roll out. Having spoken to the Workforce

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						Information and Allocate Programme Manager, it is felt that this is a more efficient way of working rather than having divisional leads as it ensures that there is always an individual available to respond to queries or requests for advice or help. However, this question will be taken to the next Allocate Operational forum for discussion with services.
	21.09.16	21.09.16	AGM (staff)	4	Mobile working – how the Trust sees this in terms of flexible hours, eg in schools, as there is little direction or guidance and it does not feel flexible.	The agile working strategy is intended to support flexible working, however it is acknowledged that a culture change will be required to support both productivity and work life balance. The management team will consider the comments with a view to ensuring that staff feel supported to work flexibly using technology.
	21.09.16	21.09.16	AGM (staff)	4	How can the Trust achieve / measure 'outstanding' care	Through co-design and working together; measurement will be through what the patients and public tell the organisation.
	21.09.16	21.09.16	AGM (staff)	4	Given the value and breadth of contracts, together with the skills of staff, for example in education and prevention, how might the Trust seek to be recompensed for this work – given the lack of finance across the health system.	The Trust can work in partnership with local authorities which are now responsible for public health. All partners will work together in support of sustainability and transformation plans to address the challenges faced in support of patient care. Funding to support health promotion for some services, for example children.
	25.11.15	19.11.15	Staff member	2.1	Front line clinicians and team leads are now undertaking additional non face to face activity to address the problems with transport which are impacting on patient care and the reputation of CLCH services. How can the board ensure the transport contract is being effectively managed and addressed rather than front line clinical staff?	In June 2015 concerns were raised by G4S, the new provider for the patient transport service to CLCH and the London Procurement Partnership (LPP) that there was not enough operational input from CLCH during the mobilisation phase. CLCH Procurement made a request to the Divisional Directors (DDO) asking if an operational manager were available to help support this contract to help operationalise the service in CLCH. James Benson, DDO - Barnet Community and Specialist Services Division arranged for the Head of Business and Performance Support to assist and who has managed the contract since July, the final month before the service went live from 1 August. During mobilisation weekly meetings were held with G4S to update on progress. Risks and issues were being proactively managed and

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						monitored on a weekly basis to ensure that the service was ready for Go Live. The weekly mobilisation meetings continued until mid-September in order to conclude some urgent issues around the online booking system which users reported they were having problems with. We then reverted to having a monthly contractual meeting – held after the receipt of the monthly activity report/data provided by G4S. The Trust is aware of capacity issues that G4S are experiencing which is impacting on service delivery. The risks to the current provision of the service is on the trust risk register and scored as such that the risk is escalated to the executive leadership team and the Board. There are several actions for the contract lead, as well as actions for G4S as the provider to work through which will result in a significant improvement to the provision of the patient transport service and will reduce the time clinical staff are spending on undertaking additional non face-to-face activity.
54	10.09.15	at AGM	Public*	1.6	What are the Trust's plans to invest in district nursing in Barnet?	An additional investment of £250k had been made by commissioners to increase capacity and recruitment was underway. Nurses recruited from Italy and the Philippians would be placed at in-patient units in Barnet in support of their induction and training, prior to joining community teams.
53	10.09.15	at AGM	Public*	1.6	What are the Trust's plans to keep staff healthy and well?	The Trust has an occupational health service. The national drive (announced in early September) to improve the health and wellbeing of 1.3m health service staff would be considered but this would take time to implement.
52	10.09.15	at AGM	Public*	1.6	How could the Trust influence Westminster local authority to comply with the Care Act requirements? This had already been raised with the patient's MP, the Department of Health and the Health Ombudsman.	It was suggested that while the Trust could raise this informally with the local authority, it might be useful for the patient to share their concerns with the chair of the health overview and scrutiny committee.
51	10.09.15	at AGM	Public*	1.6	What steps had been taken to ensure	It was confirmed that two of the Trust's own associate directors of quality

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					that nurses recruited from abroad (see answer to question 54 above) would be able to speak and understand English.	had interviewed candidates and that only those who met the criteria had been offered employment with the Trust.
50	10.09.15	at AGM	Public*	1.6	When would acute and primary care services share a single spine of information, for example to share the results of blood tests which had to be repeated unnecessarily at various NHS sites?	The Trust has implemented SystmOne which enabled inner London patient information between GPs and community services provided by CLCH to be shared, however not all of the Trust's partners used the same system.
49	10.09.15	at AGM	Public*	1.6	It was suggested that rather than global recruitment the Trust should recruit nurses from Britain first.	Every effort has and will continue to be made to recruit staff in the UK, however there were shortages, particularly in London. Overseas recruitment had been undertaken to try and reduce nurse vacancies by appointing permanent members of staff.
48	10.09.15	at AGM	Public*	1.6	What is the Trust doing to meet the requirements of the Autism Act 2009 and the statutory requirement to support the implementation of the adult autism strategy?	The Trust employs three clinical psychologists whose portfolios include a specific responsibility for working with people with autism. The Trust also has a learning disability strategy which would be reviewed to ensure that statutory requirements are fully considered. Action ABoD/44/15.
47	10.09.15	at AGM	Public*	1.6	How could the Trust ensure that information provided to people with learning disabilities was provided in an accessible, easy read format?	The Trust would consider the provision of accessible information as part of the learning disability strategy. Action ABoD/45/15
46	10.09.15	at AGM	Public*	1.6	While there is much talk about working in partnership, working with patients is key and trusts must pay attention to and develop the pathways that patients need. This should not be confined to representatives at groups and should include patients in their own homes.	Clinical business units are required to engage patients; examples include respiratory services and diabetes services. The Trust is committed to involving patients at a clinical level and capturing the needs of individuals; this is work which will be progressed in the coming year.
45	10.09.15	at AGM	Public*	1.6	What are the Trust's plans to achieve	The Trust did ask the CQC what would be required to achieve outstanding

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					a CQC rating of outstanding in the future?	but there is no single or simple answer to this question. However the Trust will learn from best practice and it is known that organisations that go 'above and beyond' what is required are those which are innovative, including some of the developments planned, for example voice over internet (VOIP) and individual patient pathways.
44	10.09.15	at AGM	Public*	1.6	Whilst it is encouraging to hear about the Trust's plans, patients needed changes now, not in another 12 months.	Accepted, but against a background of considerable reorganisation there is constant reorganisation of the NHS and joining up with partners can take time. The Trust remains committed to meeting the needs of patients and as a foundation trust, will benefit from greater patient / public / governor involvement.
43	10.09.15	at AGM	Public*	1.6	Which support services have been outsourced and why was Capita, which does not have an unblemished reputation, chosen?	Capita now provide transactional services in support of: finance (accounts payable and accounts receivable); human resources (payroll and recruitment); information technology (infrastructure and help desk); estates (facilities management and caretaking). Capita were selected, following a lengthy and detailed process, on the basis of providing value for money, innovation and expertise.
42	30.07.15	28.07.15	Staff	3.2	In relation to the CQC report What are the expectations of the Board with regard to the Children's Services plans to recruit and retain staff?	The Board monitors vacancy rates closely and fully understands the impact this has on staff and the quality of service to patients. A key focus for the new Divisional Director for OD&D will be to improve recruitment and retention across the trust, in partnership with Capita. This is in the context of a national and regional shortage of nurses and a challenging labour market and financial position for the Trust. With respect to children's services in particular the DDO has provided the following information: "Firstly that we submitted a response re factual accuracy in the CQC Report as we are over established in Barnet against commissioned numbers in recognition of the need to try and reduce caseloads which have dramatically reduced in the last 12 months due to positive recruitment. As we have done in the past we continue to represent to commissioners in Barnet the impact of the current level of capacity which they commission.

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						In other areas we are looking to different ways of recruiting. In paediatric nursing we have introduced rotational posts with Imperial and Chelsea & Westminster as an incentive. In School Nurses we are looking at alternative roles especially to support the Public Health agenda as well as growing our own by encouraging staff to complete the School Nurse training. We have rolling adverts for all our hard to reach posts "
41	30.07.15	28.07.15	Staff	3.2	In relation to the CQC report What is the timetable for the introduction of more competitive pay rates for bank staff within Children's Services in particular?	As requested by the executive leadership team (ELT) a proposal has been drafted and subject to it receiving input from finance colleagues this should be brought to ELT for their final consideration on the 10th August.
40	27.11.14	21.11.14	Staff	2.1	I work in the Inner London community neuro rehabilitation team. Two of our team members recent completed a "practice environment" survey and the results clearly demonstrated that all team members felt that we did not have sufficient tools to do our jobs efficiently. When explored further this we specifically around access to mobile working. Is there any update or developments in when this will be provided to those who work in the community?	IMT Delivery have rolled out 400 devices that were deployed for the following mobile working pilots: • SystmOne - Dell Laptops - for H&F District Nursing. ▪ Total Mobile - Galaxy Note tablet - Community Nursing; Community Specialist Rehabilitation; School Nursing and Health Visiting. ▪ A mix of Laptops and tablets for email/access to calendar/appointments and internet for clinical usage - Speech and Language Therapy. We are currently completing the evaluations of these pilots to make sure that we: ▪ identify fit for purpose devices to meet user requirements and enable access to all necessary applications for undertaking effectively all their work

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						▪ engage with clinicians and will improve communications ▪ ensure enough training is delivered and adequate technical support is in place to overcome technical difficulties and handover to BAU Service Support The next planned phase of the programme is to deploy a further 350 devices from January to March next year, once we have considered the mobile working evaluations and confirmed with the business leadership (DDOs, CBU Managers etc) the priority areas for this. With regards to this particular request, we are keen to engage with staff that are interested in progressing with mobile working. To take this forward the IMT project team would really like to hear from the staff who asked this question, and if possible to see the results of the 'Practice environment' Survey Results that were referred to. Please contact the Chief Information Officer, Bruce Wheatley at bruce.wheatley@clch.nhs.uk We are committed to ensuring that the mobile working programme delivers a tool that will increase productivity, improve patient experience and enhance staff satisfaction. To support this, we are currently developing a benefits matrix to measure against business requirements. Whilst the roll out for the remainder of this year is currently being reviewed and will be signed off by the DDOs; Business Planning for 2015/16 has identified a significant shift towards deploying mobile working more widely across the Trust, although this does brings increased project costs, which require the appropriate financial planning. We are currently working hard with the business to identify the key priority areas, which will lead to the development of a roll out plan for mobile device deployment in 2015/16. This will be available as a communication once signed off by the Business and Project Planning process.
39	18.09.14	*	Attendee	1.7	A resident from Kensington and Chelsea asked about the quality of	The Trust is not currently involved in the appointment or training of local authority care staff. CLCH health care assistants are appointed within the

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					vetting and training of care assistants for the elderly.	Trust's recruitment policy and work to set competencies, supervised by a registered professional (nurse or allied health professional). From 2015, a new 'care certificate' would be introduced nationally which all health and social care staff would be expected to complete.
38	18.09.14	*	Attendee	1.7	A resident from Soho asked about best value, clinical outcomes and customer satisfaction.	Patient experience is measured in a variety of ways, including telephone surveys by Picker (some 1500 per month). Work had been undertaken to compare patient experience with cost and all teams had been asked to identify three clinical outcomes and measures which would be used to inform commissioning for value discussions in the future. It was anticipated that this would lead to a more sophisticated approach to patient centred care.
37	18.09.14	*	Attendee	1.7	A resident from Barnet asked how patient needs are identified and how the level of unmet need, for example in physiotherapy is measured.	Activity data for all services is collected and compared to patient acuity data. This is used in discussions with commissioners. Joint strategic needs assessments (JSNA) are undertaken in each borough and public health information at a national level is also used.
36	18.09.14	*	Attendee	1.7	A resident of Westminster expressed concern that it was not possible to fund the care plan advised following orthopaedic surgery due to relying on state benefits. Despite raising this problem directly with government departments, nothing had changed.	It was recognised that this must be very frustrating, while the Trust could not help directly, an offer was made for this to be discussed with the Trust's patient advice and liaison service (PALS) manager. In the future health and social care services would be more integrated, with some pilot studies in Westminster, to ensure these are more responsive to the needs of patients. Furthermore an initiative to provide personal healthcare budgets had also been proposed at DH level.
35	18.09.14	*	Attendee	1.7	A resident from Pimlico asked about financial autonomy and how revenue may be used to fund additional projects, for example through private equity.	It was explained that NHS Trusts did not have access to bank loans but as a foundation trust this would be possible. Revenue was currently limited to funding received from commissioners, however there were some opportunity to work with partners.
34	18.09.14	*	Attendee	1.7	A representative from the 'save our hospital' campaign asked if whether the transfer to the Trust of estate formerly owned by the PCT had had a destabilising effect on the	Rent and PDC were roughly equivalent and overall a positive benefit had been realised, for example the ability to dispose of surplus estate. It was noted that some of the buildings were used as a base for administrative duties and with the drive to mobile working might not be

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					accounts, ie were payments higher than previous rental payments.	required in the longer term. Others were examples of new modern premises such as Parkview Centre for Health and Wellbeing in White City and Finchley Memorial Hospital in Barnet.
33	18.09.14	*	Attendee	1.7	A representative from Westminster Healthwatch commented that in 2012/13 access to specific quality reports had been made available via the quality stakeholder reference group (QSRG), however this was no longer available.	While it would be possible to discuss this again at the QSRG, more importantly, the Trust was developing plans on how to reach local stakeholders and patient groups as it was recognised this was currently underdeveloped.
32	18.09.14	*	Attendee	1.7	A resident from Pimlico expressed concern at the length of waits for psychological services (which could be up to a year and for which notes were often mislaid).	J Harris, Divisional Director of Allied Primary Healthcare Services responded to this question explaining that where commissioned (currently only in Kensington and Chelsea), patient waiting times had been reduced from 27 to 15 days for assessments. Unfortunately there were no other contracts with CLCH for psychological services.
31	18.09.14	*	Attendee	1.7	An attendee suggested that some patients were being advised not to mobilise due to concerns about falls and harm which was having an adverse impact on their physical health.	While the danger of falls was recognised, it was confirmed that the Trust sought to support the rehabilitation of patients. The attendee was later introduced to the Head of the Falls Service who was able to provide further assurance.
30	31.07.14	25.07.14	Member of staff	1.5	What is the outcome item 112.4 on page 2. Some of the answers to questions do not really answer the questions to the Staff. How are Staff exit from the Trust actioned? It appears the same concerns are repeated and lessons are not learned from the process.	On behalf of the Board, I can confirm that the answer to your question is that in future any question to the board and the director's response will be tabled at the board meeting ie it is just an administrative process issue. As things stand you are the only member of staff who has forwarded any comments for the meeting of 31.07.14, which means only your question will be tabled. I am not sure if you had the opportunity to open the link on the site with the HR director's response regarding exit interviews but, to confirm, this is as follows: *The HR Transformation team members support some exit interviews and feedback issues/concerns to the relevant manager or encourage the staff*

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						member to raise direct but take up on exit interviews is low. *We do not currently routinely report on these because of the low levels received.* *However we will increase awareness of exit interviews and develop a reporting mechanism possibly in the performance reports but would be useful to look at info alongside exit interviews.* *There have been two consultations in the rehab services to link in with changes to services being commissioned and way forward paper from the second consultation will be coming out in July and it possible this has led to a higher than normal turnover.* This means that the HR team will try and encourage more staff to agree to / complete an exit interview so that we can gather information and identify any common themes. I can confirm that the newly established Workforce Committee, to be chaired by a non-executive director, will consider such information together with action taken in response to the staff survey. Directors do endeavour to answer the questions of staff and to date there has been no indication that staff are dissatisfied with their individual responses, however please feel free to telephone me if you have any further questions and I will put you in touch with the relevant lead(s). I will share your anonymous comments and this response with the Board on Thursday.
29	01.07.14	27.06.14	Member of staff	1.2	I would like to ask something regarding receiving gifts from the family of residents. Are we allowed to receive gifts and what type of gifts. What is the policy of the trust?	The relevant policy is our **CONFLICT OF INTEREST POLICY AND CODE OF CONDUCT available at** http://srv-intranet/Organisation%20Document%20Library/Conflict%20of%20Interest%20Policy%20and%20Code%20of%20Conduct.pdf Please see section 5. Essentially please refuse any offer of a gift other than that of minimal value, eg £5; if you do accept a gift, please declare this in writing, we keep

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						a central register. Any gift of money should be declined.
28	01.07.14	26.06.14	Member of staff	2.1	I am still very concern with the Re-organisation of the Staff within the Senior Management Teams do not reflect the Diverse Staff and Community. When will the Trust address the concerns?	Further to the Board seminar meeting in April, the Equality and Diversity team have sought the Board's commitment to the following three priorities which the Board agreed on 01.07.14: To increase BME representation at a senior level To consider equality and diversity in all business planning / decisions including transformational programmes and tendering opportunities To have greater visibility / attendance of Board members at equality and diversity events (for example at Black History Month, LGBT History Month) At a more local level, the Board have included a key performance indicator in relation to increasing the number of staff from BME backgrounds at bands 7 and above (currently 30.8% - target 34%).
27	01.07.14	26.06.14	Member of staff	2.1	I have worked as an OT for CLCH since 2009 (albeit K&C PCT initially until the restructure). I am a band 7 clinician. Over the last year, many experienced colleagues have left. I have recently found myself as the lead for 5 vacancies within K&C bedded rehab alone. I am quite alarmed at the exodus of staff and the resulting lack of skill and experience within the teams this creates. We are able to gain support from locum staff but this is so transient it is not an effective way to work as you can appreciate. Please could the board advise any strategies they have or proposals to ensure that we reduce the numbers	The HR Transformation team members support some exit interviews and feedback issues/concerns to the relevant manager or encourage the staff member to raise direct but take up on exit interviews is low. We do not currently routinely report on these because of the low levels received. However we will increase awareness of exit interviews and develop a reporting mechanism possibly in the performance reports but would be useful to look at info alongside exit interviews. There have been two consultations in the rehab services to link in with changes to services being commissioned and way forward paper from the second consultation will be coming out in July and it possible this has led to a higher than normal turnover.

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					of good, dedicated and experienced staff from leaving and increase our retention rates. Why are staff leaving? What are common themes from exit interviews.	
26	03.06.14	27.05.14	Member of staff		'Empowering the Frontline' services? Organisation to provide the service with effective clinical governance, for example to; provide supervision and appraisal arrangements for lead clinicians, inform on pathways to raise clinical concerns and promote links with other services to enable people with learning disability to access specialist.	This role will remain covered by the incumbent as a fixed term appointment pending clarification of future role and remit with the local authority.
25	03.06.14		Member of staff		Regarding Health Visiting, some Boroughs are GP aligned; others are geographical, different business rules. If we are one organisation CLCH, all the boroughs should work in the same way, ie be consistent.	The Divisional Directors of Operations, in collaboration with senior colleagues and stakeholders, have taken a view as to how they best balance the needs of the local populations and services with the synergies of a uniform organisational model
24	03.06.14		Member of staff		Why is there so much inconsistency between how the boroughs work? For example, Barnet pays bank staff monthly, the others weekly?	This is an historical arrangement that has been in place since before the creation of CLCH and was not harmonised at merger. As we look to re-procure the payroll service this year we will consider all options in relation to consolidating the frequency of payroll.
23	30.04.14	24.04.14	Member of staff	3.1	Are you planning on any further restructures with a view to cutting down further front line staff across community rehabilitation.	There are no planned reductions to front line community rehabilitation staff. The Community Independence Service is out to tender and the Trust intends to bid for this service.
22	30.04.14	24.04.14	Member of staff	1.8	A lot of time was spent discussing the social services and health	The plan for a jointly managed service in including adult social workers and therapist joining community nurses and therapists in local integrated

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					coordination and amalgamation. This has now not been mentioned again. Is this still a priority? What are your expected time frames?	teams in partnership with the TRI-boroughs was suspended in April 2013. This followed the departure of the then Director of Adult Social Care. A permanent Director came into post in October. The TRI- boroughs have prioritised joint commissioning and the development of the Better Care Fund. They and the Clinical Commissioning Groups have indicated that they will develop with our Trust a specification for a Community Independence Service which will incorporate the integration of these services. This work will commence this year but is likely to be operational in 2015. In the latter half of 2013 a range of health and social care partners across North West London including our trust were successful in our bid to become national integration pioneers. In 2014 our Trust will be participating in four early adopter pilots to trial integrated working with primary, social care as well as some specialist acute and mental health services. Planning work is underway with the intention for these pilots to commence by October this year. Some community nursing and therapy services will participate in these pilots.
21	27.03.14	24.03.14	Member of staff	1.5	How are admin staff encouraged to develop their career. There are projects always going on in the Trust, but contractors are employed to fill in these roles, while there are staff within the trusts that has the experience and qualifications to support these projects. If Admin staff profiles are reviewed and competencies establish, this will be cheaper for the trust and the project will be more effective as the staff will be familiar with the project	Interim and project manager roles should be advertised through the internal vacancy list. In practice this rarely happens. The recruitment manager has therefore been asked to ensure that a separate section is included in the internal vacancy bulletin to promote such opportunities. This will be referenced in the Recruitment Strategy and executive directors will be asked to commit to flagging opportunities for staff development in the weekly bulletin. The Trust has an established administration programme targeted at bands 1-4, including a foundation programme and qualification programme. Access to bursary funding to pursue further education is also available.

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					baseline. There are some Admin staff that possess the Prince 2 certification and some are studying privately to improve their career, what plans does the trust have for such staff?	
20	26.02.14	20.02.14	Member of staff	1.5	In relation to the forthcoming NED vacancy, how will the board encourage applications from people with diverse ethnic backgrounds	The Board is committed to equality and agree that the best boards are those that reflect the communities served. Applications for the vacant non-executive director post will be actively sought from our diverse community, including BME groups.
19	26.02.14	20.02.14	Member of staff	3.1	What training do staff have to help them to deal with people with learning difficulties and mental health issues and ensure that we are meeting their care needs satisfactorily?	Registered healthcare professionals receive training in how to communicate with people with a variety of needs. Our learning disability (LD) teams are very highly trained specifically in the care of people with learning difficulties. An area in which we need to improve is in providing extra training for all our general staff in how to best meet the needs of people with LD, mental health challenges and dementia. The LD strategy above will contain a clear plan for the expected levels of competency for all our staff. The strategy is currently being developed and we expect to have the final document for implementation by July 2014.
18	26.02.14	20.02.14	Member of staff	3.1	How does the Trust ensure that feedback about services, including making a complaint, is assessable to all members of the community especially people with learning difficulties?	The Trust has a clear complaints policy which is available on the intranet. This includes an easy read version of our complaints leaflet and a number to phone to talk to the PALs service. We make every effort however to resolve complaints at a local level and we have an experienced team of professionals working with our clients in Learning Disability services. These professionals are specially trained to ensure people with learning difficulties are enabled to communicate their fears and anxieties in the best way for them. We have realised we have a gap is in our general services such as rehabilitation units and walk in centres. The Chief Nurse is therefore leading on a piece of work to implement a plan across the

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						whole Trust to ensure the needs of people with learning difficulties are met across all our services. The Trust has developed a paper based method of collecting feedback from people with LD and has been successful in winning a bid to work collaboratively with Mencap and the CCG in developing an IPAD based App to support collecting feedback from people with mild to moderate LD.
17	26.02.14	20.02.14	Member of staff	2.2	The MSK service in Westminster has seen a number of staff members leave in the past two years, taking into consideration CIPs and the loss of contract from the West London CCG, this still means we have around 4 WTE posts covered by agency/bank staff. We have not been allowed to recruit to posts in this time despite the sentiment from the board that there is an overspend on temporary staffing (see minutes item 10.8). This has made it difficult to implement care pathways and maintain adequate levels of training with implications for staff moral and continuity of care.	The board is actively seeking assurance (via the monitoring of performance vs plan at the monthly team meetings) re: temporary staff expenditure and any correlation with the quality of service. With regards to specific staff arrangements, this would be best discussed with the associate director, vivien.delafuente@clch.nhs.uk for specialist community nursing.
16	26.02.14	20.02.14	Member of staff	2.2	Will the new CBU manager have autonomy with regards to recruiting to maintain staff establishment or will this continue to be managed in a top down manner?	One of the rationales behind the proposed restructure of operational divisions is to increase autonomy and for decisions to be made at the lowest practical level of service. Specific questions on the proposals can be made through the communications team at frontline@clch.nhs.uk
15	26.11.13	20.11.13	Member of staff	4	In view of the government's response to the Francis report (19th Nov 2013) Is the Trust in a position to agree what the safe staffing levels and ratios of qualified and non-qualified	This is a topic which is being actively discussed by the quality team in order to meet national guidance. When this work has been concluded, a paper will be prepared for Board consideration on 30.01.14. Unfortunately, it is not possible to provide a

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					staff should be on the CLCH bedded units and how the financial implications of this will be managed if this means an increase in establishment.	more definitive response to date.
14	29.10.13			1.7	As both a resident of H&F and an employee of CLCH I am interested to know what the time frame is for CLCH aspiring to achieve foundation status?	You may be aware that the CQC have changed their inspection regime and that only trusts which have been inspected will be permitted to make an application to Monitor. The first priority for the CQC will be acute trusts and for this reason all aspirant community trusts will be delayed. Our assumption is therefore that our assessment by Monitor is unlikely to take place before early 2015. We are sorry not to be able to provide a more definitive response but would like to confirm that the trust is fully committed to achieving foundation trust status as soon as possible.
13			AGM attendees	1.2	What is being done to recognise carers and is there an annual carers award ceremony similar to the staff ceremony?	Clinical staff routinely involve carers in the cared for patient's treatment. The Trust has a Stakeholder Reference Group which includes a carer / patient representative. There are no plans to establish a carers award ceremony but this is a helpful suggestion which will be considered.
12			AGM attendees	1.2	Staff receive a lot of verbal feedback – are they encouraged to give patients questionnaires to make comments?	An initiative had been introduced to contact patients by phone following episodes of care to seek feedback. This avoided the problem of patients being asked for feedback by their practitioners and importantly save practitioner time.
11			AGM attendees	1.2	How do you monitor that staff are delivering care with compassion?	A research study is underway to look at what influences people to be compassionate or not. It is anticipated that the outcome of the study will help make a difference to patients and staff.
10			AGM attendees	1.2	What is the link between becoming a Foundation Trust and patient care - will it improve patient care? Could the resources spent on the annual	The foundation trust process is a challenging one and the assessment process is focused on organisational ability to provide high quality care. The Board believe that the annual staff awards ceremony is valuable and that awards can improve staff morale and help the Trust attract high

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					staff awards ceremony not be better spent elsewhere such as developments of service and training so all staff benefit? Why is there a big decline in health visitors?	quality staff. The Trust was proactively recruiting health visitors.
9			AGM attendees	1.2	How confident are you of achieving Foundation Trust Status?	We are confident of achieving foundation trust status and have been working hard to prepare for assessments. A change to the application process means that all prospective trusts will have to be assessed by the CQC prior to being considered by Monitor. This will delay the programme, however the Trust will continue to ensure it is well prepared.
8			AGM attendees	1.2	Why are there no services in Westminster for deaf people? Why have social services cut the amount of care I can receive as a person with learning disabilities as a carer I should get more help?	There are services available for deaf service users and people with learning disabilities in Westminster. The local authority is responsible for deciding who is eligible to receive these services; however the Board would share this perception with the local authority. Note, R Milner agreed to speak to the gentleman about his personal care issues after the meeting.
7			AGM attendees	1.2	A member of the public asked various questions relating to services in Barnet and Finchley Memorial Hospital, including poor: signage, disabled access, loop systems, IT, transport, access to autism services and wheelchair service.	The poor signage at Finchley Memorial Hospital was acknowledged. The Trust was working with the organisations that own and manage the site (Combined Health Partnerships and NHS Property Services) to improve signage. While the board could advocate the need for better transport, this was the responsibility of Transport for London. The need for induction loops in the meeting rooms at Finchley Memorial would be raised with the estates team. Learning disability services in Barnet (which include autism) were managed by the local authority. A concerted effort was being made to improve the wheelchair service and

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						some positive feedback had been received, however if there were problems, the Trust would be keen to address these.
6			AGM attendees	1.2	How do you know you work effectively with the diverse community; the Board members do not look representative?	The Trust had systems to ensure feedback is captured from a diverse range of patients and had the benefit of a dedicated equality and diversity team to ensure feedback informed service delivery.
5			AGM attendees	1.2	In relation to the planned closure of certain hospitals, including Charing Cross Hospital, do the Board agree that shifting from acute care to primary care is a financial gain to CLCH. Will CLCH have the capacity to take on the extra work?	The organisation would not take on extra services simply for financial benefit, some hospital services can be better provided in the community but this requires careful planning of patient pathways to ensure any changes are safe for patients, as emphasised by the Keogh Report.
4	26.09.13	26.09.13	AGM attendees	1.2	How many Trusts do we cover?	We provide services principally to 4 London boroughs: Hammersmith and Fulham, Kensington and Chelsea, Westminster and Barnet. We also work closely with the Royal Free Hospital to provide safe, early discharge.
3	31.07.13	26.07.13	Staff	5.1.1	I would like to ask what are the Trust's plans to deal with staff who are on the top of their bands with no options to move to higher bands due to a freeze in vacancies? Is there a financial remuneration initiative in mind in line to what's happening with other Trusts? How does the Trust intend to keep experienced staff in this situation and to show them that they are appreciated and valued within in the organisation? Is there any plans to un-freeze	We don't currently have any plans to extend the pay bands by adding additional incremental points at the upper end and indeed as an NHS Trust we don't have the flexibility to do so. With the exceptions of the flexibilities built into Agenda for Change (which were extended last year – see answer to question 2 below) NHS Trusts are bound by the provisions of the national pay framework. Only Foundation Trusts have the flexibility to move away from Agenda for Change completely and we will not become an FT until next year. Very few FTs have made major changes to Agenda for Change as yet but if you have heard of any interesting developments elsewhere please do share them with me. The Trust isn't operating a formal vacancy freeze although some divisions it is true are sitting on vacancies pending decisions about how cost improvements are to be achieved this year. However, I've checked and we are currently advertising a variety of posts on the internal vacancy list although

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					vacancies so staff can apply to jobs in bands that reflect more adequately the roles they are doing in the Trust and to give them some opportunities both on career development and financial incentive in these troubled and difficult times?	admittedly there aren't many in Children's Services this week. You may have heard that a number of new flexibilities were introduced into Agenda for Change last year following negotiations with the trade unions at national level and they include - An end to automatic incremental progression – from 1st April 2014 incremental progression will have to be earned on the basis of good performance as assessed locally - The option for Trusts to replace band 8c, 8d and band 9 with a senior manager grading system of its own. The Trust is currently considering how we might want to respond to these flexibilities with a view to launching our own local approaches from 1st April 2014 but we don't have any worked up any firm proposals to share yet. We will share these with staff as they are developed. We have recently launched the Improving Working Lives Plan for 13/14 which sets out how we are responding to feedback from the staff survey including initiatives to improve communications, address bullying and harassment and violence in the workplace etc.
2	31.07.13	26.07.13	Staff	5.1.1	In the current financial climate, we are being asked to save on costs. A recent restructure document (May 2013) for the IT department listed 3 posts at risk. A couple of weeks later, the IT took on 3 contractors that I know of, there may be more though. How do you justify putting substantive posts at risk whilst at the same time spending money as described here.	It is important for staff to understand the distinction between business as usual and delivery of the IM&T strategy. The trust has a major, challenging, cost improvement programme - this is what is driving the restructuring of the IT department and it is correct that posts are, and will be, at risk in designing a structure fit for the Trust's future needs. Separate to this, the trust has ambitious IT plans to improve efficiency and services to patients. This will be achieved through delivery of the IM&T strategy, for example the total mobile App which will be piloted in the near future. Specialist interim consultants, with the necessary skill set and experience, have been engaged to manage the programme of delivery funded by capital funds.
1	31.07.13	04.07.13	Public	1.5	I have a great deal of experience in carrying out major transformation programmes for large organisations	Our strategic framework includes the following related elements that help us understand how we will meet our vision and mission – that is to say,

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					across the world. I find the sentiment behind the six new goals published in the newsletter highly laudable. However, I fail to see how the board of directors will recognise when these goals have been met. So please can the board tell me how they will know (through recognition or measurement) whether or not they are achieving these goals?	where we want to go and what we want to be: ▪ Goals (what we want to achieve) ▪ Strategies (how we are going to get there) ▪ Annual objectives (what we want to achieve within the next year within the context of our longer term goals) ▪ KPIs (how we will measure our success and progress against our annual objectives and longer term goals) A paper presented to the Board in May 2013 '2013/14 Annual Objectives – Measuring Success' set out our eight annual objectives for 2013/14 and the key performance indicators we are using to monitor how well we are meeting them. These are monitored by the Board monthly.