# South London and Maudsley NHS

## NHS Foundation Trust

# An Organisational Response to the Francis Report

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# Introduction

The SLaM Francis working group have distilled thoughts and ideas from Trust wide conversations into a simple model which has been developed into a plan for change. There are four essential elements to the model:

# 1) Creating the right culture for positive challenge and positive action : Examples of actions underway in 2013

## SLAM 5 Commitments



## SLAM Nursing Professional Practice Model
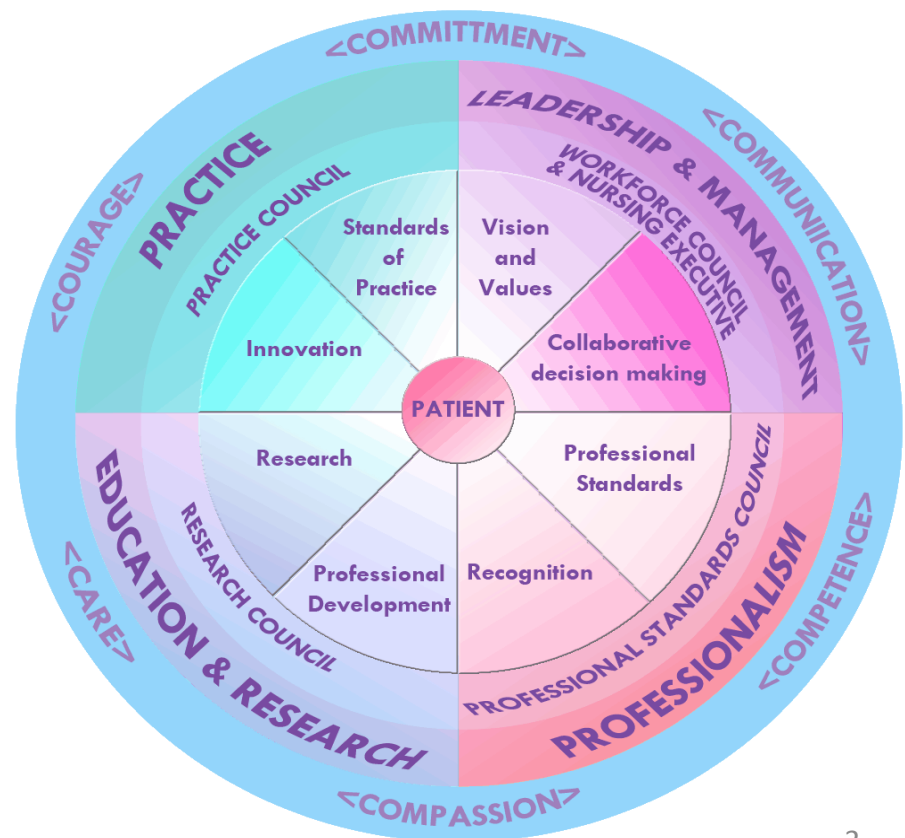
## 1) Creating the right culture for positive challenge and positive action : actions planned for 2014 and beyond...

### Quick wins

- Schedules of leadership walkrounds in all CAGs. Walkrounds are designed to encourage a mature attitude towards reporting and resolving risk and quality issues, by inviting staff to discuss hazards, risks and concerns with senior leaders and other stakeholders.
- Recruitment – testing for SLaM 5 commitments at interview

### Longer term work

- Conduct a programme of facilitated conversations with staff,about:
  - basic care and compassion,
  - personal / and professional responsibilities, and
  - removing the obstacles for all staff to challenge poor practice in all corners of the Trust.
- Affirming positive challenge with positive action. Identifying key niggles which can be fixed to make life easier for staff and patients. i.e. reducing the number of ePJS screens for mandatory completion.
- Central SLaM Improvement experts working collaboratively to ensure a coherent, systematic approach to team based improvement work and team development.

## 2) Working with service users in a spirit of co-creation and co-production: Examples of actions underway in 2013

### SLAM  PPI  Review Oct/Nov 13

**Aims** :

* ensure that for Trust-wide Patient and Public Involvement the gap between the service user, community, senior management and front-line staff is narrowed, responsive, and 'more' democratic.

**Gaps identified within the previous PPI structure:**

* A strong governance structure – Previously the Trust did not have an overarching PPI governance structure.  PEG, TWIG Strategic, TWIG Operations work along side each other, but they all act independently of each other and other groups within the Trust.

* One of the key recommendations from the Francis Report was for the need to widen participation (number of people involved and the breadth of opportunities available.

**Changes:**

* ❑ Introduction of a new 'flatter' trust-wide group that is chaired by Senior Executive and Co-chaired by a service user or carer. This replaces all existing trust wide groups (PEG, TWIG Ops, TWIG Strategic).

* ❑ The membership for the new patient experience group will be made up of staff and service users and carers representing internal and external bodies.

* ❑ The new group will meet monthly and have the following main functions:

* ➢ To ensure that all patient experience data, information and involvement activities are centrally collated and assessed

* ➢ To support, advise and evaluate all trust wide patient experience priority projects for CQUINs and service improvements

* ➢ To formally report to the Trust Executive and the Quality Committees

## 2) Working with service users in a spirit of co-creation and co-production: actions planned for 2014 and beyond…

### • Quick wins

▪Structure and process for formal service user participation reviewed. Move to non-hierarchical and widespread model.

▪Service users and carers to join internal inspection teams (PLACE and PAV).

▪Carers coaching programme



### • Longer term work

•Removing the obstacles to participation of service users/carers within key operational meetings.

•Introduce a process whereby skills can be given to/ gained by staff who have no experience of working collaboratively with service users.

•Set % targets to achieve meaningful user involvement in key roles / positions/ professions

•Develop policy of service user involvement in all key recruitment processes

## Staff Wellbeing Training



**Masterclasses for managing staff well-being**

### mental health awareness

- How much do you know about the benefits of good mental health in the workplace – and the long-term effects of stress on your team's performance?
- How well do you think you could support a team member before their signs of emotional overload become part of your sickness absence stats?
- Are you clear how to approach a team member who seems depressed or seems to be relying on alcohol or drugs to cope?
- Can you talk confidently to your team about mental well-being – and implement positive practices that ensure reduced sickness absence, improved performance, better relationships and service delivery?

If you manage staff and would like to feel more confident in answering these questions, this KHP masterclass on mental health awareness has been designed to help you.

Working with the Mental Health Promotion Team from South London and Maudsley NHS Foundation Trust, you'll explore the psychological demands managers are currently facing and develop stronger skills to support your staff - and yourself - through these challenging times.

*"Facilitators were brilliant… a very informative and lively session. Thoroughly enjoyable. I am better for it"*
*"Very useful day. Feel all managers would benefit from attending"*
*"Really insightful. Useful broadening of knowledge and awareness."*

**WHEN?**
One-day course for Managers:
11 July 2013
10 am - 4.30 pm

**WHERE?**
Learning & Development Centre
KCH Business Park
121 - 129 Coldharbour Lane
SE5 9RS

**TO BOOK:**
Please reserve your place by Friday 5 July 2013
e: carolyn.swan@slam.nhs.uk

**FOR MORE INFO:**
e: miriam.mica@slam.nhs.uk
e: juney.muhammad@slam.nhs.uk

Drinks provided, bring your lunch

KING'S HEALTH PARTNERS

**happier@work** is a KHP Staff Well-Being initiative
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## REACH© for Success
## Service Line Leaders, Senior Clinicians and Service Line Managers
## Developing Leaders, Developing Performance

The Trust Exec commissioned Slam Partners to run a number of leadership and management development programmes. The above programme is based on the NHS Leadership Competency Framework and is for service line leaders, senior clinicians and service line managers or equivalent positions (July 13 – Jan 14)



Demonstrating Personal Qualities — Setting Direction — Working with Others — Creating the Vision — Delivering the Strategy — Improving Services — Managing Services — Delivering the Service

## 3) Looking after staff, each other and ourselves: actions planned for 2014 and beyond...

### • Quick wins

•CAG senior leadership invited to review their behaviours and the impact of those behaviours on the way the organisation works.

•Promoting staff mental well-being with a series of interventions at individual, team and organisational level to promote the positive mental health and well-being.

•Deliver Service line leader/ senior clinical programme over autumn 2013. ( A shared leadership pilot has been completed within Psychosis CAG; for team leaders and Consultants).

### • Longer term work

•Promoting and marketing SLaM values, and expected behaviours

•Conduct staff support surveys informed by information systematically collected about staff experience (SEDIC)

•Convene Schwartz rounds as a means of allowing staff to get together to reflect on the stresses and dilemmas that they face

•Consider developing a senior role leading staff partnership and engagement

# 4) Assuring the quality of patient care in every corner of the Trust: Examples of actions underway in 2013

## Integrated Quality Report to the Trust Board on key quality indicators, context and interpretation

### Contents

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South London and Maudsley NHS Foundation Trust

| Indicator | Source, method and frequency | Governance Driver | Monitoring Committee | Q3 | Q4 | Q1 | Q2 | SPC Spark | YTD (avg) | Target | Trend | Special cause? | Comments | Data Quality |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SUIs Violence and aggression - staff victims | DATIX query, monthly | Safety Thermometer, NHSLA, NRLS | PMVA Committee | 41 | 38 | 46 | 58 | | 45.75 | na | → | N | Targets could deter reporting and/or skew grading | |
| SUIs Violence and aggression - patient victims | DATIX query, monthly | NRLS, NHSLA, Trust Quality Strategy | PMVA Committee | 22 | 22 | 29 | 20 | | 23.3 | na | ↘ | N | Targets could deter reporting and/or skew grading | |
| Violent RIDDORs | DATIX | HSE, Trust Quality Strategy | H&S Cttee | 12 | 14 | 19 | 20 | | 16.25 | na? | → | N | Field completed by team leaders then vetted by H&S advisors, not currently vetted by H&S for all | |
| Care delivery system, violence reduction (roll-out) | QI Team | Trust Quality Priorities | PMVA Committee | 4/47 | 4/47 | 4/47 | 4/47 | - | 4/47 | 47 | ↗ | na | Records intervention. Post recruited in July 2013, developing training for 5-ward cohorts | |
| Do you feel safe? (on the ward) % | PEDIC | Trust Quality Strategy | PMVA Committee | 82.4% | 80.5% | 77.4% | 85.5% | | 81.5% | 90% | → | N | | |
| Complaints about staff attitude and behaviour | DATIX | Trust Quality Priorities | Trust Complaints Committee | 32/157 20.4% | 29/141 20.1% | 22/37 15.4% | 36/179 19.9% | | 18.9% | Below 20% | → | | Based on 'Complaint Opened' date - not date of incident | |
| Waiting times within 18 weeks | Insight | National Target (adopted from acute) | PMR Monthly review | 92.0% | 93.0% | 93.7% | 93.6% | | 93.1% | 100% | ↗ | Y | Run of 6 points above median. | |
| Physical health screening on admission | Clinical Audit Team | Trust Quality Priorities, CQUINs | Physical Health Cttee, PMR | - | - | 22.0% | 66.0% | - | 44.0% | Q2 Target 40% | ↗ | | % admissions to Psych Med, Psychosis and MHOA wards with all 5 CQUIN tests recorded | |
| Smoking cessation counselling | Insight | Trust Quality Priorities, CQUINs | Physical Health Cttee, PMR | - | - | 21.2% | 24.8% | | 24.8% | 60% | ↗ | N | Cannot derive NRT from Insight, nor <6 day exclusion criteria for cessation | |
| CPA patients with a Recovery & Support plan | Insight | Trust Quality Priorities, CQUINs | | - | - | 13.7% | 19.8% | - | 13.7% | tbc | ↗ | | Data infrequent as Insight report by census date only | |
| Have you been offered a crisis plan? | PEDIC | Trust Quality Priorities | Patient Experience Group | - | - | 67.3% | 45.6% | | 56.4% | 60% | na | | August data based on very low numbers, appears incomplete, so downward trend is unreliable | |
| Staff trained in QI techniques (not cumulative) | Productives team | Trust Quality Strategy | | - | 158 | 158 | 158 | - | 158 | 7% | | | Productives Process Module training has been booked for 26 Sept. team also trained | |
| Paired HoNOS score rate (CPA) | Insight | Trust Quality Strategy | Outcomes Group | 69.7% | 69.2% | 67.7% | 64.9% | | 67.9% | 62%? | ↘ | Y | Strong downward trend since December 2012 | |

## • QuESTT

❖ Developed NHS South West
❖ Adapted early warning quality indicator tool
❖ Piloted in Psychosis services

### Next Steps:

❖ Develop procedures for escalation and improvement, and accountability
❖ Spread across all Trust services

### Quality, Effectiveness and Safety Trigger Tool (QuESTT)

| Ward or Department | | Name | |
|---|---|---|---|
| Date of Review | | Signature | |

**SECTION ONE** The content of this completed tool should be used to form the basis of a monthly multi-disciplinary review of the key quality indicators within a clinical area. The assessment should be made by the team leader and then validated by other members of the team and the Clinical Service Lead discussing the results. The first section acts as a trigger or early warning tool, and must be assessed and completed each month

*NB - if the statement is true insert Y in the box & then tab off. If the statement is not true insert N in the box & then tab off. The score will be calculated automatically*

| | |
|---|---|
| New or no Ward Manager in post (within last 6 months) | n |
| Vacancy rate higher than 7% | n |
| Bank shifts is higher than 6% | n |
| Sickness absence rate higher than 3% | n |
| No monthly MPT review of key quality indicators (e.g. peer review or governance team meetings) | n |
| Planned annual appraisals not performed | n |
| Planned clinical supervision sessions not performed | n |
| No formal feedback obtained from patients during the month (e.g. questionnaires or surveys) | n |
| 2 or more formal complaints in a month | n |
| No evidence of resolution to recurring themes | n |
| Unusual demands on service exceeding capacity to deliver | n |
| Number of hours of enhanced levels of observation exceed 120 | n |
| Ward/department appears untidy/disrepair | n |
| No evidence of effective multidisciplinary/multi-professional team working | n |
| Ongoing investigation or disciplinary investigation | n |
| **TOTAL SCORE** | 0 |

# 4) Assuring the quality of patient care in every corner of the Trust: actions planned for 2014 and beyond…

## Quick wins

- o Refining our regime of internal inspections, involving more service users and other stakeholders

- o Continuing development of a quality indicator cockpit/dashboard capable of  reporting down to team level

- o Develop use of QUESTT early warning quality indicators in all services – previous slide.

## Longer term work

Aligning the measurement of Quality throughout the organisation.  Make a clear link between Quality Governance and Quality Programme delivery so that when problems are identified and prioritised, central  project support is available and mobilised to lead improvement.