

Monthly Complaints and Concerns Report (01 August – 31 August 2014)

Agenda Item:	10	Reference:	WCT14/15-160
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Sandra Christie		
Job Title:	Director of Quality and Nursing		

Link to Business Plan:	Meets NHSLA/CQC requirements. Provision of high quality services		
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has the Public & Stakeholders been consulted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
To Approve <input type="checkbox"/>	To Note <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	

Financial Implications:

*E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.*

None identified

Overall Cost / Pressure:	£	Overall Income:	£
Additional Funding Required:	£	Funding Already Ring Fenced:	£

Identified Risks:

None identified

Assurance to Board:

The monthly Complaints and Concerns Report provides assurance to the trust board of the delivery of safe, effective and quality services across the organisation.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History

Submitted to	Date	Brief Summary of Outcome
Regular reports submitted each month.		

Wirral Community NHS Trust

Monthly Complaints and Concerns Report (01 August – 31 August 2014)

Purpose

1. The purpose of the monthly Complaints and Concerns Report is to provide assurance to the trust board of the delivery of safe, effective, quality services during the reporting periods 01 August to 31 August 2014.

Executive Summary

2. Wirral Community NHS Trust Board recognises that quality is an integral part of their business strategy and for the trust to be most effective; quality must become the driving force of the organisation's culture.
3. We are committed to ensuring that quality forms an integral part of its philosophy, practices and business plans and that responsibility for driving this is accepted at all levels of the organisation.
4. The organisation's Quality Strategy represents Wirral Community NHS Trust's philosophy towards quality improvement and is built on these principles. Included in the Quality Strategy are four quality themes:
 - Our Patients and Communities
 - Our Services
 - Our People
 - Our Sustainability
5. This report provides the trust board with assurance regarding trends and theme analysis relating to quality and patient experience and demonstrates how the organisation is performing in relation to the quality outcome goals relating to:
 - Our Patients and Communities
 - Our Service
6. The reporting period for this monthly Complaints and Concerns Report is 01 August to 31 August 2014.

Board Action

7. Wirral Community NHS Trust Board is asked to be assured of the delivery of safe, effective, quality services across the organisation for the reporting period 01 August – 31 August 2014.

Sandra Christie

Director of Quality and Nursing

Contributors:

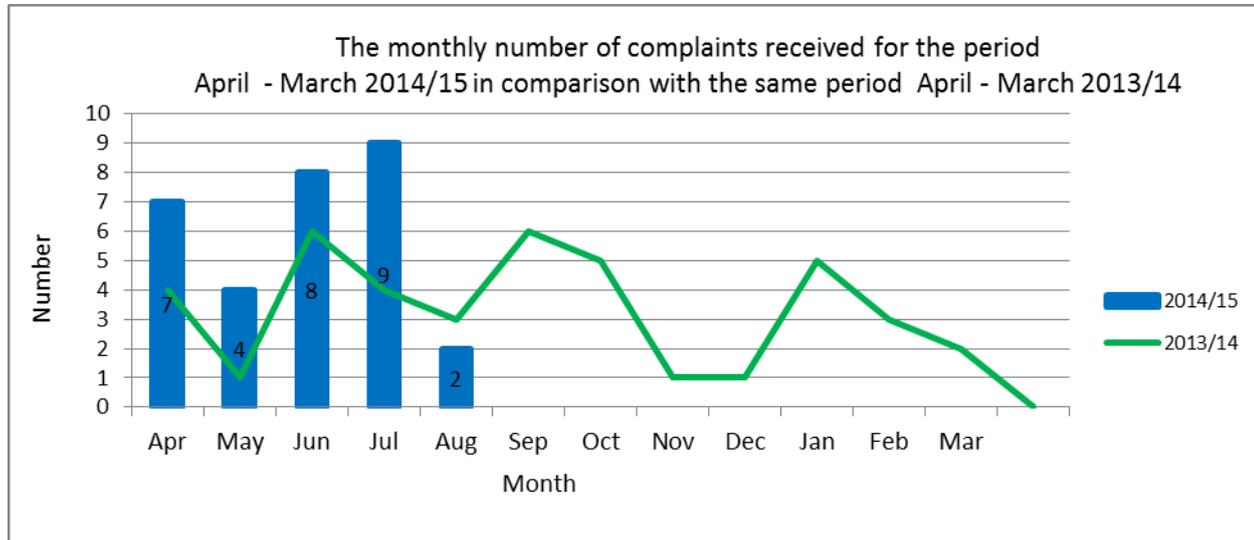
Sylvia Reynolds
Complaints and Claims Manager

Number of Formal Complaints Registered with the Complaints Team

Complaints

1. For the reporting period (01- 31 August 2014):

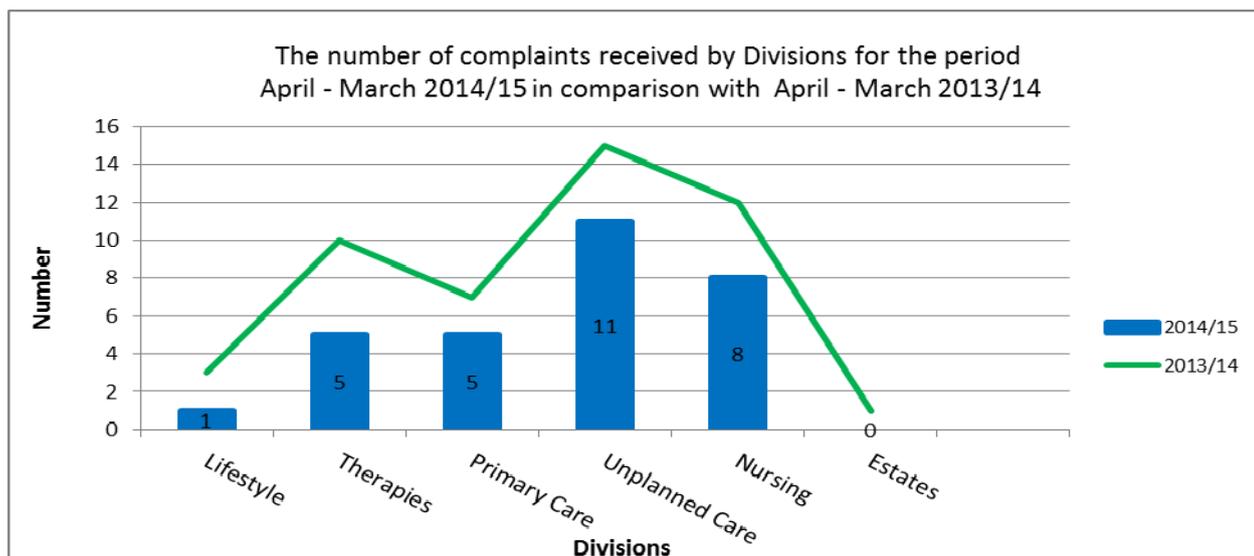
- 2 complaints were received.



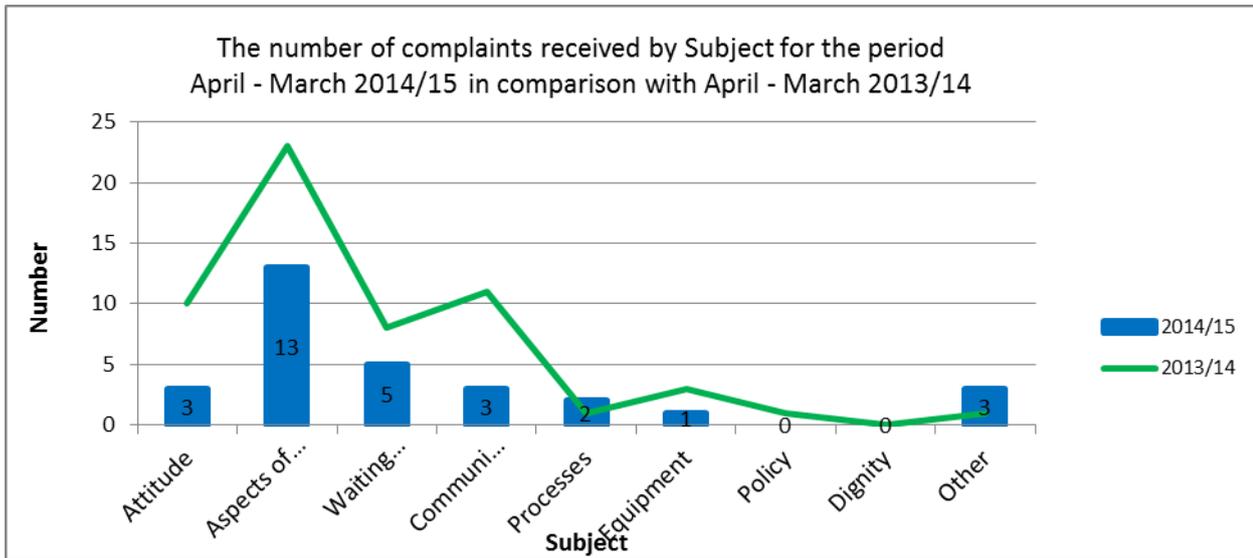
The above graph demonstrates a decrease in the number of complaints received in August 2014/15 (2) when compared to August 2013/14 (3).

Complaints should be acknowledged within 3 working days. 100% of complaints received in August 2014/15 were acknowledged within 3 working days of receipt. Where possible the complaint is discussed with the complainant by telephone, this helps to clarify the issues, establish the complainant's expected outcome and agree a time scale for response.

2. The graphs below show a breakdown in complaints received by division and subject matter.

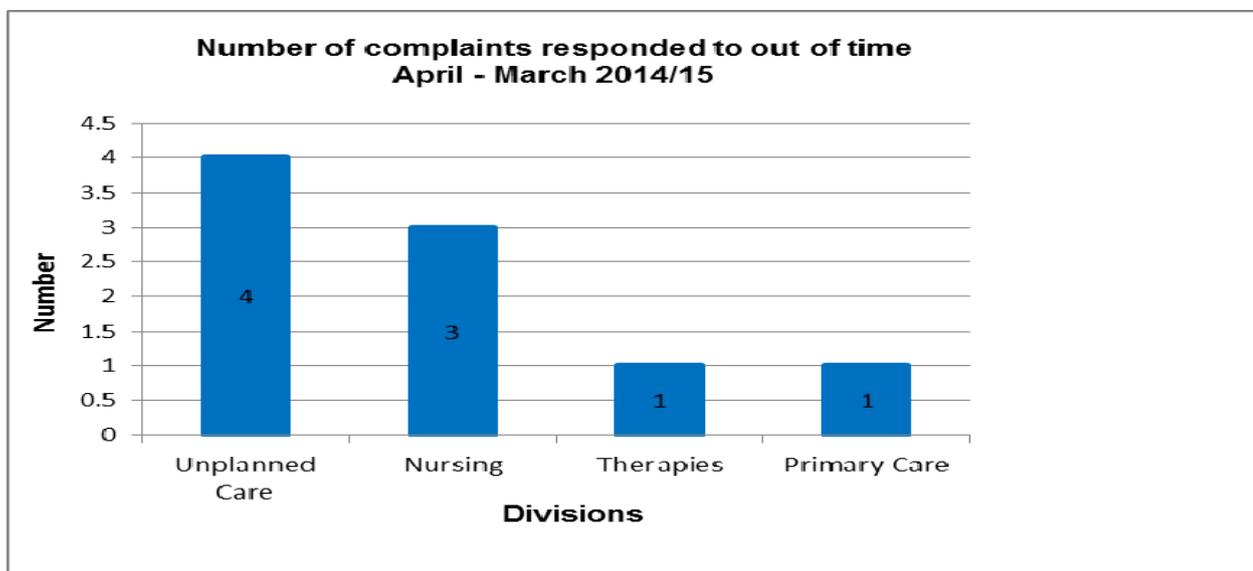
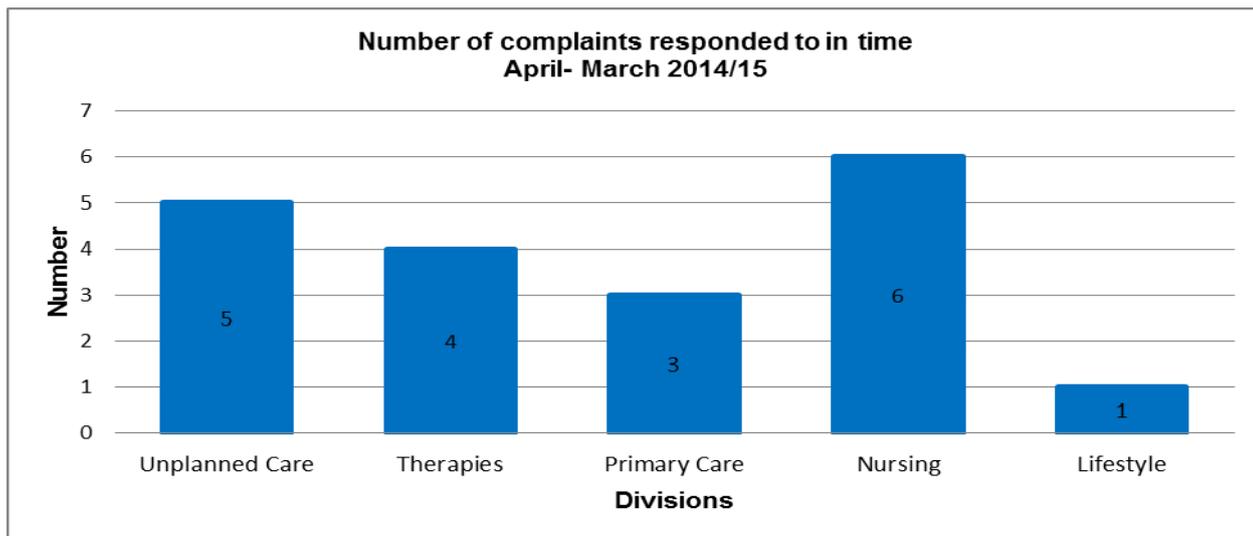


3.



4. All the complaints received in July 2014 at the time of compiling the report for the 3 September 2014 board meeting 2 had been completed and 7 were being investigated. These investigations have now been concluded. Of the 9 complaints received in July 2014, 7 complaints were upheld wholly or partially. Details of the complaints are set out in appendix 1.

5. The graphs below show the number of complaints responded to in and out of time.



6. Complaints not responded to within the agreed time frames can be as a result of the investigating officer not being able to interview the staff member(s) concerned due to annual leave, sickness or shift pattern. A delay can also occur as other matters may come to the attention of the investigating officer relating to the complaint, which also require investigating, to ensure a thorough investigation had been conducted.
7. The 2 complaints received in August 2014 at the time of compiling this report are still being investigated.
8. Patients or relatives raising a complaint are offered the opportunity of sharing their story with the trust board.

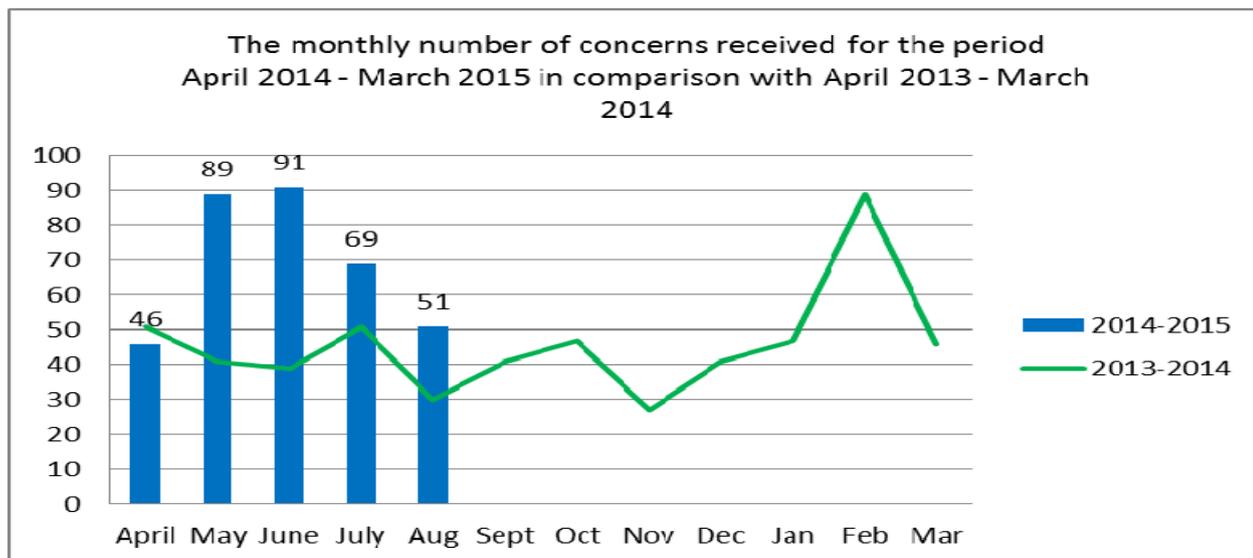
9. Parliamentary and Health Service Ombudsman

Trusts are expected to resolve complaints locally where possible; however, if a complainant remains dissatisfied with the trust's response they have the right to refer the matter to the Parliament and Health Service Ombudsman (PHSO).

No communications were received from the PHSO in August 2014.

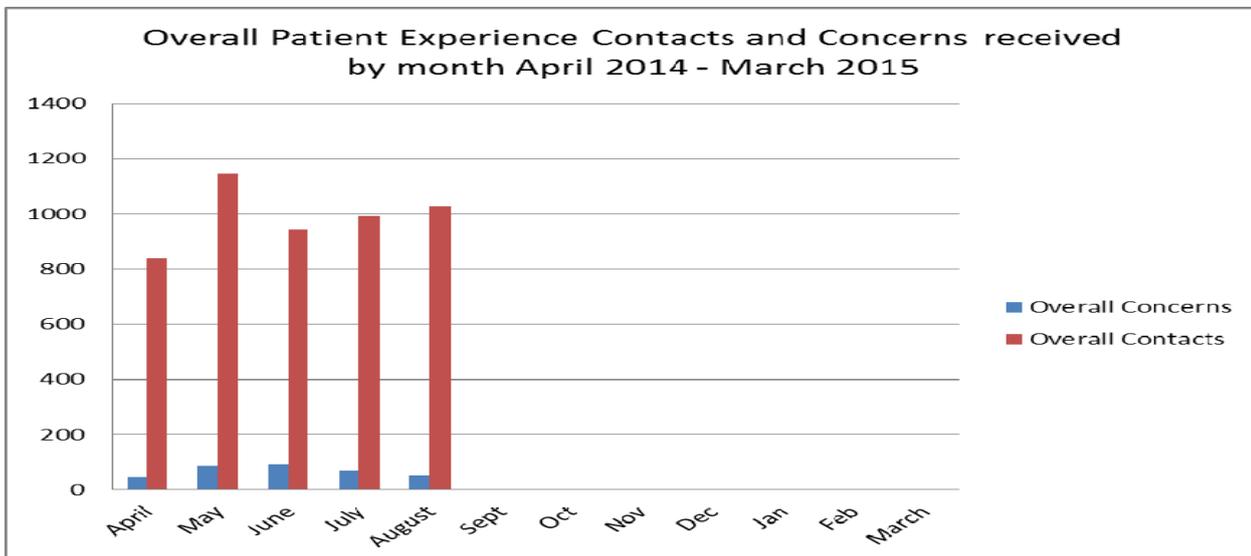
Number of Concerns Registered with the Patient Experience Service

10. For the reporting period (01-31 August 2014):
 - 51 concerns were received in August 2014.

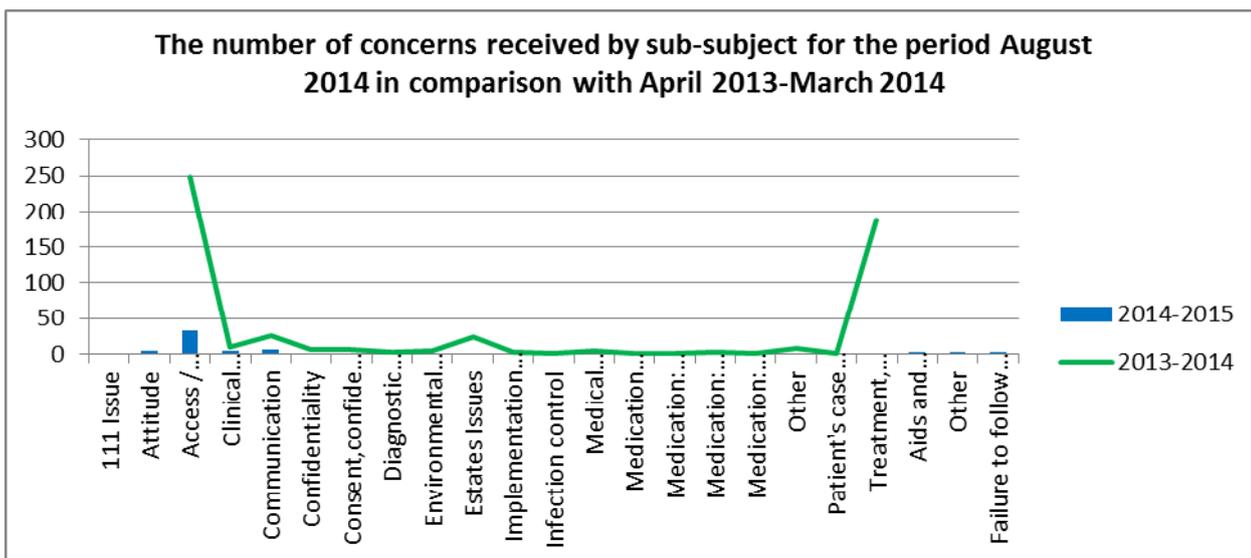
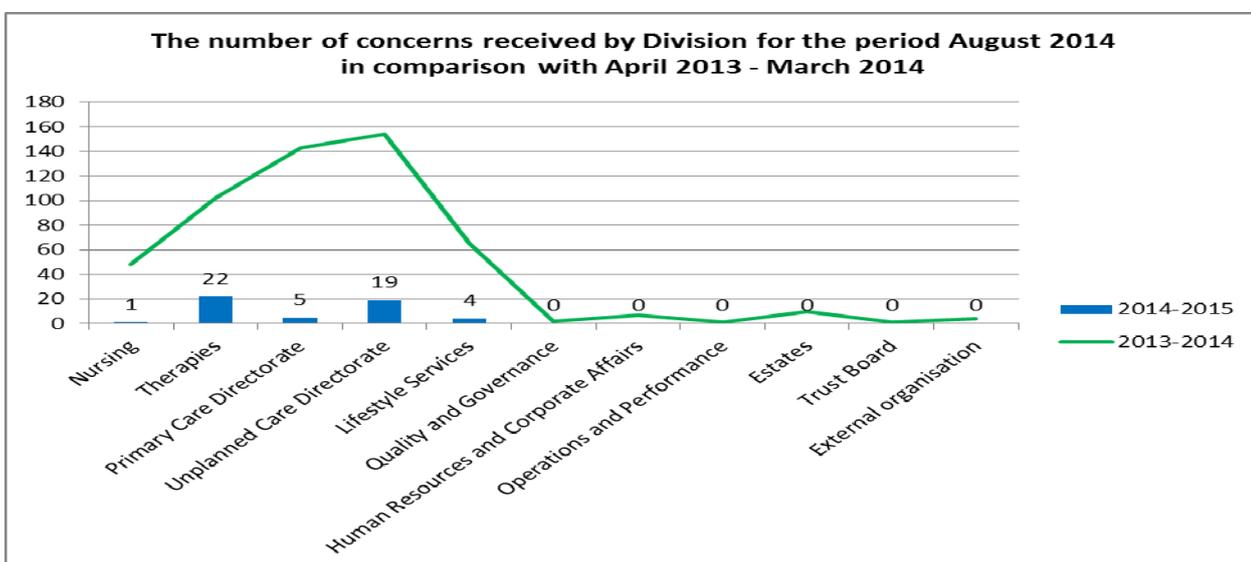


The above graph demonstrates an increase in the number of concerns recorded in August 2014/15 (51) compared to August 2013/14 (30).

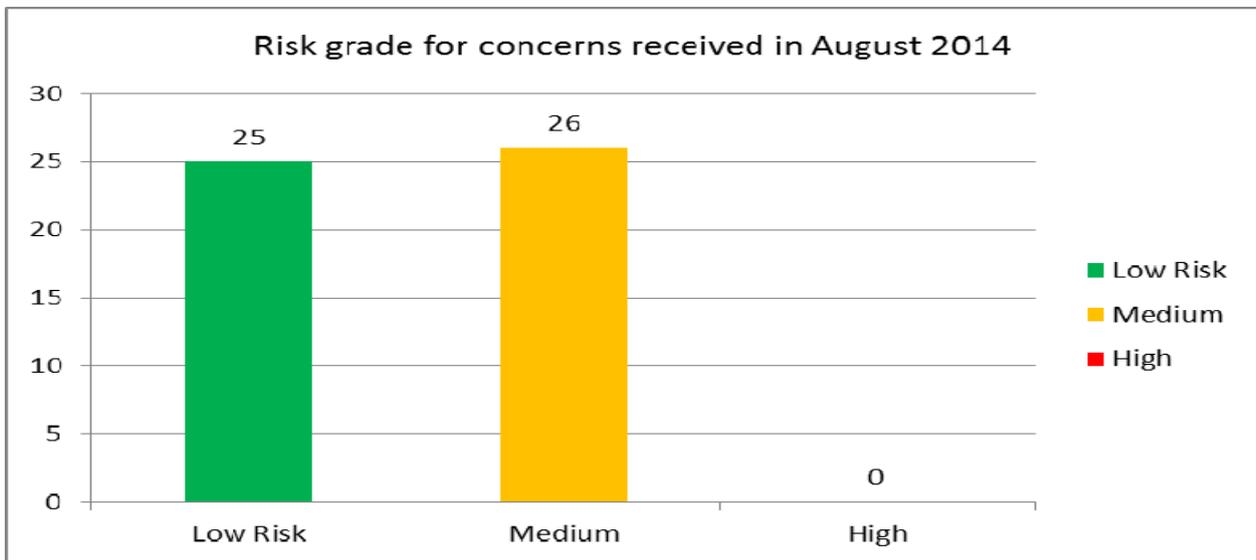
11. Concerns should be acknowledged within 3 working days. 100% of concerns received in August 2014/15 were acknowledged within 3 working days of receipt. Where possible the concern is discussed with the service user by telephone, this helps to clarify the issues, establish the service user's expected outcome and agree a time scale for response.
12. The graph below shows a breakdown of the number of concerns received in comparison with the number of contacts made to the Patient Experience Service.



13. The graphs below show a breakdown in the concerns received by division and subject.



14. All concerns are scored using the trust's Risk Scoring Matrix. Each score in the matrix is assigned a colour (Red – 15-25, Amber – 5-12, and Green – 0-4). If a concern has been risk scored 'red' will immediately be brought to the attention of the Chief Executive and appropriate Director. For the purpose of this report concerns risk rated above 12 will be reported.



Of the 51 concerns received in August 2014 none were risk rated 12 and above.

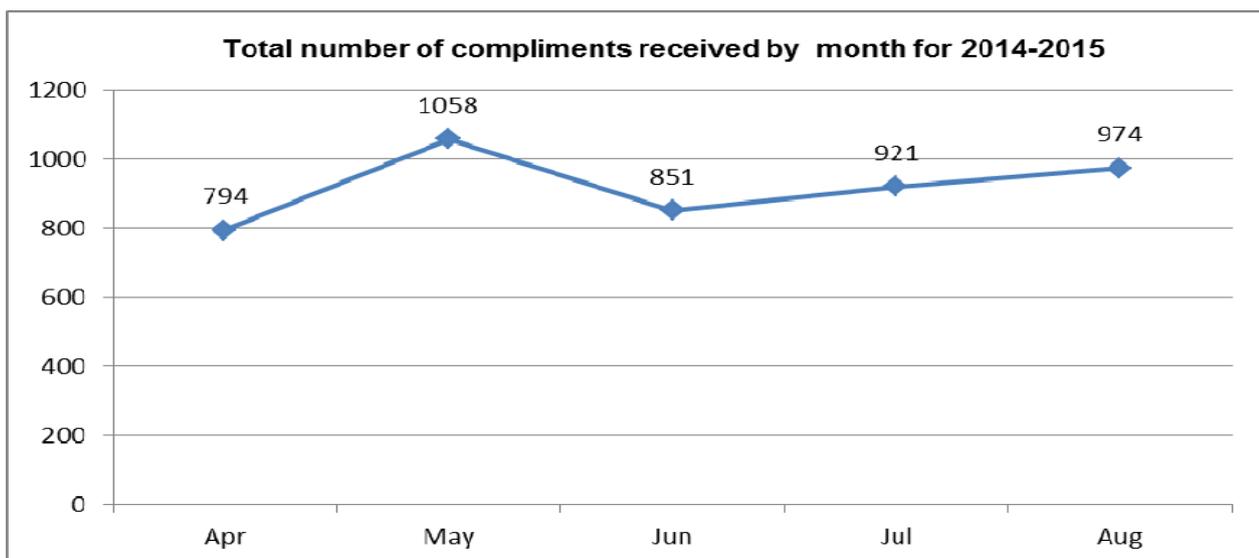
- 15. The learning and actions resulting from concerns are discussed at the divisional governance groups and monitored at the Quality, Patient Experience and Risk Group.
- 16. Patients or relatives raising a concern are offered the opportunity of sharing their story with the trust board.

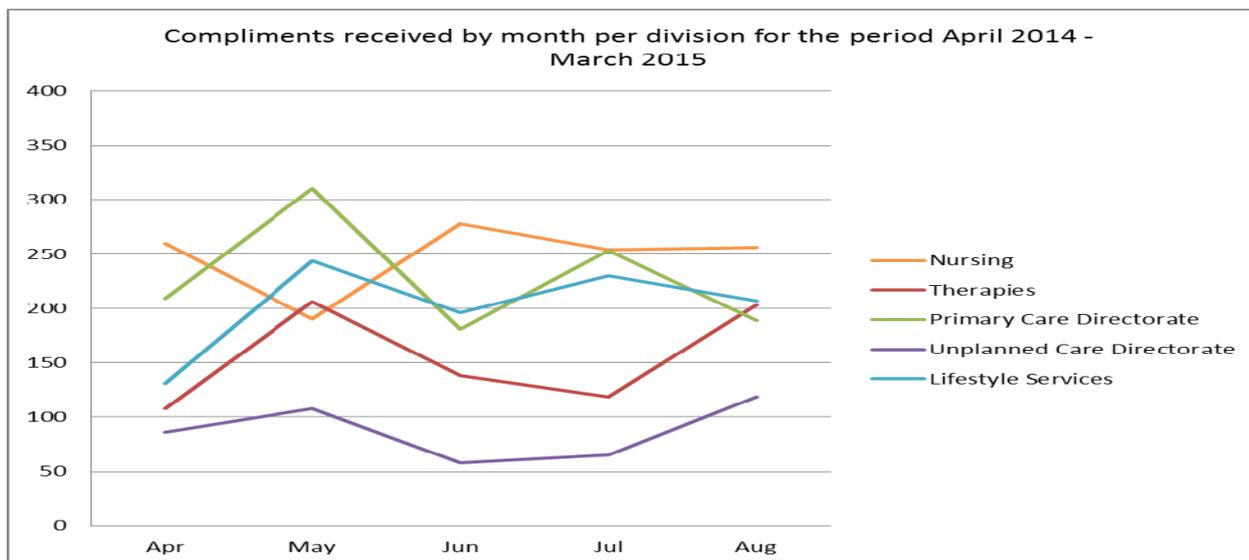
17. Correspondence from Members of Parliament

Correspondence had been received by the trust in August 2014 from Angela Eagle, Member of Parliament. The issue relates to the Podiatry Service. The Chief Executive in respect of this matter liaised directly with Ms Eagle.

Number of Compliments Registered with the Patient Experience Service

- 18. The graphs below show the overall number of compliments received and the number of compliments received by division.





19. Through the weekly CT Staff Communication bulletin examples of compliments received by the trust are shared. Below are examples of some of the compliments received during the month of August.

Primary Care Service – GP Out of Hours Service. 1 August 2014

“I have never used the GP out of hours service before, but I was in such severe pain, it was my only option. I rang the GP out of hours at 8.00pm and I was so impressed by the service. The receptionist was lovely and told me I would get a call back from the GP. I got a call back within eight minutes and the doctor was lovely and empathised with the pain I was going through. They got me a prescription and faxed it over to the local pharmacy. I don't think the NHS gets enough credit as it deserves. I was so impressed with the service I just want thank you and share my experience”.

Therapies – Speech and Language Service. 8 August 2014

“The therapists have always been very respectful and have developed positive relationships that are empathetic with my son who is receiving speech and language therapy and myself. They have always made time to listen to me and answer my questions and have provided support when asked for it, by attending meetings with reports and providing information.”

Nursing – Specialist Nursing – Tissue Viability Service. 15 August 2014

“The Tissue Viability Nurse was a consummate professional at all times. Her patience, understanding and general bedside manner was superb at all times. She is a real asset to the NHS and is the reason why we have and continue to have a NHS.” **Tissue Viability Service**

Nursing - Community Matrons. 22 August 2014

“The Parkinson’s Nurse has always been very helpful for advice whenever I have needed to call her. She is very patient and caring”.

Sandra Christie

Director of Quality and Nursing

Contributors:

Sylvia Reynolds

Complaints and Claims Manager

Appendix 1

Details of complaints upheld, wholly or partially, in the period July 2014

442 – Unplanned Care (Walk in Centre) – Aspects of clinical treatment and attitude.

Patient was not happy with the attitude and clinical assessment undertaken by the triage nurse and the subsequent clinical assessment undertaken by the doctor, also the confusion around the diagnosis and the tests being done.

Learning:

Nurse practitioner and doctor should have checked with the patient their understanding of their rationale to refer patient for specialist clinical opinion.

Action:

Practitioners apologised for the oversight and have reflected on their manner to ensure this does not occur again.

469 – Unplanned Care (Walk in Centre) – Aspects of clinical treatment

Patient attended Walk in Centre at VCH with pain in groin. Patient alleged doctor did not listen to their concern. Patient subsequently became unwell with pain and fever. Patient attended Walk in Centre at APH and was advised they had an abscess. Patient referred immediately to surgical assessment and had surgery within 3 hours of referral.

Learning:

Record keeping not detailed.
Lack of communication.

Action:

Clinical staff in service reminded of the importance of listening to concerns raised by patients during consultation, and the importance of ensuring all relevant information is recorded.

477 – Primary Care (GP Out of Hours) – Aspects of clinical treatment

Elderly patient had a wait of over 7 hours for a doctor to visit.

Learning:

Delay too long.

Action:

Greater attention to call-backs and detail of visit dispatching.

478 – Primary Care (All Day Health Centre) – Information Governance

Parent attended ADHC with son, 1 year old. Waiting in waiting area they became aware of a patient returning to the reception desk and advising that the prescription they had been issued with contained the wrong details of the patient. The details referred to complainant's son.

Learning:

Doctor did not follow protocols for identification of service user.

Action:

All medical staff in service to ensure that all doctors check correct patient is present.

486 – Therapies (Speech & Language) – Communication/Information

Parent advised the service that it was imperative they attend with their child at any assessment due to the child's social/anxiety issues. Parent received a letter from the service advising child had been assessed by the service.

Learning:

Administrative error - procedures not followed when verbal contact could not be made with parent.

Action:

Staff reminded of the importance of informing parent/guardian in writing of the appointment if unable to communicate verbally.

492 – Primary Care (GP Out of Hours) – Aspects of clinical treatment.

Patient attended GP OOH and was prescribed medication. Patient was taking tablets as instructed on box, one tablet twice daily and one tablet every morning. Patient continued to feel unwell and received a second prescription for one of the tablets previously prescribed. Patient noticed second prescription had different labelling, two tablets twice daily instead of one daily. Patient contacted pharmacy, who dispensed medication, for advice and was told first prescription was labelled wrongly and to immediately start at higher dose.

Learning:

Drug error made in unfamiliar clinical territory.

Action:

Doctor was presented with problem outside of usual remit of GP OOH. Doctor should have referred patient to A&E as their staff are familiar with these situations. All clinical staff within the service advised of the correct route for patients presenting with this concern.

516 – Nursing (Community Matron) – Failure to follow procedures/Communication

Carer not happy about the service their partner received from the community matron following the patient's discharge from hospital with on-going problems. It was alleged there were no follow ups from the matron service. Patient was subsequently referred back to hospital and shortly passed away.

Learning:

There was a lack of information/communication to the service following the discharge of a patient into the community.

Action:

Integrated Discharge Team managers requested ward staff send a referral via the PCIS system in order that the referral is forwarded to the relevant matron who will inform the team of the patient's discharge.

Administration staff reminded of the importance of recording all messages received from patients/carers, and ensure it is forwarded to the relevant staff member for action and storing in the patient health records.

Safe Staffing Report August 2014

Agenda Item:	11	Reference:	WCT14/15-161
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Sandra Christie John Lancaster		
Job Title:	Director of Quality and Nursing Director of Operations		

Link to Business Plan:	Comply with national standards for quality		
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has the Public & Stakeholders been consulted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
To Approve <input type="checkbox"/>	To Note <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	

Financial Implications:

*E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.*

To be included in future papers.

Overall Cost / Pressure:	£N/A	Overall Income:	£N/A
Additional Funding Required:	£N/A	Funding Already Ring Fenced:	£N/A

Identified Risks:

Providing high quality, compassionate care depends on sufficient capacity and capability in the nursing, therapy, medical and care staff workforce.

Assurance to Board:

Through the safe staffing group there are robust systems and processes in place to assess that there is sufficient nursing and care staffing capacity and capability to provide high quality care to patients.

Publish on Website: Yes No **Private Business:** Yes No

Report History

Submitted to	Date	Brief Summary of Outcome
		Presented to board monthly from March 2014

Wirral Community NHS Trust

Safe Staffing Report September 2014

Purpose

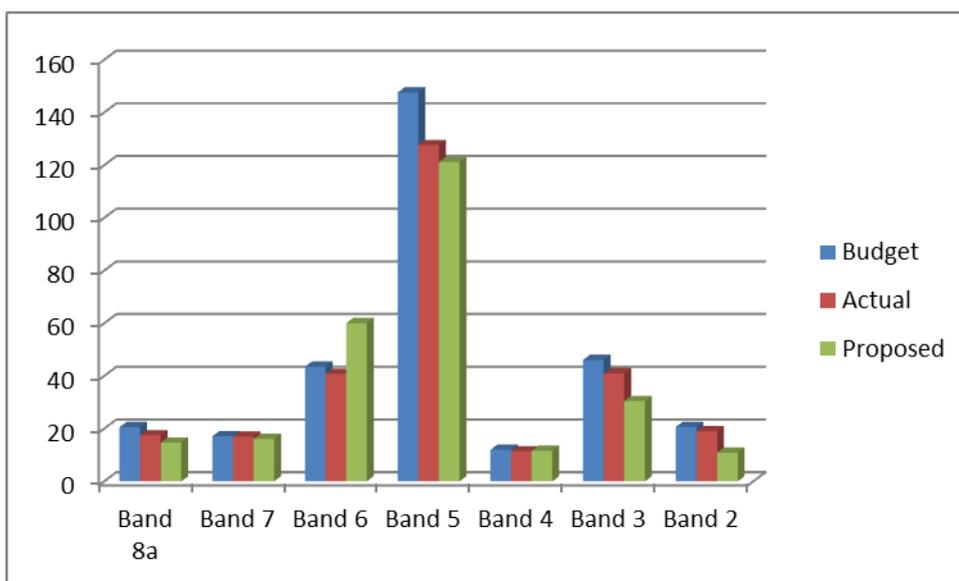
1. This paper sets out the current status with regard to safe staffing levels within the trust for 1 August – 31 August 2014.

Background

2. The board agreed the safe staffing action plan in January 2014. An update on the plan can be found at **appendix 1**.
3. The action plan implementation is being led by the Director of Quality and Nursing and the Director of Operations.
4. Current progress against this action plan is reported below:

Community Nursing

5. A significant piece of work has now been concluded and provides patient categorisation and allocation of patient facing time, non patient facing time and the appropriate training and mentorship for each nurse to gain and maintain the skills required to manage patient groups within a community setting. This piece of work will support the remodelling of the workforce required to deliver against the ICCT model.
6. The model has identified the required establishment to deliver care, using current practices and procedures, and recruitment, on a fixed term basis, is now underway to complete that establishment. Recruitment is to fixed term contracts as this acknowledges that SystemOne and the ICCT will require further modelling of the nursing workforce.



7. The current establishment model delivers a £23k full year saving.
8. A paper based rostering system is currently being rolled out across all teams, the results of this project will inform the IT system requirement and set-up and enable the roll out of the IQUS electronic rostering system across community nursing.

Staffing Incidents

9. Staffing related incidents are reported via the Datix system. The profile of these incidents from 1 January to date is listed in **Appendix 2**.

Roll out plan

10. A workshop will be held in November for heads of service to share the learning from the walk in centre and community nursing teams. This will support the roll out plan for the safe staffing programme and inform business, workforce and Cost Improvement Plans for 2015/16.

Delivering safer care

11. A national delivering safer care meeting held by the National Trust Delivery Authority on 17 September reviewed progress to date with the national safe staffing programme.
12. Key messages from the meeting included:
 - There are more registered nurses working in the system than at any time but this is not solving the problem as only half of them work in the NHS.
 - Commissioned pre- registration nurse places will not meet demand for nurses in the future.
 - The impact of this is being seen recruitment for pre- registration programmes and staffing in the private sector.
 - The need to look more at use of technology, the model of staffing used, using staff other than nurses.
 - The need for some flexibility in the system to allow services to react to changing patient need.
 - Safe staffing as a term is leading to inappropriate escalation of short term issues on wards and in services.
 - Nationally they are revisiting the work undertaken with the productive series and release nursing time to care.
 - Nursing staffing levels for inpatient areas will to be RAG rated by spring next year. The rating will not just be based on numbers (planned versus actual) but will include patient experience, outcomes, workforce indicators e.g. use of agency staff. This will then be rolled out to all areas which deliver NHS funded care.
 - Safety of the service is as important as the numbers of nurses on duty.

Conclusion

13. While ensuring adequate staffing is critical to the safe delivery of quality care, and having sufficient staff to meet demand avoids the unnecessary costs associated with lower quality of care, staff sickness absence and high staff turnover, the term safe staffing has led to some unnecessary escalation of staffing incidents within the organisations.

14. The steering group recommends that the term Right Staffing is used moving forward as this reflects the NICE safe staffing guidance and encompasses all the elements that contribute to delivery safe care and not just staffing numbers. The change would be supported with a communication plan.

Board Action

15. Directors of the board are asked to:

- Note the progress with the safe staffing action plan.
- Note the progress in relation to the community nursing safe staffing model.
- Be assured that there is a robust process in place to develop the right systems and processes to assess and assure the board that there is sufficient staffing capacity and capability in place to provide high quality care to patients.
- Agree the change in name for the project.

Sandra Christie

Director of Quality and Nursing

John Lancaster

Director of Operations

Contributors:

Beverley Futia, Divisional Manger.

Paula Simpson, Head of Quality and Nursing.

Appendix 1. Safe staffing action plan

Action Plan

KEY (Change status)

- 1 Recommendation agreed but not yet actioned
- 2 Action in progress
- 3 Recommendation fully implemented
- 4 Recommendation never actioned (please state reasons)
- 5 Other (please provide supporting information)

Action plan lead	Director of Quality and Nursing/Director of Operations
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Expectation	Actions required	Action by date	Person responsible	Comments/ action status	Change stage (see Key)
1. Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability	Safe staffing establishment to be set in:		Director of Quality and Nursing/Director of Operations/ Medical Director	Complete	3
	Unplanned care – Walk In Centres	30 April 2014 – complete			
	Community nursing	30 May 2014 30 June 2014 Complete 30 September 2014			
	Out of hours	30 June 2014			

	And taken to the board for sign off	31 July 2014 30 September 2014			
	Phlebotomy	31 July 2014 – complete			
	Monthly reporting on actual nursing staff on duty against set establishment on a shift by shift basis by team	30 April 2014 30 May 2014 30 June 2014 30 September 2014 30 March 2015 This revised date allows for the introduction of Rotor Master	Director of Quality and Nursing/ Medical Director		2
	Review the impact set establishment on any previously agreed Cost Improvement Plans (CIP)	30 June 2014	Director of Operations/Director of Finance	Complete	3 Action complete
2. Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.	Implement an e-rostering system in: Community nursing unplanned care and GP OOH's which allows the Director of Quality and Nursing, the Medical Director and the Direct of Operations and their teams to routinely monitor shift by shift staffing	31 March 2014 30 May 2014 30 March 2015 This revised date allows for the introduction of Rotor Master in community nursing Already in place in	Director of Operations		2

	levels	Ooh's and WIC			
	Develop an escalation policy and contingency plan for staffing issues in community nursing, unplanned care and GP OOH's and communicate them to all staff	31 March 2014 30 May 2014 30 June 2014 This revised date allows for the introduction of Rotor Master	Director of Quality and Nursing/ Director of Operations Medical Director	Complete	3 Action complete
3. Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.	Trial use of the HURST tool in community nursing to manage the weekly and daily workload, matching skills and competency to patient need and agree use if appropriate	31 March 2014	Director of Quality and Nursing/ Director of Operations	Complete Tool did not allow for local flexibility so trial of forecasting model in community nursing during April	3 Action complete
	Agree tools to be used in: Unplanned care - WIC	31 March 2014	Director of Quality and Nursing/ Director of Operations Medical Director	Unplanned care complete	3 Action complete
	Agree tools to be used in: Community nursing	30 May 2014	Director of Quality and Nursing/ Director of Operations Medical Director	Complete	3 Action complete
	Agree tools to be used in: Out of hours	30 May 2014	Director of Quality and Nursing/ Director of Operations	Complete	3 Action complete

			Medical Director		
	Establishment levels to be reviewed and a board paper submitted every 6 months	31 October 2014 30 June 2014 31 October 2014 Revised to take account of the most recent guidance from the NQB	Director of Quality and Nursing/ Director of Operations Medical Director	Will start when establishment levels work complete	2
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.	Raising concerns code added to datix with direct email route to relevant Director	Current practice	Director of Quality and Nursing	Complete	3 action complete
	Review of contracts of employment and HR policies to ensure there is no reference to gagging clauses	30/11/2013	Director of HR and OD	Complete	3 action complete
	Number of raising concerns incidents to be reported monthly in the Quality Report	Current practice	Director of Quality and Nursing	Complete	3 action complete
	Raising concerns section to be developed on staff zone including links to professional guidance and the Speak out Safely Campaign	Current practice	Director of Quality and Nursing/ Director of HR and OD	Complete	3 action complete
5. A multi-professional approach is taken when setting nursing, midwifery and care	Safe staffing steering group to be established with membership to include senior representatives from each	31 December 2013	Director of Quality and Nursing/ Director of Operations	Complete	3 action complete

staffing establishments.	Division				
	A project plan to be developed with timescales for each clinical services review of staffing	31 January 2014	PMO Lead	Complete	3 Action complete
	Clinical representatives from each service to be included in the safe staffing project groups: Unplanned Care – WIC Community Nursing Out of Hours	31 March 2014	Divisional Manager	Complete	3 Action complete
6. Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.	Each safe staffing project group is to propose an agreed 'headroom' figure which will be presented to the safe staffing group for approval and the board for sign off. The headroom figure will include: <ul style="list-style-type: none"> • continuous professional development 			Complete	3 Action Complete

	<ul style="list-style-type: none"> time to fulfil mentorship and supervision role <p>This is an expectation of the national guidance.</p> <p>Out of Hours – WIC</p>	31 March 2014	Divisional Manager		3 Action Complete
	<p>The headroom figure will include:</p> <ul style="list-style-type: none"> continuous professional development time to fulfil mentorship and supervision role <p>This is an expectation of the national guidance.</p> <p>Community Nursing</p>	30 May 2014 30 June 2014 30 September 2014	Divisional Manager	Complete	3
	<p>The headroom figure will include:</p> <ul style="list-style-type: none"> continuous professional development 			Complete	3

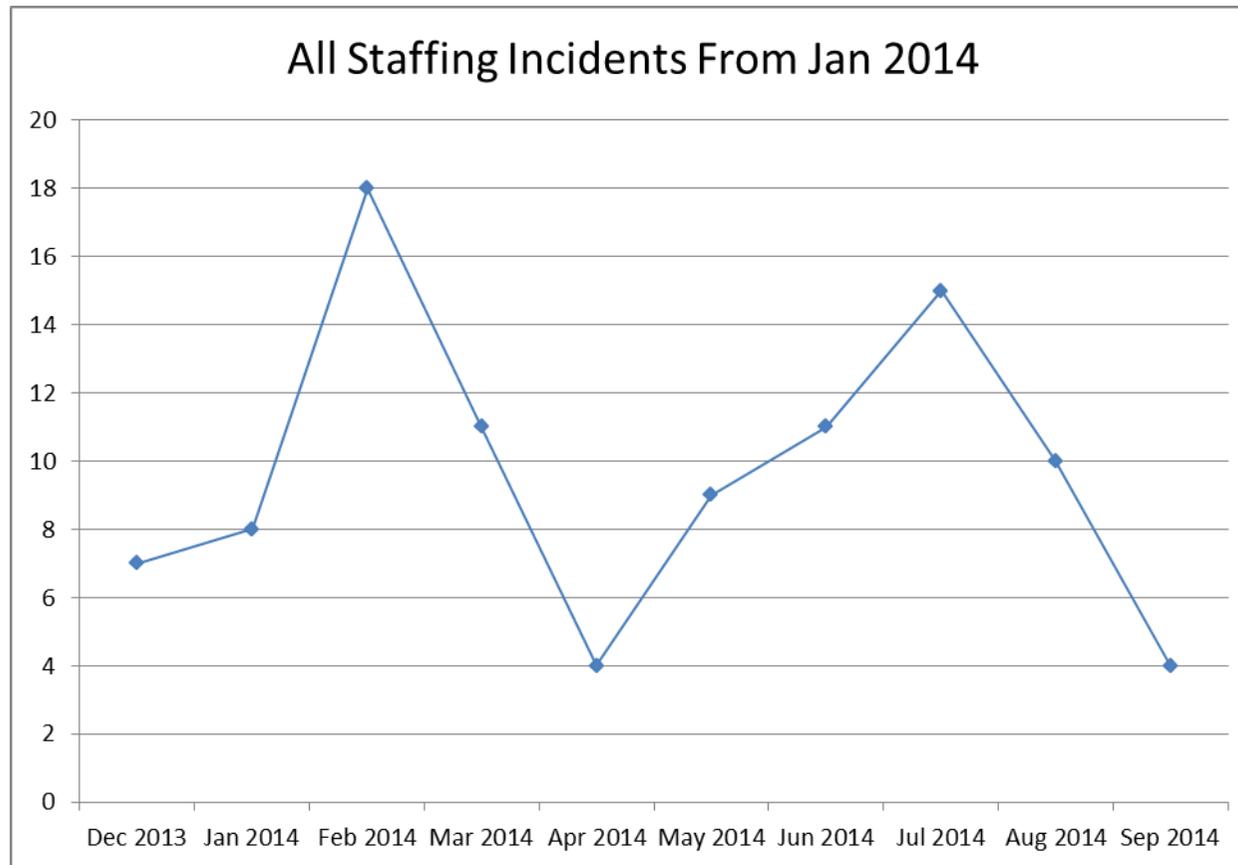
	<ul style="list-style-type: none"> time to fulfil mentorship and supervision role <p>This is an expectation of the national guidance.</p> <p>Out of Hours</p>	<p>30 June 2014 31 July 2014</p>	Divisional Manager		
7. Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	<p>Monthly reporting on actual nursing staff on duty against set establishment on a shift by shift basis by team</p> <p>Monthly reporting on actual AHP/Medical staff on duty against set establishment on a shift by shift basis by team</p> <p>Six monthly review of nursing establishments</p> <p>Six monthly review of AHP/Medical staff establishments</p>	<p>Dates to be added when process agreed nationally</p>	Director of Quality and Nursing/ Medical Director		1
			Director of Quality and Nursing/ Medical Director		1
			Director of Quality and Nursing/ Medical Director		1
			Director of Quality and Nursing/ Medical Director		1
8. NHS providers clearly display information about the nurses,	Review of best practice in other community settings and recommendations made to	31 March 2014	Director of Quality and Nursing/ Director of	Attended National Quality Board safe staffing event	3 Action complete

midwives and care staff present on each ward, clinical setting, department or service on each shift.	board		Operations/	on 25 March 2014 Complete	
	Information displayed for nursing teams	Dates to be added when process agreed nationally	Director of Operations	Guidance sort from National Quality Board and NTDA	1
	Information displayed for AHP and Medical teams	Dates to be added when process agreed nationally	Director of Operations	Guidance sort from National Quality Board and NTDA	1
9. Providers of NHS services take an active role in securing staff in line with their workforce requirements.	Workforce plan to be reviewed to ensure it reflects the requirements of the report	31 March 2014 Being presented to Board in July 2014 31/07/2014	Director of Quality and Nursing/ Director of Operations/ Medical Director/ Director of HR and OD	Complete	3
	Nursing staff systems to be reviewed to ensure all staff on duty have the right skills at the right time	31 March 2014 30 May 2014 30/06/2014 30 March 2015 This revised date allows for the introduction of Rotor Master to manage this process	Director of Quality and Nursing/ Director of Operations		2

	Bank and agency systems and process to be reviewed to ensure all staff on duty have the right skills at the right time	31 March 2014	Director of Quality and Nursing/ Director of Operations/	Complete	3 Action Complete
	Nurse recruitment to be reviewed and move to a recruitment for values system – action added to	30 June 2014 Pilot begins 11/08/2014 – 30/09/2014	Director of Quality and Nursing/ Director of Operations/ Director of HR and OD		2
10. Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.	Copies of board papers to be provided to the commissioners of services after sign off by the board for assurance Submitted and presentation at 1 July contracting meeting	31 October 2014 30 June 2014 Revised to take account of the most recent guidance from the NQB	Director of Quality and Nursing	Complete	3 Action Complete

Appendix 2. Staffing Incidents

Profile of Staffing Incidents: January – 26 September 2014



Staffing Incidents from Jan 2014 by Service

	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Total
Community Equipment Store	0	0	0	0	0	0	0	1	0	1
Community Nursing	2	9	10	3	5	4	6	3	0	42
Livewell	0	0	0	0	0	0	0	0	1	1
Physiotherapy and Rehabilitation service	1	0	0	0	0	0	0	0	0	1
Primary Care Service	0	1	1	0	0	0	1	0	0	3
Sexual Health Service	3	3	0	0	0	2	2	2	0	12
Specialist Nursing Services	0	2	0	0	1	1	0	0	0	4
Unplanned Care	2	3	0	1	3	4	6	4	3	26
Total	8	18	11	4	9	11	15	10	4	90

Staffing Incidents by Service – August 2014

	Community Equipment Store	Community Nursing	Sexual Health Service	Unplanned Care	Total
Due to lack of nursing home staff with correct competency and / or equipment	0	1	0	0	1
Lack of suitably trained /skilled staff	0	0	0	1	1
Staff fell ill during work	0	0	0	1	1
Staff raising staffing issues	1	2	2	2	7
Total	1	3	2	4	10

Quality Dashboard 1 September – 30 September 2014

Agenda Item:	12	Reference:	WCT14/15-162
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Sandra Christie		
Job Title:	Director of Quality and Nursing		

Link to Business Plan:	Ensures essential levels of quality and safety are met and drives forward continuous improvement for: <ul style="list-style-type: none"> • Patient, Community and Commissioners • Care Delivery • People and Resources • Enabling Functions 					
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has the Public & Stakeholders been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input type="checkbox"/>	

Financial Implications: <i>E.g. What is the Impact on the Trust? Does it provide Value for Money? All costs should be clearly explained in the section below.</i>			
None identified at present.			
Overall Cost / Pressure:	£	Overall Income:	£
Additional Funding Required:	£	Funding Already Ring Fenced:	£
Identified Risks:			
<p>The continued reporting of community acquired grade 3 and 4 pressure ulcers has been identified as a risk by the Community Nursing Service, this has been appropriately escalated to the risk register.</p> <p>A pressure ulcer action plan has been submitted to the July 2014 Quality and Governance Committee to provide assurance regarding the actions being implemented in relation to this identified risk. Following analysis of triangulated data, a programme of 'deep dives' will be conducted, initially focusing on two community nursing teams to identify areas for quality improvement.</p>			
Assurance to Board:			
The Quality dashboard provides assurance to the board of the delivery of safe, effective and quality services and a monthly high level summary of achievement against the organisations quality goals.			

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History		
Submitted to	Date	Brief Summary of Outcome
Regular report submitted each month.		

Wirral Community NHS Trust

Quality Dashboard

1 September – 30 September 2014

Purpose

1. The purpose of this monthly report is to present the organisations quality dashboard to the board and to provide assurance of the delivery of safe, effective and quality services in a monthly high level summary of achievement against the organisations quality goals for the reporting period 1 September – 30 September 2014.

Executive Summary

2. Wirral Community NHS Trust Board recognises that quality is an integral part of their business strategy and for the trust to be most effective, quality must become the driving force of the organisation's culture.
3. We are committed to ensuring that quality forms an integral part of its philosophy, practices and business plans and that responsibility for driving this is accepted at all levels of the organisation.
4. The five year quality strategy is structured around the organisations strategic priorities which are; Our Patients, Our People, Our Services and Our Sustainability.
5. The quality goals which are aligned to each of those strategic priorities are:



6. The Quality and Governance Committee is the responsible committee for ensuring trends identified in the quality dashboard are monitored and the appropriate action taken to improve patient care.
7. The quality dashboard will be tabled at the board to ensure the information is current and any current quality concerns raised.

Board Action

8. The board is asked to approve the quality dashboard for the reporting period 1 September – 30 September 2014 and be assured of the delivery of safe, effective, quality services across the organisation.

Sandra Christie

Director of Quality and Nursing

Contributors:

Paula Simpson

Head of Quality and Nursing

Leadership and Patient Safety Walk Rounds Quarterly Update

Agenda Item:	13	Reference:	WCT14/15-163
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Simon Gilby		
Job Title:	Chief Executive		

Link to Business Plan:	The walkround programme supports multiple elements of the trust's business plan but in particular; engaging effectively with the patients and communities we serve and developing and maintaining a competent, caring and flexible workforce					
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have the Public & Stakeholders been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
To Approve	<input type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input checked="" type="checkbox"/>	

Financial Implications: <i>E.g. What is the Impact on the Trust? Does it provide Value for Money? All costs should be clearly explained in the section below.</i>			
None identified at present.			
Overall Cost / Pressure:	n/a	Overall Income:	n/a
Additional Funding Required:	n/a	Funding Already Ring Fenced:	n/a

Identified Risks:
None identified.

Assurance to Board:
This paper provides assurance on the involvement of board members in a formal programme of patient and staff engagement and on the delivery of high quality services and patient experience

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History		
Submitted to	Date	Brief Summary of Outcome
Regular quarterly report		

Wirral Community NHS Trust

Leadership and Patient Safety Walk Rounds Quarterly Update

Purpose

1. The purpose of this paper is to provide assurance to the trust board on the delivery of high quality, patient focused services through the information gathered via the Leadership and Patient Safety Walk Rounds. This report focuses on the walk rounds during the reporting period 1 July - 30 September 2014.
2. The report also provides an update on the shadowing visits conducted by Non-Executive Directors, which have continued with success.

Executive Summary

3. Leadership and Patient Safety Walk Rounds provide an insight in to the work of the trust at the front-line. They also provide a vital opportunity for board members to demonstrate their visible commitment by listening to and supporting staff when issues of safety are raised and can be instrumental in developing an open culture where the safety of patients is seen as the priority of the organisation.
4. The walk rounds provide the trust board with the opportunity to meet with patients/service users who access services and gain an understanding of the patient/service user journey.
5. Leadership and Patient Safety Walk Rounds are just one way in which the trust board gains assurance regarding the delivery of high quality and patient focused services.

Summary of Leadership Safety and Patient Experience Walkrounds

July - September 2014

6. For the reporting period 1 July - 30 September 2014, 12 Leadership and Patient Safety Walk Rounds have been completed, generating a total of 73 patient and staff interactions with completed questionnaires.
7. The table below shows the location together with the number of completed questionnaires by staff (leadership) and by patients (patient safety) per visit.

Date	Service/Venue	Leadership	Patient Safety
Thurs 10 July	Wheelchair Services Hind Street Birkenhead	4 x questionnaires completed	1 x questionnaire completed
Thurs 24 July	Sexual Health Drop in St Caths Gemini Centre	8 x questionnaire completed	3 x questionnaires completed
Tues 29 July	Livewell – Weigh-in session Victoria Central Health Centre	1 x questionnaires completed	6 x questionnaires completed
Fri 1 August	Specialist Palliative Care WUTH	4 x questionnaires completed	0 x questionnaires completed
Wed 6 August	Dental Services Victoria Central Health Centre	3 x questionnaire completed	0 x questionnaires completed
Wed 13 August	Health Visiting Birkenhead Medical Building Laird Street	7 x questionnaires completed	1 x questionnaires completed

Date	Service/Venue	Leadership	Patient Safety
Sun 17 August	GPOOH/Walk-in Centre/All Day Health Centre Arrowe Park Hospital	5 x questionnaires completed	0 x questionnaires completed
Wed 20 August	Community Nursing night staff Port Causeway Bromborough	5 x questionnaires completed	1 x questionnaires completed
Wed 27 August	Physiotherapy (Rehabilitation) Intermediate Services Hoylake Cottage Hospital	4 x questionnaires completed	0 x questionnaire completed
Wed 10 September	Heart Support - GYM St Catherine's Health Centre	2 x questionnaires completed	7 x questionnaires completed
Thurs 18 September	Livewell – Stop Smoking Drop-in Birkenhead Medical Building Laird Street	3 x questionnaires completed	2 x questionnaires completed
Thurs 25 September	Speech and Language Services Children's Eastham Clinic	2 x questionnaires completed	4 x questionnaires completed

8. Where 0 questionnaires have been completed this could be due to a number of reasons including no patients being present in the clinic at the time of the visit.
9. Feedback for the quarter has been very positive:
- 90.7% of staff who were asked reported that they had been able to care for patients as safely as possible (NB: staff who responded 'no' all worked for the same service).
 - 100% of staff who were asked thought their team was well led.
 - 100% of staff who were asked knew how to raise a concern about safeguarding adults or children.
 - 100 % of patients who were asked had confidence and trust in the person who treated them.
 - 100% of patients who were asked were given enough privacy when being examined.
10. The key themes arising from the feedback during these walk rounds are as follows:
- Some staff reported that they enjoy working within a team, praising their team leaders.
 - IT issues around Cerner and SystemOne but staff continue with IT development.
 - Patient feedback on the delivery of care by the trust is excellent but patients of some services felt waiting times could improve.

Shadowing Clinical Staff

11. During this quarter, four shadowing visits took place either on a home visit or in a clinic setting with the community nursing and health visiting teams.
12. The feedback from the visits has been positive from both Non-Executive Directors and the teams involved. In particular, positive feedback was received following a home visit with a

community nursing team where the care observed was considered superb and was clearly appreciated by the patients.

Quality visits

13. The quality visits programme is led by the Director of Quality and Nursing and the Head of Quality and Governance. Over the last quarter, visits to teams to provide support in advance of and during the CQC inspection have taken priority and have been appreciated by teams across the trust. During the next quarter, the formal programme of quality visits will continue.

Action log

14. An action log is kept to monitor the completion of actions identified following the walk rounds. The action log is reviewed monthly by Senior Management Team to discuss any key issues, monitor progress and close actions, as appropriate.
15. If no actions are identified as a result of the walk round the Executive and Non-Executive Directors are requested to submit a 'nil return' to maintain a sound audit trail.
16. The actions identified from 1 July - 30 September 2014 have been largely completed or updated in terms of progress made.

Future Reporting

17. A web-based survey tool (Survey Monkey), usable via directors' iPads, has been tested with the existing question set. It will be trialled on a pilot basis during walk rounds from mid-October 2014 and guidance will be shared with all directors by this point.
18. Those who wish to, may pilot this new way of collecting data over the coming quarter. The associated benefits will include much faster collation data and the potential for staff and patients to complete the questions themselves, potentially encouraging greater frankness.
19. The schedule of walk rounds for October - December 2014 is attached at **Appendix 1**.

Board Action

20. The board is asked to note the feedback from visits completed during July - September 2014 and be assured on the quality of staff and patient engagement and consequently the opportunity to positively influence the delivery of the trust's services.

Simon Gilby
Chief Executive

Contributors:
Alison Hughes
Trust Board Secretary

DRAFT: Leadership and Patient Safety Walk rounds: October – December 2014

Date	Time	Division	Venue	NED / Exec Director	Email to Service Leads
October 2014					
Tues 7 October	11.30 – 12.30pm	Therapies	VENUE TBC Nutrition and Dietetics Service	SG	
Sat 18 October	9.00 – 10.30am	Primary Care	Arrowe Park Hospital All Day Health Centre	SC	
Wed 22 October	9-10	Primary Care	Leasowe Dental Services	JH	
Tues 28 October	9.00 – 10am	Therapies	Plantation Road Community Equipment Stores	ES	
November 2014					
Tues 4 November	10.00 - 11am	Therapies	Liverpool Abercromby Health Centre Podiatry Services	SC	
Week commencing 10 November Date to be confirmed	2.00 -3pm	Primary Care	St Georges Medical Centre Ophthalmology Service (<i>Gillian Hirst/Stephanie/Smith</i>)	JL	
Thurs 20 November	4.00 – 5pm	Lifestyles	Eastham Clinic Sexual Health	JH	
Sat 29 November	9.00 -10.30am	Unplanned Care	VCHC Walk in Centre	JL	
December 2014					
Thurs 4 December	10.30 – 11.30am	Nursing	Victoria Central Health Centre Heart Support	SG	
Tues 9 December	9.30 – 10.30am	Lifestyles	VENUE TBC Family Nurse Partnership	ES	

DRAFT: Leadership and Patient Safety Walk rounds: October – December 2014

Date	Time	Division	Venue	NED / Exec Director	Email to Service Leads
Fri 19 December	3.30 - 4.30pm	Nursing	VENUE TBC Community Nursing	JL	