**Title:** Clinical, Quality and Safety Report

**Report to:** Trust Board

**Date:** 30 September 2013

**Security Classification:** Public Board Meeting

**Purpose of the report:**

This report provides an indication of the Quality and Safety of the Trust’s services. It outlines key quality developments which are occurring and areas which may require further work to address variation in standards of practice.

The key issues in this report are:

- CQC Review and inspections outcome
- Update on Serious Incidents, Mental Health Homicides, Complaints and Claims.
- Infection Control activity.
- Safeguarding Activity.
- Enfield Community Services Updated
- Nursing Structure Consultation
- Cultural Barometer

**Sponsor:** Andrew Harington, Interim Director of Nursing, Quality and Governance  
Dr Marc Lester, Interim Medical Director

**Author:** Stephen Cook, Deputy Director of Nursing and Clinical Governance  
Mary Sexton, Executive Director of Nursing, Quality and Governance

**Report History:** Fifth report

**Budgetary, Financial/Resource Implications:** None.

**Equality & Diversity Implications:** None.

**Trust Objectives & Risk implications – link to Board Assurance Framework and / or Corporate Risk Register:** The Clinical, Quality and Safety report will provide assurance that we are increasing our capacity to focus upon delivering:

- Excellent Services and Staff
- Integrated and Holistic Services

**Action required:** The Board is asked to:

1. note the content of this report; and
2. discuss any further actions required to address key clinical quality and safety matters.
1. **Introduction**

The Clinical, Quality and Safety Report outlines the key clinical, quality and safety areas which the Executive Director of Nursing, Quality and Governance and the Interim Medical Director would like to bring to the Board’s attention.

2. **Care Quality Commission Inspections July to August 2013**

During July – August 2013, the Trust has had three unannounced CQC MHA (Mental Health Act) monitoring visits and a further one regulatory inspection. Mental Health Act visits were carried out on Tamarind Ward, Devon Ward and Ken Porter Ward, who also received a regulatory inspection.

2.1 **Tamarind Ward – Forensic Service Line.**

During the visit to Tamarind Ward on 8th July 2013 the visiting Commissioner reported on a number of specific patient issues and the ward manager was proactive in taking the appropriate action and providing assurances.

2.2 **Devon Ward – Forensic Service Line**

Devon Ward was visited on 26th July 2013. Issues highlighted included the provision of care plans to patients, the location of some paperwork and accuracy of a treatment certificate. These areas were immediately rectified and the Trust response to the commission has outlined how standardised practices are monitored and maintained going forward.

2.3 **Ken Porter Ward**

On 10th July 2013 the ward was inspected on both their Mental Health Act compliance and regulatory compliance. During the visit, Mental Health Commissioners found that as well as a lack of evidence of physical health checks in three patient records, there were areas of concern in respects to the documentation of consent and capacity from Responsible Clinicians on the ward. It was also reported by one patient that they felt they had not been involved in the planning of their care. The service line has ensured that the relevant Responsible Clinicians are aware of the areas that require improvement, and all outstanding physical health checks have now been completed. In respects to consent and capacity, this will continue to be monitored by the Mental Health Act Team in partnership with the ward.

In respects to regulatory compliance, the CQC noted no areas of non-compliance during their inspection of outcome 2 (Consent to care and treatment), outcome 4 (Care and welfare), outcome 5 (Nutritional needs), outcome 7 (Safeguarding), outcome 9 (Medicines management), outcome 13 (Staffing) and outcome 16 (Assessing and monitoring the quality of services). The report did report similar areas for improvement including recording of consent and capacity assessments on the ward, recording of physical health checks, medicine handling training for non-nursing staff, documentation of medication consent and complaints being notified to the ward manager when they are filed so there is an opportunity for local resolution.

2.4 **Care Quality Commission Action Plan**

All service lines that have current non compliances have now developed SMART action plans in order to address areas identified during their regulatory inspections as requiring action. Action plans have been submitted to the CQC and will be monitored by the Nursing
Directorate and through service line governance forums to drive through compliance and sustainability of improvements.

2.5 Oaks

There has been significant progress on The Oaks service improvement action plan. During August, the full time locum Consultant Psychiatrist started and Silver Birches Ward became the acute admission ward for people with dementia. CCG led audits and reviews of physical health care on the ward and our falls protocols have been positive as has been feedback from relatives of patients on the ward. Regular monitoring meetings with the CCGs and LBE have reduced from weekly to three weekly in response to the positive progress that has been made and the reducing risk.

3. Serious Incidents

During the reporting period July – August 2013 there were no “Never Events”, and 12 reported serious incidents within the Trust, an increase of 4 from the previous reporting period (May – June 2013). There has been no demonstrable increase in individual service line reports of Serious Incidents during this reporting period.

3.1 Number and category of incidents reported in period

<table>
<thead>
<tr>
<th>Category</th>
<th>Service Line</th>
<th>C&amp;E</th>
<th>DCI</th>
<th>SCNP</th>
<th>PSY</th>
<th>CMH</th>
<th>ECS</th>
<th>NLFS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Physical Assault</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Suspected Suicide</td>
<td></td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Unexpected Death</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Pressure Ulcer Grade 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pressure Ulcer Grade 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Alleged sexual abuse/rape</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

During July – August 2013, whilst there have been no significant changes in the overall reports of incidents of a moderate nature, there have been marked reductions of incidents within the Forensic service line, whilst Crisis and Emergency has seen an increase.
Moderate Incidents: July and August 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Service Line</th>
<th>C&amp;E</th>
<th>DCI</th>
<th>SCNP</th>
<th>PSY</th>
<th>CMH</th>
<th>ECS</th>
<th>NLFS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempted Suicide</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Suspected Suicide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Unexpected Death</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Medication error</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Missing patient money</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Near miss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cardiac arrest leading to death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>14</td>
</tr>
</tbody>
</table>

3.2 Serious Incident Investigations

3.2.1 North London Forensic Services: Serious Physical Injury:

Following an incident of restraint, and subsequent seclusion involving a patient on Tamarind Ward on 11th August 2013, it was confirmed that the patient had sustained a fracture of his C4 vertebra.

Whilst in seclusion, the patient complained of neck pain and weakness in his arms. He was medically assessed in seclusion on several occasions and following the termination of seclusion he continued to complain of neck pain and weakness and was medically re-assessed the following morning (12.08.2013).

Following a review by his Responsible Clinician the patient was sent to the Royal London Hospital, who confirmed the diagnosis.

This incident was allocated for investigation within the Trust, but has now been temporarily suspended following a request by the Police, who have commenced carrying out their own investigation. NELCSU has been informed of the situation.

3.3 Thematic Review of Suicides

A thematic review has been completed of unexpected deaths (including suspected suicides) that have occurred within the Trust between April 2010 to September 2012. The review found that there had been 119 unexpected deaths, of which 66 deaths related to suicides, across all the service lines with 16 suicides being reported for the Crisis and Home Treatment Teams.

The number of HTT suicides were in keeping with the national findings in the National Confidential Inquiry into Suicide and Homicide by people with Mental Illness Report (2012). A recommendation from the national report recommends that to improve the quality of risk assessments being undertaken by HTT staff, they should include as part of their assessment the standards set by the National Patient Safety Agency (NPSA) as well as those set by the Trust, in order to reduce the risk of harm through suicide.
Following the national report the Trust has developed an audit, which incorporates the NPSA clinical quality standards for risk assessments, which audited the Trust’s Home Treatment Teams. Findings from the audit identified areas of improvement required in crisis and contingency planning, supporting carers and the involvement of patients and positive risks management. It was noted that significant improvements were required.

Home Treatment Teams have subsequently implemented changes to improve compliance and effectiveness with the standards and a further audit will take place in September 2013, as well as the inclusion of the audit tool into the HTT monthly Quality Assurance Audit.

3.4 Internal Board Level Panel Inquiry

3.4.1 Patient(SA) Haringey Home Treatment Team – Chair Mary Sexton Executive Director of Nursing, Quality and Governance

Following the completion of the Board Level Panel Inquiry, a number of care / service delivery problems were identified. The panel have identified some keys areas that require resolving, which include:

- A review of the Team discussion structure within the HHTT to better improve the focus and planning of patient care.
- HHTT staff to undergo training in Record Keeping to ensure compliance with Trust standards and professional practice standards.
- Improving involvement of family of service users as part of discharge planning from in-patient services and HHTT.
- The inter-team referral pathway to the community S&RT lacks clarity and should be reviewed.
- Substantive appointment to be made to the post of Consultant Psychiatrist with the HHTT.
- The leadership structure within the HHTT to be formally reviewed to establish a single leader who will have overall clinical and managerial accountability for the quality of care provided by the team. Consideration to be given for uniformity across the whole HHTT structure to ensure there is consistency in HTTs across the Trust. An action plan will be drawn up by the responsible service line and monitored through local governance meetings in collaboration with the Patient Safety Team. In addition, a learning lessons event will be facilitated on 30th September 2013 for staff across HTT and Community Support and Recovery Teams for shared learning and ownership.

3.4.2 Board Level Inquiry Report into the care and Treatment of HAA (Mr. ZZ) – Update

NHS England has yet to advise as to whether an independent investigation will be commissioned in accordance with Department of Health guidance.

3.5 Independent Homicide Update

3.5.1 HASCAS: Homicide: NLFS Patient – June 2011 – on-going

This homicide occurred approximately 9 months following the patient’s discharge from NLFS to Camden and Islington NHS Foundation Trust. The Trust has now been advised that the independent investigation originally commissioned to be carried out by HASCAS will now be undertaken by Linda Winchcombe. New interview dates have been arranged for 17th and 18th September 2013. Involved staff have been advised of the dates and have confirmed their attendance.
4. Complaints

4.1 Complaints by Service Line July-August 2013

There has been a deterioration in complaints compliance, with compliance as at 31\textsuperscript{st} August being 76% across the Trust, compared to the last reporting period (May - June 2013), which noted a compliance of 85%. There have been significant increases in complaints received within the Crisis and Emergency Service Line (25 complaints during July - August, compared to the previous reporting period (May-June 2013) when 12 were received. Performance has deteriorated in 5 service lines, attributed to the late allocation of investigating officers across all service lines. This performance is being managed through local service lines and deep dives by the Nursing Directorate. Prominent themes which have been noted in complaints relate to clinical care and staff attitude towards service users.

### Complaints by Service Line July-August 2013

<table>
<thead>
<tr>
<th>Service Line</th>
<th>No. of complaints received in July</th>
<th>No. of complaints received in August</th>
<th>YTD No of complaints for each Service Line</th>
<th>YTD Compliance for each Service Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult and Older People (ECS)</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>86%</td>
</tr>
<tr>
<td>Crisis and Emergency</td>
<td>18</td>
<td>7</td>
<td>40</td>
<td>68%</td>
</tr>
<tr>
<td>Common Mental Health</td>
<td>5</td>
<td>1</td>
<td>10</td>
<td>80%</td>
</tr>
<tr>
<td>Corporate</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>67%</td>
</tr>
<tr>
<td>Children and Young People (ECS)</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>67%</td>
</tr>
<tr>
<td>Dementia and Cognitive Impairment</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>67%</td>
</tr>
<tr>
<td>Forensic</td>
<td>6</td>
<td>0</td>
<td>15</td>
<td>80%</td>
</tr>
<tr>
<td>Psychosis</td>
<td>4</td>
<td>7</td>
<td>19</td>
<td>81%</td>
</tr>
<tr>
<td>Severe and Complex Non Psychotic</td>
<td>4</td>
<td>4</td>
<td>23</td>
<td>88%</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>38</strong></td>
<td><strong>24</strong></td>
<td><strong>125</strong></td>
<td><strong>76% (YTD compliance Trust wide)</strong></td>
</tr>
</tbody>
</table>

Claims by Service Line July – August 2013

All claims are presented at Service Line SI Groups and Deep Dive meetings and the Nursing Directorate continues to work closely with service line managers to provide relevant information to the Claims Department and NHSLA.
New claims recorded by Service Line July – August 2013

<table>
<thead>
<tr>
<th>Total Number of Claims received Jul-Aug 2013</th>
<th>Crisis and Emergency</th>
<th>Common Mental Health</th>
<th>Enfield Community Services</th>
<th>North London Forensic Services</th>
<th>Dementia and Cognitive Impairment</th>
<th>Severe and Complex Non Psychotic</th>
<th>Psychosis</th>
<th>Estates &amp; Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

| Medical Negligence/Judicial Review          | 1                    | 0                    | 0                         | 0                              | 0                               | 0                               | 0         | 0                   |

| Staff assault                              | 1                    | 0                    | 0                         | 1                              | 0                               | 0                               | 0         | 0                   |

| Unlawful detention                         | 0                    | 0                    | 0                         | 0                              | 0                               | 0                               | 0         | 0                   |

| Non patient related staff injury           | 0                    | 0                    | 0                         | 0                              | 0                               | 0                               | 0         | 1                   |

| Staff injury during CPR                    | 0                    | 0                    | 0                         | 0                              | 0                               | 0                               | 0         | 0                   |

5. Infection Control

5.1 Outbreaks

No outbreaks were reported for the period covering July to August 2013.

5.2 Notifications

For the period covering July – August 2013, the Trust has had:

- One notification from the CCG of MRSA bacteraemia infection. The PIR is still in progress and the Trust continues to contribute to this process being led by the CCG.
- One notification of confirmed TB case (22/08/13) involving a member of staff. A case management meeting took place on 29th August 2013, where next steps and actions were agreed to take forward the management of this case.

5.3 Training

Infection control mandatory training continues to run for all staff members. Infection control compliance rate is as indicated below. ICT offered five mandatory training sessions between July-August 2013. One study day for infection control link nurses.

<table>
<thead>
<tr>
<th>Infection Control Training Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No of staff in Trust</strong></td>
</tr>
<tr>
<td>31 July 2013</td>
</tr>
<tr>
<td>31 August 2013</td>
</tr>
</tbody>
</table>

Training compliance has dropped since the last report as staff are reaching their three yearly date for refresher training. Email reminders are being sent out to remind them to book on this training. Compliance has also dropped as staff have left the Trust and the replacement staff have not yet been trained. Additional resources have been moved into the infection control team to improve training coverage.
5.4 **PLACE**

Following the completion of the PLACE assessments between April – June 2013, a robust action plan has been developed to address all areas that were awarded a qualified pass or a fail. This action plan will be implemented by individual wards and monitored through local environmental meetings, Deep Dive Meetings and Infection Control Committee. Results from the inspections are expected to be published late September 2013, and will subsequently be reported back to the Board.

5.5 **Audits**

Whilst the submission of hygiene assurance data improved significantly in July 2013, with only one ward failing to submit data by the deadline, regrettably 6 wards failed to submit by the deadline in August. This has been escalated to the relevant service line management, and all wards that have failed to submit data have been formally requested to provide exceptions statements to the Nursing Directorate. The department was audited by internal auditors from Deloitte Touche. Results of the audit will be communicated back to the Trust in a few weeks.

6. **Safeguarding**

6.1 **Dementia and Cognitive Impairment Service Line**

6.1.1 **The Oaks**

Four alerts have been registered during July-August 2013, three of which are being investigated as Safeguarding incidents.

The Trust received notification of three alerts on 9th July 2013 from the Development Manager, Safeguarding Adults, London Borough of Enfield. One allegation was in relation to a male patient where it is alleged that he was sexually assaulted by a member of staff, as well as also having been assaulted by several staff during a single incident. A strategy meeting was held on 16th July 2013. This allegation will be investigated by LBE and a case conference to be arranged by LBE.

The next allegation was relating to another patient on the oaks where it is alleged that the patient was physically abused. A strategy meeting was held on 17/07/2013. This allegation will be investigated by LBE and a case conference to be arranged by LBE in due course.

The third allegation was regarding a patient where it is alleged that the patient was abused both physically and psychologically. A strategy meeting was held on 15/07/2013. This allegation is to be investigated by LBE and a case conference to be arranged by LBE in due course.

An alert was raised following an incident on 14th July 2013 where a male patient entered the room of a female patient who was in the toilet at the time. A strategy discussion took place on 29th July 2013 and following further communication it has been agreed that the incident would be investigated as a complaint.

6.1.2 **Bay Tree House**

On 24th July 2013 the Ward Manager received an anonymous letter alleging that a male patient on the ward has been handing money to staff over a period of time. A similar anonymous letter was also sent to the Consultant Psychiatrist the following week. A teleconference was held on 30th July to discuss the incident and a strategy meeting was held on 2nd August 2013. It was agreed that an investigation will be carried out jointly...
between a safeguarding investigator and a Trust staff member as part of the disciplinary process. A case conference has been arranged to be held on 5th September 2013.

6.2 Crisis and Emergency Service Line/ Common Mental Health/Complex Care

6.2.1 Suffolk ward

On 24th July 2013 a safeguarding alert was raised after a female patient while being escorted outside the Chase building to the therapeutic garden was approached by a large group of young men. She claims to have been touched inappropriately by one of the men. Following this incident having been reported, the patient has been supported in reporting this matter to local police.

On 6th August 2013 a safeguarding alert was sent to Suffolk Ward from First Response Service in Tower Hamlets after a patient from Suffolk made an allegation that she sustained a small cut below her left knee while being restrained by staff on 17th July 2013. The alert was completed by an advocate. The incident is reported to have happened while the service user was an inpatient at Mile End Hospital. The patient has made a formal written complaint which was posted on 1st August 2013. A strategy meeting is being arranged by staff in Tower Hamlets. BEHMHT staff involved in the care of this lady will be invited to attend.

6.3 Enfield Acute Assessment Centre

A safeguarding alert was raised on the 11th August by staff in the Acute Assessment Centre following a disclosure from a female service user that 3 days prior to her attendance she had been assaulted by her husband. This has since been escalated to the Primary Care Team to follow-up.

6.4 North London Forensic Service

A safeguarding alert was raised following an incident on Tamarind ward on Sunday 11th August 2013, following the restraint, and subsequent seclusion of a patient. Following the patients seclusion the patient complained of neck pain and weakness in his arms and legs, which was subsequently diagnosed as a fractured C4 vertebra by Royal London Hospital, where he remains. A strategy meeting was held on 21st August 2013 where the police attended and advised that they had interviewed the patient and were to investigate the matter further. A further strategy meeting has been arranged to be held on 25th September 2013.

6.5 Safeguarding Adult Audit

The Trust has commissioned Deloitte to carry out a Safeguarding Adult Audit. The audit started on 7th August 2013. The audit has concentrated on areas such as the safeguarding adult’s process, data management, performance, training and recording on RIO. The outcome of the audit has yet to have been reported back to the Trust.

7. Safeguarding Children

7.1 Quality Assurance Activity

7.1.1 Training

The Safeguarding Children Committee monitors compliance with mandatory safeguarding children training. The Safeguarding Children Balanced Scorecard currently indicates an underperformance against the quality standards that the Trust has set in training. This
standard is that at least 80% of staff will be trained to the correct level and that this training is refreshed every three years.

<table>
<thead>
<tr>
<th>Delivery route</th>
<th>Level One and Two</th>
<th>Level Three</th>
<th>Level Four plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory training day and refresher (All staff)</td>
<td>Within Trust and externally (Staff who work with children, young people or their parents and may contribute to safeguarding children processes)</td>
<td>External (those with specific safeguarding roles)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numbers of staff who require (at end of quarter one 2013-14)</th>
<th>Level One and Two</th>
<th>Level Three</th>
<th>Level Four plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>2581</td>
<td>461</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compliance with having attended within timescale during 2012-13</th>
<th>Level One and Two</th>
<th>Level Three</th>
<th>Level Four plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>83%</td>
<td>49%</td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compliance with having attended within timescale. End of quarter one 2013-14</th>
<th>Level One and Two</th>
<th>Level Three</th>
<th>Level Four plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>76%</td>
<td>51%</td>
<td>92%</td>
<td></td>
</tr>
</tbody>
</table>

As shown in the table above, the Level One and Level Two standard was met in 2012-13 but has reduced to 76% at the end of quarter one as viewed on the new WIRED training information system. As this training is delivered via the mandatory training day, the Workforce Development Team has been informed and is working to ensure that the WIRED system is accurate and with managers to improve compliance.

The planned work includes moving towards a common start date for new staff from October 2013 where staff will attend mandatory training on the second day of commencing in post. This will help improve compliance and most importantly ensure that all new starters are aware of their safeguarding responsibilities.

Level three training enables staff to contribute to interagency safeguarding processes and best practice is that it is undertaken alongside other agencies. Compliance with level three training was 51% at the end of quarter one, significantly under the Trust’s 80% standard. Improving compliance with level three training is already an agreed priority for 2013-14 and is monitored monthly. Over the last year work has been undertaken to identify which staff require this training and it has recently been included on the WIRED system. As a significant amount of level three training is undertaken outside the Trust, the accuracy of compliance data relies on individual staff and managers triggering an update of the training record system. We are aware that the compliance data is negatively influenced by this and are working with managers to increase their recording accuracy.

To help increase accuracy further, each LSCB has now agreed to send regular information about staff attendance. Although we would prefer staff to undertake interagency training through LSCBs at level three, we increased the amount of in-house training last year as there were LSCB waiting lists for some courses. The option of e-learning is currently being considered as NHS agreed programme is now available and transferable across Trusts.

Compliance with Level Four or above is accurate and consistently above the minimum Trust standard.
7.2 Multi-agency reviews

The Trust is involved in three Serious Case Reviews and two Domestic Homicide Reviews. The Brent Serious Case Review on Child H has now been completed and published; the executive summary is available on the Brent LSCB website. Action plans are being progressed within timescales.

8. Enfield Community Services

8.1 New Structure

The new Divisional Structure for the service line is to be in operation from the 1st September 2013.

8.2 Paediatric Therapies

Following a recent meeting with CCG colleagues on 22nd August 2013 they have indicated that they wish to continue to monitor how the risk related to Paediatric Physiotherapy has been reported and the progress made in mitigating these risks.

8.3 Relocation of additional teams to Lucas House

Due to the planned relocation of District Nursing Services the teams have identified operational difficulties in relation to access to fax machines due to proximity, as well as parking difficulties locally, which it is anticipated will cause inefficiency.

8.4 Mobile Phones

Current difficulties have been experienced in relation to the new telephony system within the Trust, particularly in relation to the use of texting, difficulties securing new lines to support additional mobile phones and the inability of the telephony system to log when calls to clinicians have been made. These difficulties are causing challenges in respects to patient engagement and satisfaction, communication with patients and responsiveness.

9. Nursing Structure consultation

The consultation proposed for the new Nursing Directorate structure was launched on 27th August 2013. The consultation will run for a period of 30 days, enabling individual and group meetings, which will result in a “way forward” document in respects to taking the finally agreed structure forward, including timescales of the transition and implementation.

10. Cultural Barometer

The Trust has agreed to take part and be a pilot site to test the Cultural Barometer, a tool which has been developed to act as an early warning system to identify care culture problems, whilst providing “ward to board” communication. If used successfully, it is anticipated that the tool will gauge whether the culture in any part of the organisation is conducive to the delivery of compassionate patient centred care. Whilst the tool has already been tested in Acute Hospitals sites, given our Trust provides both community and mental health services, we are an ideal organisation to carry out further testing in different care settings, with an opportunity to influence and shape the tool.