South London and Maudsley **NHS**

NHS Foundation Trust

LB Southwark Health Overview and Scrutiny Committee

24th March 2014

Report from South London and Maudsley NHS Foundation Trust

1. Draft Quality accounts,

The first draft of the SLaM quality account for 2013/14 will be circulated to partner agencies from 10th April.   Our quality priorities will be agreed at the Trust Board on 25th March. The short list is below.

Quality Priorities – shortlist for 2014-15

The quality priorities for 2014/15 have been identified through a number of sources and a lengthy process of consultation with stakeholders and staff. They are:

	What we will commit to	Target	How we will do it	Source
1	We will reduce the fear and threat of violence and aggression in our in-patient units	Increase the number of people who feel safe in our services. Reduce the number of times that patients are physically restrained.	We will implement our violence reduction strategy and adopt the care delivery system (CDS) in all in-patient areas to reduce violence and aggression on in-patient units (all wards over two years). We will also review are current staffing levels and skill mix on all wards to ensure that a safe and therapeutic service can be provided	Top Clinical Risk National Strategy NICE guideline MIND report
2	We will improve the quality of the environments within our in-patient wards	Improvement in PLACE environmental audit scores by 3%	Implementation of Estates strategy. Ward condition review to prioritise resource allocation.	CQC inspection reports theme
3	We will ensure that all patients receive individual service at medication and mealtimes when in hospital	No patient will queue for medication or meals when in hospital	Review and design of ward practice and processes. Using Quality Improvement techniques.	Patient surveys Privacy and dignity strategy

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4	We will continue to improve our screening of patients for cardio-vascular and metabolic disease	Improve the physical health of all our patients	Audit, and feedback to clinicians. Continue to publicise the rationale for this work and use audit results in supervision and performance management	CQUIN 13/14 NICE guideline
5	We will help patients to quit smoking and move to no smoking in all clinical environments	Increase the number of smokers offered Nicotine Replacement Therapy or counselling	Improve take up of NRT, and psychological interventions. Plan to go no smoking across all Trust sites by November 2014	Value Based Health Care CQUIN 13/14 13/14 Quality priority
6	We will improve GP access to SLaM assessments, so that more patients are seen quicker for first assessment at home and in the GP surgery	See more patients at home and in primary care settings for first contact	GPs will be able to discuss and make referrals during surgery hours. This will improve access between 5-7 p.m. each week-day evening and Saturday mornings	Patient feedback Easy-In Easy-Out Strategy
7	We will stop the transfer of acute patients to private sector hospital beds outside the Trust	To stop the transfer of acute patients to private sector hospital beds outside the Trust	In-house overspill provision. Live bed management control. Active management of admissions. Adult Mental Health transformation project	Clinical risk Patient feedback Complaint
8	We will make it easier for patients to access help in a crisis	Improve – no one should experience being turned away when in a crisis	Adult Mental Health plan and review of Home Treatment Team function	Patient survey PALS
9	We will improve the way we involve patients in their care planning and make sure patients understand their care plans.	Improve survey scores, in this area.	Through training and positive publicity. Audit of health records and feedback to services throughout the year.	Patient survey finding

2. Complaints report

All formal complaints are responded to by letter which is signed by our Director of Nursing or CEO. A Trust wide complaints committee meets to scrutinise the process of response and service improvements made as a result of complaints. The Trust Board receive an annual report on complaints and the complaints process.

Complaints from users of our Southwark services
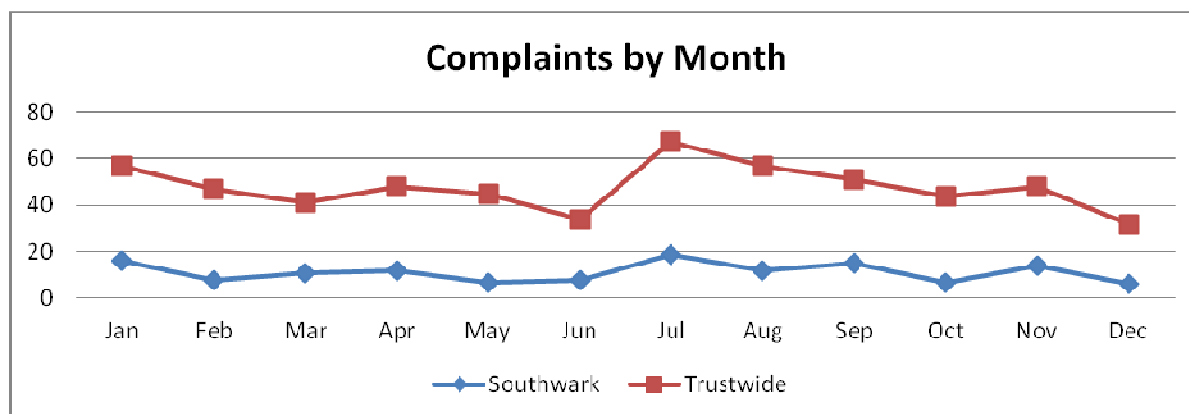
Line Chart One

The Trust received a total of 571 complaints from 1st Jan 2013 to 31st Dec 2013, of which complaints from Southwark services accounted for 135 of them (24%).
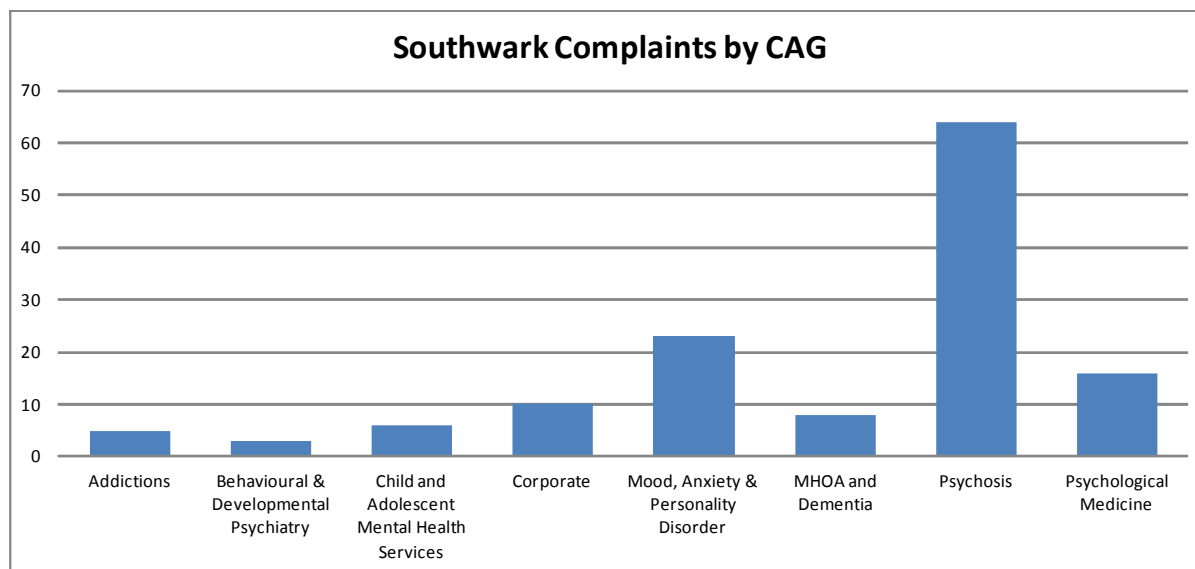
Bar Chart Two

Southwark complaints, by Clinical Academic Group (CAG). Complaints from users of services managed by the Psychosis Clinical Academic Group accounted for 47% of the complaints received for Southwark, which is slightly higher that the percentage for the Trust over the same period (43%).

Southwark Complaints by Subject Matter
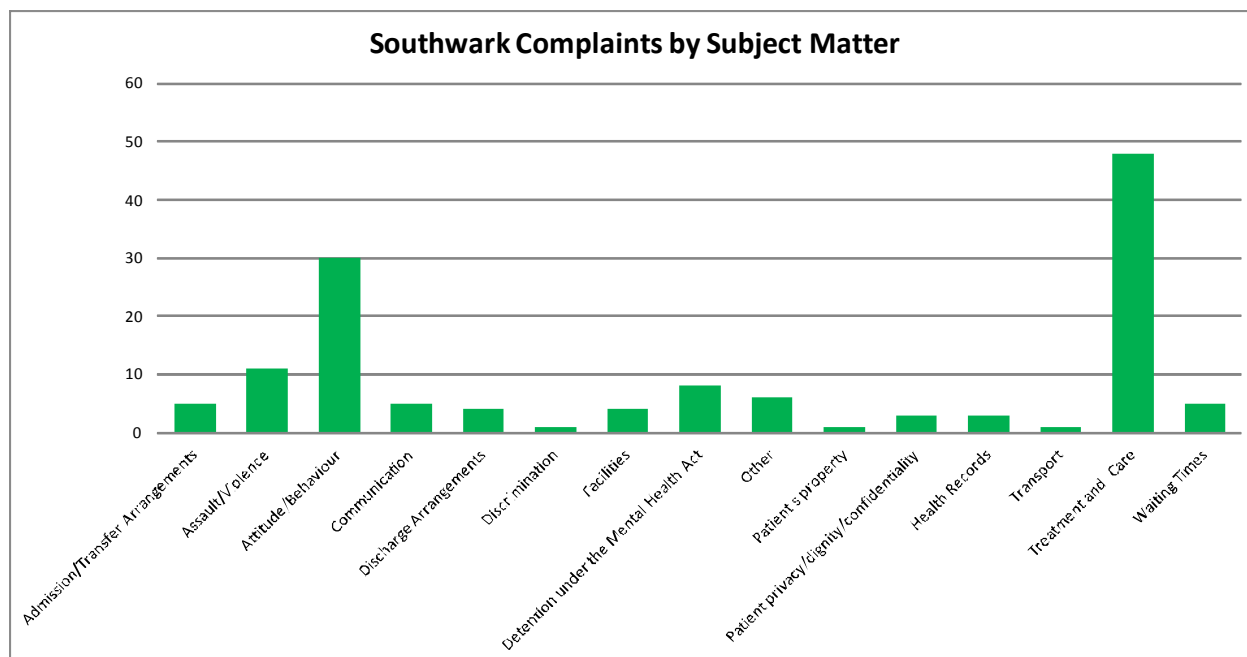
Graph Three

Complaints about treatment and care accounted for 36% of complaints received, whilst complaints about staff attitude and behaviour were 22%.

All Clinical Academic Groups are continuing with programmes of work to try to reduce the number of complaints received regarding staff attitude. Examples of work ongoing are as outlined below:

The Trust is developing a nursing care pathway to guide the nursing care and practice in all of its services. The nursing care pathway incorporates the SLaM five commitments, the Nursing and Midwifery Council (NMC) Guidance for the Care of Older People, and the NMC Code of conduct. The care pathway is based on the principles of relationship centred care and clearly states the expectations of how service users and those closest to them should be treated and cared for. The care pathway supports nursing staff to deliver person centred individualised care that means that all service users are treated with privacy, dignity and respect.

The Mental Health of Older Adults and Dementia services have a Service User and Carer Advisory Group that works with staff in a variety of ways, including visiting services, enabling conversations between staff, service users, carers and their peers.

There is a more visible presence on the wards daily of Senior nurses, Clinical Nurse Specialists, the Head of Nursing and Clinical Service Manager.

The Psychosis CAG is in the process of implementing professional conduct competencies for all the staff groups that will cover staff attitude and behaviour. Dates have been set in March to train and assess assessors of competencies. There is also work being carried out at team level on, SLAM core values and what these would look like on each of the wards. This is intended to address staff understanding of what is expected and how attitude and behaviours can be consistent.

The SLaM five commitments are: We will;
    ★ *be caring, kind and polite*   ★ *be prompt and value your time*

    ★ *take time to listen to you*   ★ *be honest and direct with you*

    ★ *do what I say I am going to do*

3.   Staffing Levels and Reporting of Staffing levels

Ensuring that the right people with the right skills, are in the right place at the right time.

There are established and evidenced links between patient outcomes and whether organisations have the right staffing levels and skill mix. Recent publication and reviews from the NHS have emphasised the importance of getting this right, these have included the Francis report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, the Keogh report into 14 trusts with elevated mortality rates, the Berwick review into patient safety, and the Cavendish review into the role of healthcare assistants and support workers.

The NHS Quality Board have published "Ensuring that the right people with the right skills are in the right place at the right time". This document sets out expectations of commissioners and providers in relation to getting nursing, midwifery and care staffing right, so that they can deliver high quality care and the best possible outcomes for their patients.

It is acknowledged that there is there is no single ratio or formula that can calculate the correct numbers and skill mix of staff for any given service. The right answer will differ across and within organisations, and reaching it requires the use of evidence based tools, the exercise of professional judgement and a multi-professional approach. It also requires openness and transparency, within organisations and with patients and the public.

Guidance for NHS Trusts and Foundation Trusts includes the following:
- Each ward shall have a notice Board outside ward with staff on duty and their designation.
- Staffing levels within the Trust should be publicised on a daily basis on the Trust website.
- There will be clear escalation procedures in place to escalate any staffing concerns from ward to Board quickly.
- The Director of Nursing will submit reports to Board on staffing level and rationale for changes every six months.

What is SLaM doing about this?

- A paper setting out objectives and a project plan is going to the Board in May.

- There will be an initial focus on in-patient services (with a second phase focussing on community services)

- Clinical Academic Group nursing teams and Heads of nursing have been meeting to compare and establish correct current levels of nursing. This work has used comparisons to review historical anomalies and high usage of bank and agency staff and the reasons for these anomalies. There has also been working on how future service plans may change nursing establishments.

- All staffing levels for each ward have to be based on evidence of need staff capacity and capability and a tool is being developed in conjunction with colleagues in other mental health Trusts to ensure a consistency of approach. The tool will be tested to establish reliability, and when refined will be rolled out across the Trust and used to set establishment numbers.

- A new module of the Trust's staffing database will be used to be used to provide live reports on staffing levels from all clinical teams. The intention is to publish these on-line.

- Notice Board outside wards will give the names of staff on duty and their designation.

- Trust Board members will receive monthly updates on workforce information, staffing capacity and capability. These will be presented at the public Board meeting at least every six months.