

## Central London Community Healthcare NHS Trust Update on Actions agreed during Health Overview and Scrutiny Committee 25 May 2022

1. A Member asked whether outcomes from the Freedom to Speak Up project were available (page 21). Ms McNicolls-Washington noted that a Guardian had been appointed to support staff in speaking up and there was evidence that this was effective, with staff being willing to speak to the Guardian. This had helped to improve quality of care, and staff morale. Ms McNicolls-Washington would ask for some data on this. Ms Isaac reported that a recent staff survey showed a 10% increase in staff being willing to share their concerns.

**Action: Ms Nicolls-Washington**

### Freedom to Speak Up (FTSU)

The FTSU Guardian has been making good progress increasing their visibility by:

- Meeting with Human Resource Business Partners, Staff Networks, Staff Side Representatives, & Divisional Directors,
- Conducting regular visits to different sites and attending divisional team meetings.
- Leading and promoting the Active Bystander Training Programme.
- Linking to the FTSU local London Network, sharing good practice, and helping staff feel confident to speak up.

### **FTSU Quarter 2 Summary**

In quarter 2 (1.6.22 – 31.8.22), 24 members of staff contacted the FTSU Guardian with 75 new concerns, this compares with 12 people reporting 14 concerns in quarter 1, (1.3.22 – 31.5.22). Concerns were categorised according to the National Guardian's Office's (NGO) original definitions at the point of contact. This is before the member of staff made any decision about whether to take their concerns further, and before any investigation. The number of reported concerns is low but there are signs of an increase each month. Possible explanations for this include staff raising concerns through other avenues, the Guardian being new in post. Cases not reported to the Guardian included two concerns about bullying and harassment on Datix and three cases of alleged fraud reported to the local counter fraud office.

### **Notable points from FTSU concerns raised in quarter 2**

- Just over 50% of concerns were related to bullying/harassment, behaviours, and culture.
- Six people reported a protected characteristic (PC) as a theme linking this into "systems and processes". People raising PC as a concern felt they were being discriminated against by being overlooked for job opportunities.
- There were two cases in quarter 2 where people were afraid to take their concerns further. These relate to bullying and harassment / behaviour and relations with manager. The cases include allegations of micro-aggressions.
- Nursing and Admin raised 54% of all concerns. Nurses represent 41% of the workforce. AHP and HCA/unqualified staff raised the least number of concerns.

### FTSU Feedback and Evaluation Form

A FTSU feedback and evaluation form was created in May 2022 to provide information on the quality of the service. An independent FTSU quality assurance audit will be completed in April 2023. It will be conducted by the Quality Improvement Team and will review a sample of up to ten anonymised cases between April 2022 and March 2023, in accordance with the self-review indicators of the Care Quality Commission (CQC) well led domain. The audit will ensure that:

- The investigation process is of high quality. That the outcomes and recommendations are reasonable, and that the impact of any change is being measured.
- Workers are thanked for speaking up, are kept up to date throughout the investigation and are told of the outcome.
- Investigations are independent, fair, and objective. That recommendations are designed to promote patient safety and learning, and that changes are monitored.
- Positive outcomes from speaking up cases are promoted

Early results are promising with all six cases stating 100% satisfaction.

- 2. Ms Isaac noted that she could provide details on the reimagined health visiting model that the Trust is developing, if helpful. The CQC inspection had predominantly been related to health visiting services and the number of children on caseloads due to recruitment issues. She would also find out the vacancy rate.**

#### **Action: Ms Isaac**

The Reimagining Health Visiting programme was implemented in August 2020 with the ambition that a new sustainable model for Health Visiting would be implemented in 2021. The programme was developed and built on the principle of staff engagement and ownership with significant front-line staff representation in all of the six programme governance groups and additional work took place outside of the working group meetings to engage staff. The new model for Health Visiting was launched in July 2021.

A core workforce model was developed recognising the skills and value of a skill mixed team of administrative, Community Nursery Nurses (band 4), Community Staff Nurses (band 5) and Health Visitors (band 6) and implemented.

A full review of caseloads sizes and management was undertaken as part of the Reimagining programme and with the new Reimagining workforce model enabling the advanced skills of Health Visitors to be focused on supporting complex families and other members of the skill mix team to take the lead for universal families, a new model of active and community caseloads was developed. This allows clients and their families to be monitored and provided with the right care by the right person.

The 'Active' caseload consists of all universal families with children aged 0 to 2.5 years and all the vulnerable families at London Continuum of Need (LCON) levels 2,3, and 4. The 'Community' caseload includes all universal families with children aged 2.5 to 5 years and are held in a team caseload. If a referral were to come in for any of these children, they

would be moved into the 'Active' caseload. Alongside this, a Standard Operating Procedure has been developed to support staff with the new model of active and community caseloads.

A robust training programme has been developed for Community Staff Nurses enabling them to take on additional responsibilities. All Community Staff Nurses in the initial cohort have had their competencies signed off and the training programme continues for new starters supported by the Practice Development Nurses. An evaluation of the training and competency assessment of the Community Staff Nurses has been completed in order to understand how effective this has been and any changes that need to be made to improve it. Further training programmes are in place for Community Nursery Nurses and the SCPHN programme for Health Visitors.

The processes of all the tasks coming into duty were mapped highlighting issues in relation to admin vs clinical task and staff capacity to carry out the Duty role alongside a number of variances in the way in which the duty rota is allocated across different boroughs. As a result, a quality improvement project was implemented and following the successful pilot, evaluation and implementation of a more robust duty rota system in Ealing, a draft standard operating procedure has been developed including the key principles for the duty system. This has been shared at the monthly Health Visiting reimagining group for comments with a view to being implemented across all teams.

A flexible safeguarding supervision programme is in place so that staff can increase their frequency according to their caseload or personal preference and staff are encouraged to report all incidents and where risks are identified, they are added to the Trust register to enable the appropriate support and monitoring. The safeguarding team also continue to provide additional support to the Health Visiting teams whilst the current Health Visiting vacancies are addressed. Some staff are working clinically for one day per week supporting clinical visits and others are supporting case conferences.

A monthly group meets to oversee the continued implementation of the new model and the associated pieces of work developed to support the model and effective and safe working and patient care. This is chaired by the by the Deputy Chief Nurse (Director of Patient Experience and Education) and attended by Clinical Business Unit Managers and Locality Leads within 0-19 services for each borough and project leads for specific pieces of work.

- 3. A Member noted that it was good to see the support for homeless people in providing three months' connectivity and mobile phones. Ms Isaac offered to share further information on this pilot scheme which included community dental services for homeless people.**

**Action: Ms Isaac**

People experiencing homelessness encounter health inequalities and as health services move into the digital world these inequalities will increase. Hospital and GP appointment details and reminders are sent via text message, often first consultations are held via

telephone. As the country moved out of lockdown there was increased concern amongst that people who were currently homeless may face further exclusion.

The Homeless Health Service was contacted by the CLCH Equalities team alerting them of the Tesco Mobile Reconnects through the Little Helps Scheme. The scheme provided people who were experiencing hardship mobile phone, SIM cards and a 3 month contract – free of charge. Nurses within the team were encouraged to apply for 5 devices each that were given to our patients who did not have access to mobile technology.

This was incredibly helpful to the Out of Hospital Care Nursing team that supports people coming out of hospital. By providing mobile phones the nursing team were able to keep in contact with their patients, arrange appointments and keep them linked into primary and secondary care.

The Tesco offer has now stopped and discussion to explore a long-term arrangement to help keep people connected was discussed at the Trust Equalities group and solutions being explored.

#### **4. A Member asked what actions had been taken on the ‘requires improvement’ rating for the ‘safe domain’ for children and young people.**

##### **Action: Ms Isaac/Ms McNicolls-Washington**

In their inspection report (dated 15 June 2020), CQC set two actions which the Trust was related to undertake in order to improve safety in services for children and young people:

- *The Trust must ensure that there are sufficient suitably qualified members of health visiting staff in Brent to meet the needs of children and their families. They must also monitor workforce levels across their other health visiting teams to ensure they can safely meet service demand*
- *The Trust must ensure that treatment records are completed in a timely manner and updated with important information*

The Trust created tailored action plans to address the improvements required which were progressed by various workstreams within the CLCH Children’s Division. The action plans were monitored and scrutinised by the Trust’s Compliance Steering Group. Both action plans were completed in July 2021. The work undertaken included:

- A complete review of the staffing model and the clinical model in health visiting teams
- Exploring of the potential to make changes to the provision of service contract with commissioning partners.
- Increasing Brent health visiting staff numbers through active recruitment
- Monitoring demand and capacity regularly to ensure that safe staffing levels were achieved
- Ensuring all specialist community public health nursing student places were utilised during 2020-21

- Ensure a positive experience for specialist community public health nursing students during their training to support their retention into substantive positions
- Maintaining links with the Public Health England CYP Senior Nurse for the London Region to help influence Health Visitor recruitment
- Maintaining monthly monitoring of staffing levels within all health visiting teams and any ongoing recruitment via Integrated Quality & Performance Reports
- Maintaining demand and capacity approach to caseload management working with Clinical Business Unit Managers
- Maintaining a Workforce Action Team in Brent until the vacancy situation was resolved
- Working with the Children's Professional Lead and CBU Managers to carry out an annual audit on quality of patient record entries
- Working collaboratively with the Trust's Clinical Effectiveness Group to develop an enhanced auditing tool of qualitative measures of patient record content
- Continued participation in the annual record keeping audit undertaken across the Trust
- Reviewing and relaunching the clinical record keeping policy and essential documentation requirements, backed by a staff awareness campaign
- Providing staff with an overview of specific quality of content requirements, including recording allergies and detailed, individual patient treatment plans
- Sending regular reminders to staff to ensure records were completed in full as standard and as per the Trust Clinical Record Keeping Policy
- Publishing a '7 minute learning' briefing about the importance of recording allergy information (attached)

In September 2021 a review of the actions was undertaken by the Trust's external auditors to assess the level of assurance in place that the actions had been appropriately and adequately completed. The report made eight recommendations (0x 'urgent'; 2x 'important'; 4x routine'; 2x 'operational) which were completed by the Trust and signed off by the auditors, which was reported through the Trust Audit Committee in the Summer of 2022.

Kathleen Isaac  
Director of Operations  
30th November 2022