Sherwood Forest Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS
27 January 2011

Achieving Best Care Report

1. Purpose of Paper

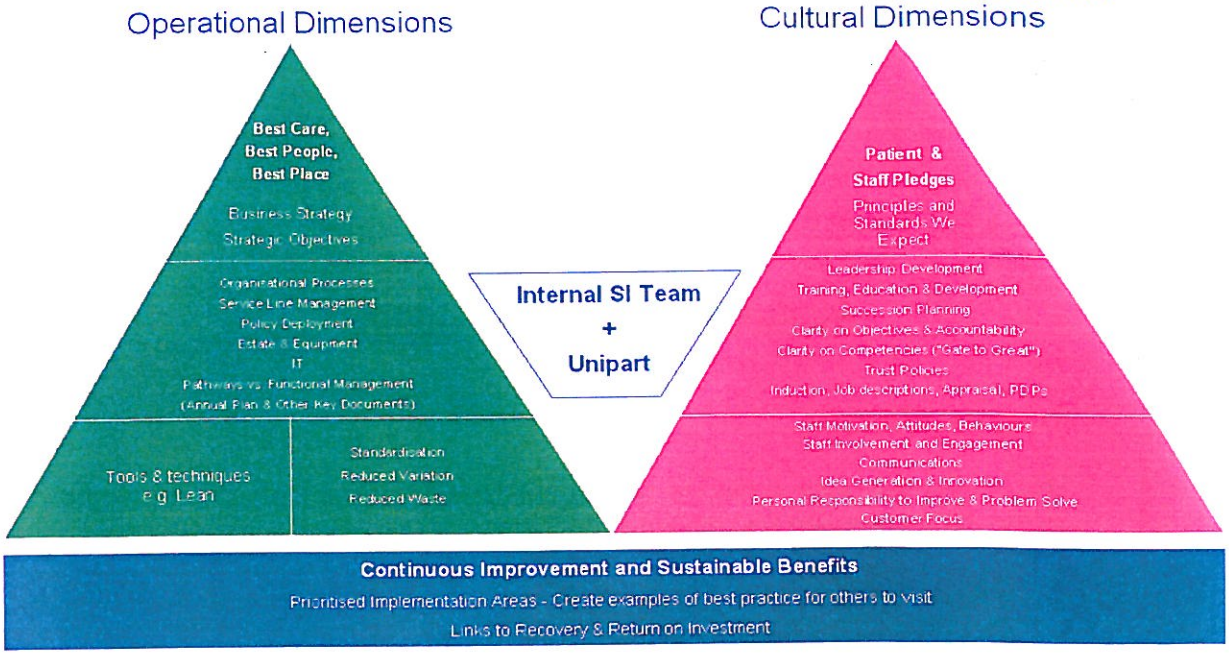
This paper has been written to provide the Board of Directors with an update on the ABC approach and includes the following sections:

- Our vision for Achieving Best Care
- Progress on Implementing the ABC strategy
- Communication and Promotion
- Benefits Management and Realisation
- ABC Resources
- Recommendations

A presentation will be made to Directors at the meeting to accompany this paper. It will highlight key points within the report and provide an up to date position on return on investment.

2. Our Vision for Achieving Best Care

The design and architecture for ABC was agreed at the December 2009 meeting of the Board of Directors, along with the initial workstream priorities. The following diagram is a slightly modified version of what was used to articulate the vision in December 2009 and has been used in recent presentations to a variety of audiences:



UNIPART EXPERT PRACTICES

BestCare BestPeople BestPlace

The definition used to describe ABC in December 2009 still holds good:

> Striving to continuously improve the services we provide by ensuring our processes are consistent, free from waste and focused on delivering our patient and staff pledges
>
> We will create a culture in which:
> - Staff are passionate about improving the services they provide and are empowered to bring about change
> - Innovative ideas from staff are welcomed and tested
> - Individuals and teams are equipped to deliver Best Care
> - All staff are clear as to what is expected of them and there are explicit processes for monitoring performance and giving feedback

ABC is first and foremost a quality improvement strategy. The conviction is that by addressing both operational and cultural barriers to continuous improvement, we will successfully raise quality levels and at the same time deliver step changes in productivity. A further key outcome will be a more engaged, empowered and satisfied workforce, that is better placed to support delivery of our patient and staff pledges.

There are 8 ABC workstreams currently operational (listed below) with two further workstreams – Endoscopy and Bed Management about to commence:

- Outpatient Clinic Administration (clinic preparation, reception and call handling)

- Case Notes Sore
- Productive Theatre
- Theatre Scheduling
- Emergency Care - Major Cases
- Releasing Time to Care
- Trust Recruitment Process
- Management Development

This paper does not provide an update on progress against workstream plans; this is reported to Executive Management Board on a quarterly basis, with full detail on milestone completion. However any questions on workstream progress will be answered at the meeting and the presentation will include a roll out summary for the major workstreams.

In addition to these workstreams the ABC team provides both steering and project management support to the implementation of a number of key innovation projects that support our objectives, these are listed below:

- Think Glucose – Improving the care of patients with a secondary diagnosis of diabetes within our hospitals (being incorporated as part of Releasing Time to Care).
- Electronic Personal Assessment Questionnaire (EPAQ) – to improve the quality of patient history taking for Uro-Gynaecology patients and clinic throughput. This project and our approach to making it happen featured in a recent presentation made by the East Midlands Strategic Health Authority Chief Executive to a regional audience.
- Enhanced Recovery After Surgery, including the potential extension of the use of Oesophageal Doppler monitoring (of blood flow during certain operations), with potential benefits to both quality of care and length of stay for relevant patient cohorts.

3. Progress on Implementing the ABC Strategy

3.1 Operational Dimensions

3.1.1 <u>The Use of Lean Tools and Skills / Knowledge Transfer to Trust Staff</u>
The use of both basic and advanced lean tools to analyse, re-design and implement new work processes continues to be an integral element of ABC.

Unipart practitioners provide expert advice and teaching/ coaching on these tools. Initially they used examples and illustrations from industrial and commercial sectors in their teaching packages, however we now have illustrations that are based on hospital processes, which have been jointly developed by Unipart and ABC colleagues. As a result the trust now has bespoke training material in a context that will be better understood by hospital staff and that can be more easily delivered by the ABC team. For example members of my team recently trained Case Notes Store staff in 'value stream management' and 'line balance' including complicated methodologies such as takt and cycle time, with minimal input from Unipart.

A skills and knowledge transfer plan is in place to direct training activities and to ensure that relevant staff are trained to the levels required for further workstream roll outs (without Unipart) and for sustainment within workstream areas. This plan will be continually updated and measured against the projected exit point for Unipart.

Some of the workstreams are now at the stage where standard operating procedures (SOPs) can be developed and implemented, to help ensure the sustainability of the ABC changes and a consistency in service levels. The internal ABC team has been trained by Unipart to carry out this task and have started to implement SOPs. The process is perhaps slower than one would ideally like, given that staff release from normal working duties is essential and of late, the impact of snow-related backlogs and sickness absence has meant that fewer staff have been available for my team to work with.

3.1.2 Theatre Scheduling as an Example of a Successful Lean-Based Implementation

There has been significant success in applying lean principles to the processes that underpin the scheduling of patients for theatre as part of the recently completed ABC Elective Orthopaedic Theatre Scheduling pilot.

Staff from all elements of the value stream (defined as being from 'decision to list the patient' to arrival in theatre recovery') worked for the first time in a fully collaborative manner to focus on delivering maximum value to both the patient (from a quality perspective) and the trust (from a productivity perspective).

Bespoke tools have been developed jointly by trust and Unipart personnel to support better scheduling as a result of the pilot. For example a traffic light based, visual tracking sheet was tested and has now been adopted by the Waiting List Office to assure that all necessary steps on the patient pathway are monitored and completed by the required date. This minimises the risk of hospital cancellations and delays on the day of the list. An anonomysed example-tracking sheet from one of the pilot lists is included below:

Pilot Lists

Date	09.11.10
Consultant	Mr
Anaesthetist	Dr
Theatre	8

Patient Name and NHS Number						
Operation	Right Total Knee Replacement	Right Total Knee Replacement	Right Total Knee Replacement	Bilateral Total Knee Replacement - Right Side First	Left Total Hip Replacement - Acetabular Grafting	Right foot & TIB post debridement & Excision of bony navicular +/- FDL
Pre-op date	01.10.10	01.10.10	08.10.10	08.10.10	08.10.10	01.10.10
Pre-op outcome	Op As Planned	Anaesthetist deemed patient unfit for list.	Patient not fit for op needs to go to knee school first	Op As Planned	Op As Planned	Op As Planned
Swabs/ Bloods/ Urine checked?	Op As Planned	Need repeat investigations as op moved	Op Cancelled	Op As Planned	Op As Planned	Op As Planned
Kit required	PFC	PFC	N/A	10mm Distraction Plate	Cemented Exeter	Usual Prothesis
Patients aware of TCI	Yes	Yes	N/A	Yes	Yes	Yes
Order of list	3	4	N/A	2	1	4
Comments	Investigations to be done 02.11.10- results NAD	Investigations to be done 02.11.11. Waiting for Dr XXX comments as to whether patient is suitable.	N/A	N/A	Awaiting scan results - Consultant OK'd bone scan result	N/A

Another significant achievement has been the all-party agreement to a standardised timeline for an all day theatre list (in elective orthopaedics). By agreeing the timeline it was possible to clearly identify how 4 major cases/ joints could be safely and efficiently undertaken on a list, without impinging on the pre-pilot average for anaesthetic and surgical time. The timeline was used as the basis for measuring pilot lists.

The first outcome from the pilot was the clear demonstration that 4 joints (or joint equivalent cases) can be completed on an all-day operating list, with significant economic benefits to the trust. This compares with a pre-pilot norm of 3 joints and sometimes a minor case. None of the 9 pilot lists overran and on two occasions extra cases were done on a pilot list (transferred from other theatres) because the 4 cases were completed well in advance of the allocated finish time.

The second outcome was that with a review of theatre organisation and consultant job plans 5 joints in a day can be achieved (not necessarily the same surgeon).

The plan therefore is to pilot 5 joints/ list in early 2011/12, once a norm of 4 joints/ list has been implemented.

A number of opportunities to improve patient safety and experience were noted during the observations of the patient pathway during the pilot lists, these form part of a broader action plan that is being implemented by relevant members of the value stream team.

This workstream is a really powerful example of how ABC can change both operational practices (with step improvements in productivity) and culture, by properly engaging colleagues who previously felt remote and not fully connected into the overall value stream. The following quote illustrates this point:

"After my initial reservations about the remit of the pilot project and its ability to put in place effective changes to established working practices I have been very encouraged by what has been achieved and really feel for the first time that we have created a map for the patient journey. I hope that those of us who have been involved will have appropriate backing from senior management to extend and sustain these recommendations within the Trust."

I must say that I have found working with you and the Unipart team a very rewarding experience (and a great opportunity to gain insight into other people's working lives) and although it may have appeared at times that I was swimming against the tide I have always been mindful of the fact that if you throw enough resources at something you can make it work but really what we needed was to make the best of what we had, especially given the fact that we are likely to have serious financial constraints for many years to come. As I have said before in our meetings I'm sure the process will be much more valuable to us than the outcome in the long term.

Dr John Tansley MA DPhil BM BCh FRCA
Consultant Anaesthetist
King's Mill Hospital

A great deal of work has been undertaken subsequent to the pilot finishing to articulate the potential financial gains from the increases in productivity, not just joints on all day lists, but across the specialty. A financial analysis and return on investment value will be included in the presentation that will accompany this paper.

The next steps are to work with the relevant service lines and departments to embed the new way of working across all of elective orthopaedics before moving onto the other service lines. At the time of writing the report has not yet been discussed at the orthopaedic divisional meeting, this will happen on 25th January.

The new approach and the tools developed present the trust with a potential opportunity to market them to other providers, particularly given the financial significance of elective operating list productivity to all acute providers. This will be pursued once the new systems are embedded.

3.1.3 Policies

The outcome from the theatre scheduling pilot is hugely encouraging. Inevitably there are going to be issues and risks that have to be managed out in order to achieve the full benefits. Such issues may include the need to consider rewards and incentives for staff working at markedly higher levels of productivity and the performance management of staff who cannot or will not work at these new benchmarks.

Further consideration is to be given to managing these issues as they may pose a significant risk to benefits realisation and relevant CIP scheme achievement in 2011/12.

3.1.4 Trust Recruitment Process

The new recruitment process that was devised in partnership with Unipart went live in January 2011. The expectation is that the average time to recruit will now be 30 days compared with the starting point of 59 days, a 49% improvement. This will free management time and should contribute to lower variable costs where vacancies have to be covered.

3.1.5 Estate and Equipment

The ABC non pay budget has been used to unblock relatively minor obstacles to lean working through the funding of minor works, small equipment items and installations (e.g. model office for clinic prep and patient status at a glance boards).

This has been a really important flexibility both to demonstrate to staff that the organisation will support the creation of smarter working environments and to ensure that improvements in performance and quality don't unnecessarily get impeded by minor work requirements. It also helps to create a feeling of momentum that can persuade staff that things can be changed relatively quickly, as opposed to the often automatic inertia position of 'that will never happen and it takes ages to get anything changed around here'.

3.1.6 Financial Management

A further benefit of ABC is the level of granularity that is being obtained within workstreams on resource requirements and the true opportunities for financial improvement. This very much ties in with the move to a more rigorous approach to cost improvement being implemented by the PMO.

An example of this increased granularity and opportunity for better management grip is how in each outpatient clinic we have attributed very clearly the required levels of WTE to each task undertaken using a bespoke resource calculator. New lean working practices can be easily compared in terms of benefit with the original state.

Significant effort is also being put into the development of granular and realistic return on investment statements, grounded in cost reductions that have been considered in depth in terms of feasibility and probability.

3.2 Cultural Dimensions

3.2.1 Principles and Standards

Clearly our Pledges remain a driving force for the principles and standards we expect. Work was initiated in early 2010 to clarify the necessary principles and standards that supervisors and managers need to embody in order to help maximise staff adherence to the Pledges. This has taken the form of a management and leadership development proposal, developed jointly between the trust and Unipart, that seeks to enshrine the SFH relationship between managerial behaviours, the Pledges and training and development interventions.

An implementation plan for this new approach to management and leadership development is due to be agreed shortly and will be a really critical factor in ensuring the sustainability of new ABC ways of working and the expected benefits.

Another key factor is the individual performance management of supervisors and managers, to ensure that new ways of working are fully adopted and continuously implemented. This is dealt with in more detail in Section 3.2.2 below.

Observational evidence to date is that variability in the performance of supervisors and managers is a critical risk to ABC benefits realisation and that sustainability remains a significant problem in a number of areas, at least partly because of this.

My assertion therefore is that the faster the trust can move to implementing a new SFH/ABC management development approach and a stronger regime of individual performance accountability, the sooner we will mitigate a key risk to not sustaining ABC changes and delivery of the expected benefits.

3.2.2 'Go and See' and 'Maintaining Quality Approach'

The ABC approach for supporting an enhanced regime of performance accountability is the use of 'Maintaining Quality Boards' and formal 'Go and See Visits'.

An inspection regime has been drafted for each of the workstreams that includes a set of indicators/ areas that will be reviewed and a schedule of visits organised into 4 levels:

Level 1 – Weekly : Department lead (using wards as an example - Ward Leader)
Level 2 – Monthly : Head of Department (e.g. Head of Nursing, Service Director)
Level 3 - Quarterly : Deputy Director (e.g. Deputy Director of Nursing & Associate Medical Director)
Level 4 – Half-yearly : Director (Director of Nursing and Medical Director)

In addition it is recommended that the Chief Executive has a set programme of visits over an above the 4 levels and that Non-Executive Directors are also involved as reviewers (at a level to be agreed).

Establishing these regimes is a challenge both in terms of what will be reviewed and audited at each level and in terms of getting sufficient diary robustness, so that the visits regime is maintained. The plan has been to let departments get established in their new ways of working before initiating this approach, however now does feel the right time to quickly embed these arrangements.

By getting this approach right a very strong message of change in management behaviour will be generated and it is hoped that the risk to the sustainability of ABC changes will be greatly reduced. It will also be the most potent way for demonstrating that we have moved from the proof of concept stage to 'business as usual'.

3.2.3 Staff Involvement and Engagement

More than 40 communication cells have now been established using the standard format, covering the following locations:

- All wards
- ECC (EAU & ED)
- Outpatient clinics (administration)
- Majority of theatre teams, including recovery
- Case Notes store
- Corporate departments including – Finance, HR and Communications

Requests to support implementation of more communication cells are regularly received by the ABC Team, with the latest request coming from Corporate Development this week. This is indicative of a growing 'pull' for ABC support from within the organisation.

It is important to note that there is variability in terms of sustaining communication cells in the prescribed manner once established. In some areas we do find that the communication cell is not always being kept up to date, despite an almost always positive response from staff to the concept. The feedback sometimes is that "there isn't enough time to run the communication cell because we are so busy". The ABC team is working with all areas to identify what can be done by way of support and the 'Maintaining Quality' / 'Go and See' audit regime will address this issue (along with the sustainability of all ABC elements).

With regards to measuring staff responses to ABC, the second engagement survey was conducted in late 2010 in outpatients and the results from KMH demonstrated a significant improvement in staff engagement compared with the original survey (scores improved in 18 of the 20 domains). At NH the improvement was less significant, however the overriding concern raised by staff (lack of sufficient, suitable case notes storage) has now been addressed.

Repeat engagement surveys will be undertaken for the other workstreams at the relevant point in time.

4. Communication and Promotion

4.1 Internal Communication and Promotion

4.1.1 Introduction

The aim from the start has been to create a strong internal communications platform to create awareness of ABC, its importance to the trust's objectives and to share experiences and success within the workstreams. The internal communications plan therefore works on a number of levels.

4.1.2 Written Communications

An ABC update is provided every week in the staff bulletin (as the first item in the bulletin), usually in the form of a workstream update and periodically via a programme level progress report. There is also a regular section in the monthly team brief on ABC progress.

4.1.3 Promotion

The next round of staff engagement sessions starting in February will include a 20 minute presentation on ABC to convey the message that it is fundamental to the achievement of our strategic objectives. The opportunity will be taken to highlight the positive message that there is a commitment to achieving our objectives in a constructive manner, based on smarter ways of working that address staff frustrations and offer additional support to help us achieve 'Best People'.

There is more that can be done to promote achievements to date and spread good practice. ABC events for staff are to be planned (possibly part of an ABC week). It is now unlikely that this will happen prior to the DH Innovation Expo (see below), however the material generated for the Expo will be used as part of this internal promotion.

4.2 External Promotion

Significant effort has been made since the last ABC update to the Board to generate interest from outside the organisation and to promote the work we are doing.

4.2.1 Exhibitions

SFHFT is one of only a handful of NHS trusts to have been accepted thus far as an exhibitor for the 2011 DH Innovation Expo, an international event being held at the Excel Centre, London on 9th and 10th March. The event is being strongly promoted by the NHS Chief Executive and is likely to attract thousands of visitors. The trust will be exhibiting with Unipart alongside.

Being accepted as an exhibitor is a prestigious step for the trust and ABC; the following extract from the Expo website illustrates the point:

"Only the Best Can Exhibit!
Healthcare Innovation EXPO is a unique event for all participants. The main objective of the EXPO is to encourage the spread of innovations that have a significant impact in improving the quality of patient care and productivity in the UK.

To exhibit at the EXPO, you must stand out from your competitors by offering true innovation to the health sector. This is why to qualify to showcase at the Healthcare Innovation EXPO, all exhibitors must be able to demonstrate innovation ready for adoption, a positive impact on patient outcomes and costs savings backed by evidence".
(www.healthcareinnovationexpo.com)

I have also requested a slot to run a seminar at the Expo.

ABC was also a key exhibitor and presenter at the NHS East Midlands Innovation Expo held in November 2010. I conducted a keynote seminar with Martin Smith from Unipart on our approach, with a focus on creating a culture for innovation.

4.2.2 Presentations

A presentation was given to the NHS East Midlands Innovation Leads Forum in October. The SHA Medical Director gave her strong support at the event for our approach and remarked that ABC is an excellent example of how to tackle the QIPP challenge. A quote on ABC from Kathy McLean is to be obtained, so that this can be used on all of our promotional material, including at the DH Expo.

4.2.3 Links with Other Organisations

As a result of our promotional activities there has been interest in ABC from other trusts. A collaborative arrangement is now in place between myself and the 'Better for You' Programme Director at NUH, whereby members of our teams will share practice and experiences and where helpful support each other on issues of mutual interest.

In addition the Programme Director and I will meet regularly to share our approaches and information on workstreams of particular interest, for example I will be reviewing the NUH project on internal waits to see whether it could have benefits at SFH.

Representatives from both Leicester and Derby acute trusts have expressed an interest in ABC, whilst representatives from both Chesterfield Royal and Nottinghamshire Healthcare trusts have recently visited to hear more about ABC. Another visit planned is by the Royal Free Hospital in February.

It is expected that further contacts will be made as a result of the forthcoming Expo.

4.2.4 Promotional Material

Work is underway to prepare further promotional material for the Expo. One element of this will be a professionally produced DVD that was filmed at KMH on 18th January 2011. This was paid for by Unipart and will be used by them for internal communications (it forms part of their internal staff bulletin) and marketing purposes. Once complete it will give the trust a ready-made, free resource for both internal and external promotion of ABC. The DVD includes interviews with the Chief Executive, Chief Operating Officer and ABC Lead as well as interviews with workstream leads and examples of ABC implementation areas.

4.2.5 Journals, Publications and Awards

With ABC now firmly established and delivering benefits a strategy for publicising our work through written media and award applications will be pulled together with support from our communications team.

5. Benefits Management and Realisation

5.1 Benefit Realisation Plans

At the presentation to the Board of Directors in July 2010 an outline of a draft ABC benefit realisation plan (BRP) was presented.

This outline has since been developed such that each workstream now has a full benefit realisation plan that has been signed off by the ABC Benefits Steering Group, which is chaired by the Executive Director of Finance. Each

plan summarises the benefits expected, categorised into the following domains:

- Quality
- Operational Excellence
- Financial

For each benefit there are enablers and measures along with the names of lead managers and timescales. The aforementioned steering group has agreed a selection of headline measures for each workstream that will be reported on each month in the form of a 'balanced' dashboard. These dashboards are now in first draft form and will be discussed at the next meeting of the group on 21st January.

Some of the benefits from ABC will be less tangible and less measurable, particularly with regards to cultural transformation at an organisational level. It may well be the case that some of the benefits will be 'felt' rather than measured for example in terms of how staff and managers act. One hopes that ultimately this will have an impact on standing measures e.g. staff satisfaction survey and employer awards, but as with a number of the potential benefits from ABC it may be difficult to prove a causal link.

5.2 Financial Opportunities and Return on Investment

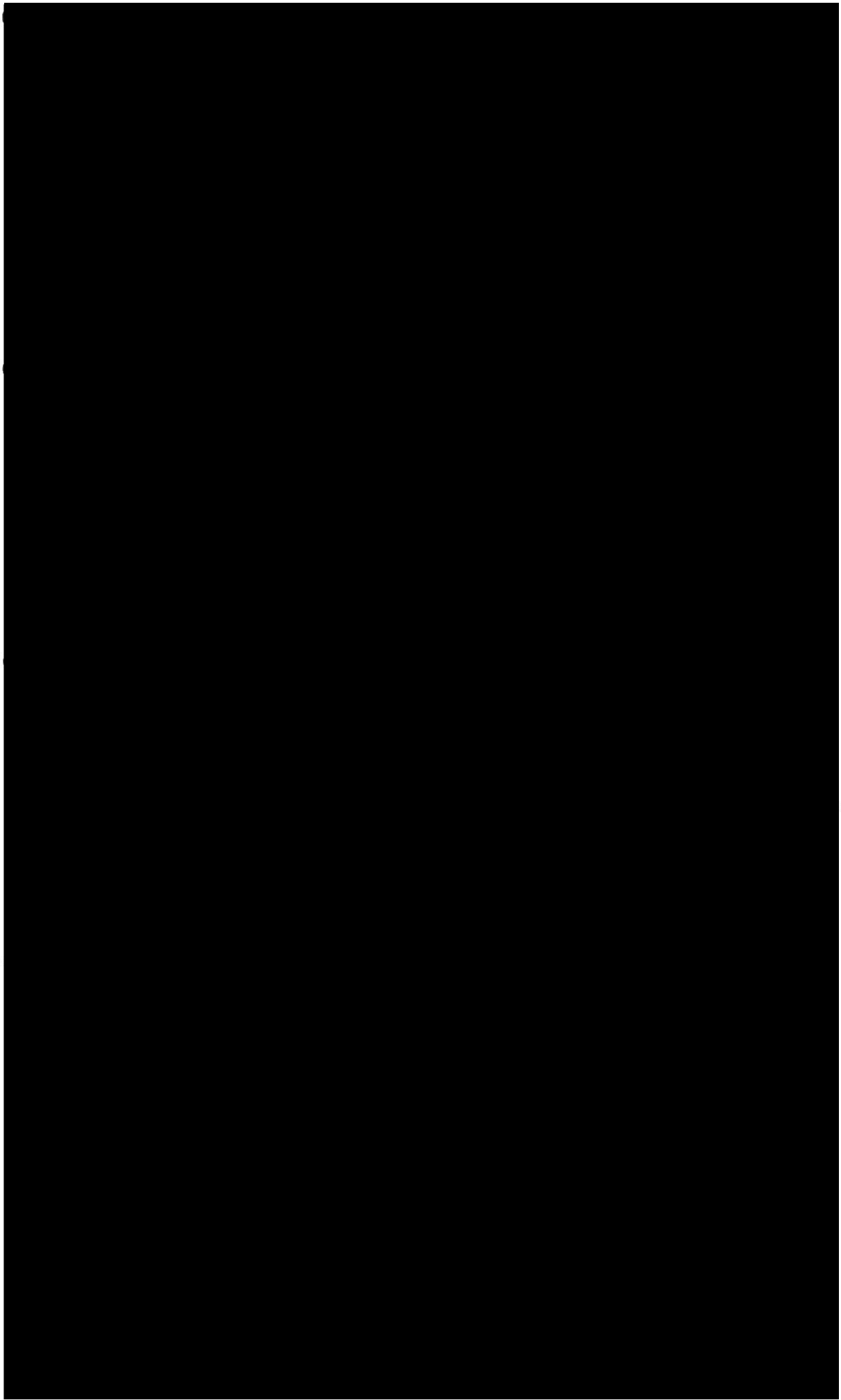
The potential financial benefits from the BRPs have been collated and included within an agreed return on investment framework. The framework for theatres is included as **Appendix A** to illustrate the methodology. The deadline for submitting this paper was before the ABC Benefits Steering Group, where the first draft of this template is due to be discussed, hence the reason for not supplying RoI figures within this paper. However these figures will be provided within the presentation to Directors at the Board meeting.

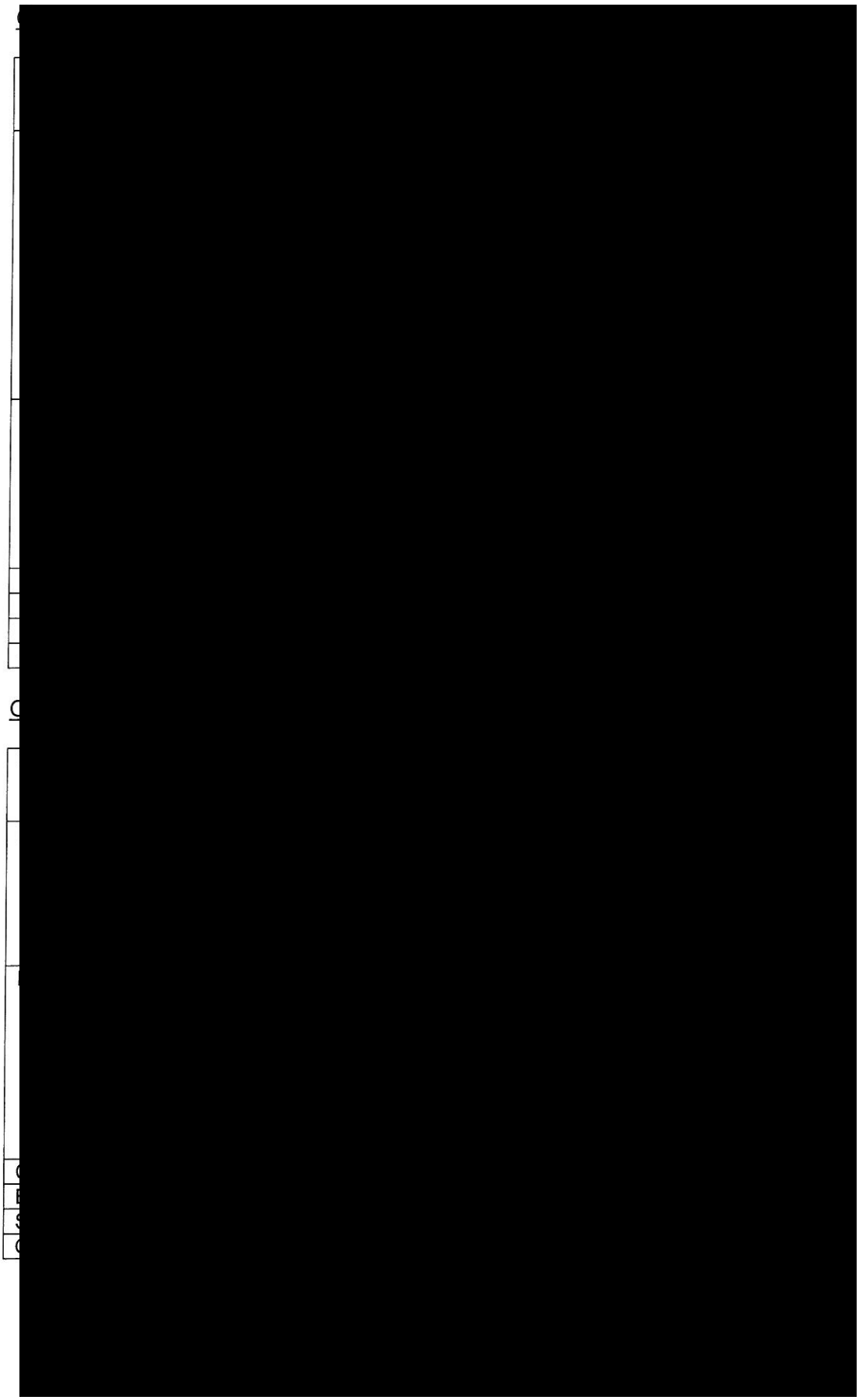
Whilst the projected savings are still being collated (and will require a logical extrapolation in the theatres workstreams to cover other specialties after orthopaedics and an estimation for the endoscopy and bed management workstreams) it is possible to state that even at the low end of the savings range the return will be well in excess of the funds invested by the trust in Unipart, when considered over a three year return period and can support significant CIP savings for the trust.

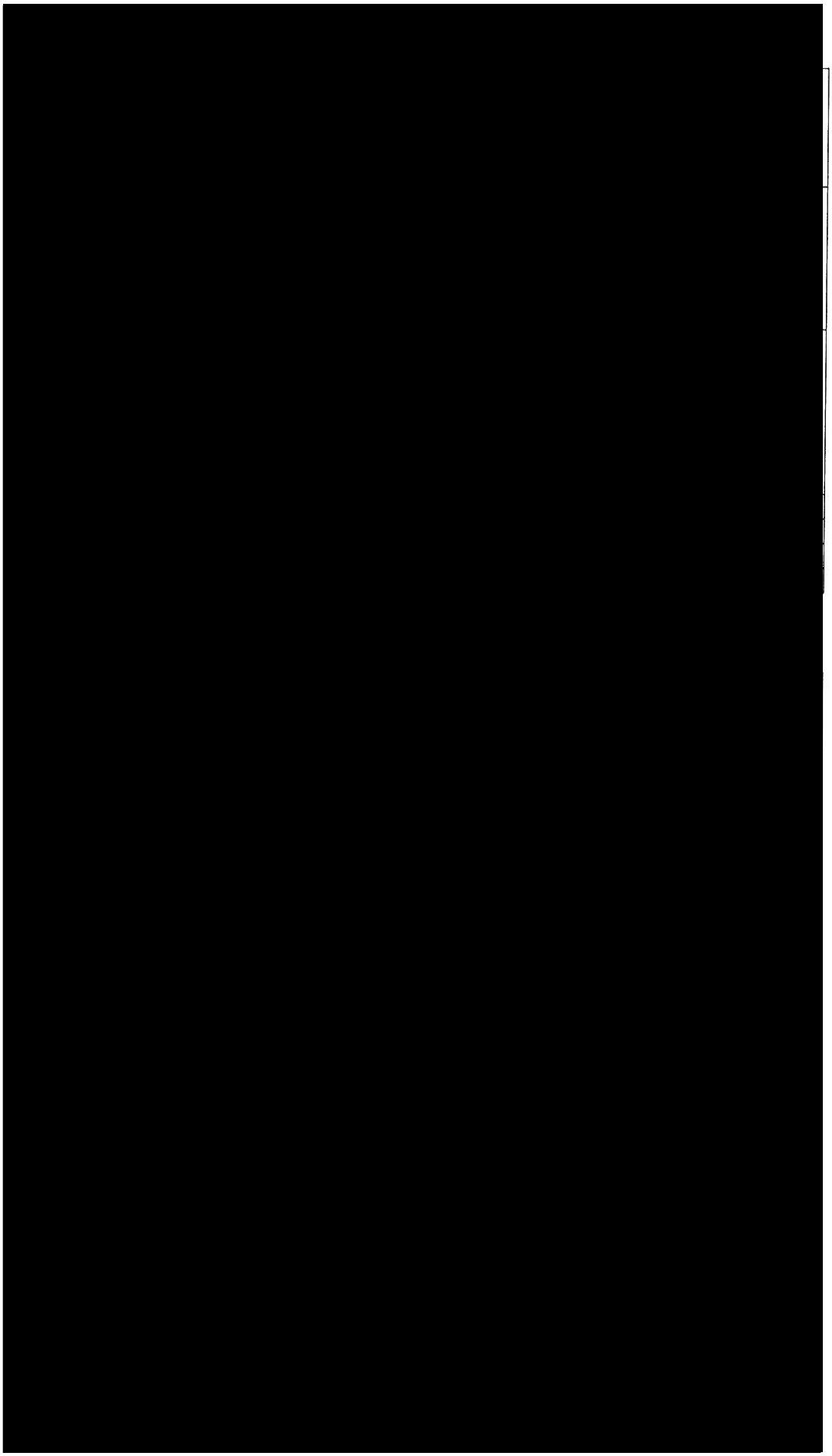
Further discussions will take place with the Business Director regarding opportunities for marketing the released capacity e.g. theatres, in a package that would be attractive to commissioners, in parallel to the discussions already underway on how redundant capacity and resource can be taken out.

Discussion is required regarding the release of financial savings related to workforce reductions in any of the workstreams. To date the approach within ABC has been to assume that such reductions would be achieved via variable pay reduction, natural turnover or re-deployment. However given the wider workforce review underway and the scale of the financial challenge for the trust, the Executive Director of Human Resources has stated the requirement to re-visit this assumption.

6. ABC Resources







[redacted]

6.5 [redacted]

6.6 

7. Recommendations

The following recommendations are made based the content of this report and the presentation to be given at the meeting on 27 January 2011:

1. Agree Non-Executive Director involvement in the 'Go and See Maintaining Quality' regime
2. Assess the return on investment values to be provided in the presentation and advise whether these are within the range required by the Board
3. Discuss (and if it is deemed to be feasible at this stage) agree one of the options presented on funding for ABC in 2011/12, noting the request for sufficient funding to cover Unipart input for agreed 2011/12 workstreams (Option 3).
4. Consider the variant option presented and provide a steer on whether this should be developed further.

Ian Hall
Deputy Director of Strategy and Improvement
20 January 2010

Appendix A

Return on Investment Framework for Theatres

	Plan
	Actual
	Return on Investment

DRAFT TEMPLATE FOR THEATRES RoI

NOTE FIGURES JUST RELATED TO T&O AT THIS STAGE

Summary of Cost Savings and Cost Avoidance Opportunity											
Area	Annual Financial Opportunity	Benefit Type		Timing	Comments	Opportunity identified not delivered	Recurrent saving	1 off savings	Timing	Annualised savings	2010/11 - 2013/14 Total cost reduction and avoidance opportunity (If implemented and sustained)
		Cost Reduction	Cost avoidance								
Assuming Zero Growth											
Non pay/ Stock		Y									
Theatre Staff - WTE		Y									
Theatre Staff - Variable Pay			Y								
Consultant PAs - Job Plans		Y									
Consultant PAs - Variable Pay			Y								
Private Hospitals			Y								
Theatre Backlog / Refurb/ FM			Y								
Accounting for Activity Growth											
Consultant staff costs avoided by absorbing additional activity within resources	N/A	N/A	N/A								
Theatre staff costs avoided by absorbing additional activity within resources	N/A	N/A	N/A								
Non pay costs avoided by absorbing additional activity within resources	N/A	N/A	N/A								
TOTAL									Net savings total	£0	£0

	2010/11	2010/11 - 2013/14 Total opportunity (If implemented and sustained)
Net Savings Total		
Cost £		
ROI		#DIV/0!

BestCare BestPeople BestPlace

Sherwood Forest Hospitals NHS
NHS Foundation Trust

SAFEGUARDING ADULTS

ANNUAL REPORT

2010

Contents

1. Introduction

1.1 National Background

Safeguarding Adults is about enabling adults to live safer lives. All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens.
The 'No Secrets' document published by the Department of Health in 2000 gave guidance to encourage agencies to work together, and for them to produce multi-ageny policies for the protection of vulnerable adults, providing a national framework of standards for good practice.

'No Secrets' defined a vulnerable adult as a person aged 18 years or over who is, or maybe, in need of community care services by reason of mental health or disability, age or illness. And who is or maybe unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

Abuse was defined in 'No Secrets' as the violation of an individuals human and civil rights by any other person or persons.

'No Secrets' document has been reviewed by the Department of Health but the final document has not yet been published.

1.2 Local picture

Nottinghamshire has a Multi-Agency Safeguarding Adults Board, The aim of this board is to work in partnership to safeguard and promote the welfare of vulnerable adults in Nottinghamshire. The Deputy Director of Nursing represents our Trust. This board works to the Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults policy. This document ensures a framework of consistency to protect those individuals in our society who are vulnerable.

2. Sherwood Forest Hospitals NHS Foundation Trust's Safeguarding Adults Board

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) has a Safeguarding Adults Board chaired by the Safeguarding Adult Advisor. This board supports a zero tolerance approach to abuse and neglect throughout out Trust. Vulnerable adults should enjoy the same rights as others in respect of access to care and treatment provided by public agencies. This board has produced a local policy to be used within the Trust in line with the Nottinghamshire policy.

The Board meets on a monthly basis; there is a multidisciplinary, Multi-agency membership.

The Safeguarding Adults Board reports to the Clinical Governance Committee on a quarterly basis and annually to the Nottinghamshire safeguarding adult's board.

2.1 From October 2009 the Safeguarding Adults Board have achieved the following:

- Safeguarding badge size cards containing referral information were sent out to all staff with their pay slips.

- The datix database is now used for collecting information on safeguarding referrals, which will be used for audit purposes and for case review. This part of the database is maintained by the Safeguarding Adults Advisor.

- Two stage test and best interest check list documentation has been devised to use for patients when planning care. These are downloadable from the Safeguarding Adults intranet site; the Safeguarding Adult Advisor is doing training sessions in all wards and departments.

- A sub group (task and finish) was set up to look at patient carer information available for vulnerable adults including easy read information. This work has now been completed and the Safeguarding easy read leaflet and easy read information on Mental Capacity and Deprivation of Liberty is available for staff to down load for patients from the intranet. The easy read leaflet for Safeguarding has been taken to the Nottinghamshire Safeguarding Adults Board. The East Midlands Ambulance Service is going to be using the leaflet in their organisation.

- An e-learning package for Mental Capacity and Deprivation of Liberty is being finalised, enabling all staff to have increased access to training at a time that is convenient to them.

Mental Capacity and Deprivation of Liberty training days for all Trust staff has taken place (641 staff have been trained in 2010.

- An Elder abuse awareness day took place on 15th June 2010 and the Safeguarding Adults Board had a stand in the Kings Treatment Centre (KTC) and the theme was dignity in care.

- Completion of the self assessment markers of good practice tool from the Nottinghamshire Safeguarding Adults Board.

- Maintenance of the Safeguarding Adults intranet site.

2.2 Safeguarding Adults study day

On 16th July 2010, the Trust held a Safeguarding Adults study day at Red Brick House – titled 'Working Together'. The speakers included Nottinghamshire's Coroner, Police, Social Services, Chair of the Nottinghamshire Safeguarding Adults Board, and Dr Margaret Flynn – author of Serious Case Reviews and the independent chair of Lancashire Safeguarding Board. This was very well attended by Trust staff, PCT staff,

GP's and staff from the independent sector. The day evaluated extremely well.

Serious Case Reviews (SCR)

SFHFT have been asked to produce two Individual Management Reports (IMR's) for two Nottinghamshire serious case reviews Adult B and C which were completed by the Safeguarding Adult Advisor.

The Safeguarding Adult Advisor was asked to be the author for a third SCR-Adult D which will go to the Nottinghamshire Safeguarding Adults Board on 16th December 2010.

3. Training

The training for the Trust and the number of trained are listed below.
The training figures are from **October 2009 to October 2010** all training is on-going.

The amount of clinical Trust staff that require Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty training is **1860.**

3.1 Safeguarding

Safeguarding training takes place on:

- Orientation update (take out) day
- Mandatory Update training day
- Ward/department based ½ hour training concentrating on Emergency Department (ED) and the assessment areas, at present this training is ongoing training.

The number of staff trained during the reported period is: 1,883
Of this number 1097 (59 %) were clinical staff.

Training for medical staff proves to be challenging, but an e-learning package is being developed which will enable the uptake of this training.

3.2 Mental Capacity Act and Deprivation of Liberty training

Training takes place on the:

- Registered Nurse induction.
- Full and half day's training have also taken place for Mental Capacity and Deprivation of Liberties for all disciplines of qualified staff to attend.
- Ward/department based ½ hour training sessions take place.

The number of staff trained during the reported period is:

Mental Capacity training= 641
Of which 435(23%) were clinical staff.

Deprivation of Liberty training =151 (12%) were all clinical staff.

The Mental Capacity training that takes place in wards and departments includes Deprivation of Liberty awareness.

4 Trust staff have attended the Nottinghamshire Multiagency Mental Capacity Training (MCA) champion's course and a further 2 are booked to attend.

The Mental Capacity Act states everyone working with and/or caring for an adult who may lack capacity to make a specific decision **must** comply with the act. The Care Quality Commission (CQC) will look for evidence of the 2 stage test being used and patient's best interest being considered in decision making.

4. Referrals for safeguarding

Since October 2009 there have been 40 patients referred from Trust staff as safeguarding issues through the official safeguarding referral system to Adult social Care and Health (ASCH).

Please note this is the number of referrals staff have recorded on datix incident forms. The Safeguarding Adult advisor, when training, is placing emphasis on the need for an incident form to be generated when a safeguarding issue is identified.

- Of the 40 referrals that have taken place, 38 were for older patients over the age of 65 and 1 was for a patient with a learning disability and 1 for a patient with physical disabilities.

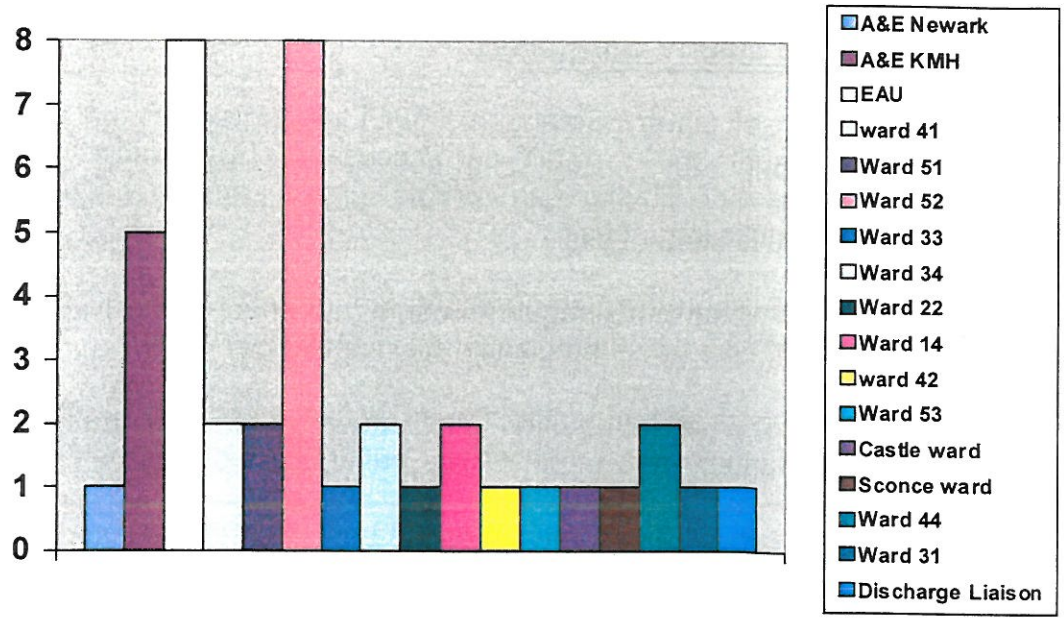
- The types of alleged abuse reported were:

Type of abuse	Number of Cases	Outcome
Physical Abuse	11	3 cases were substantiated (abuse did occur) 3 cases were not substantiated. 2 cases not taken forwards as safeguarding by ASCH 2 cases have no outcome available. 1 case still being investigated
Financial Abuse	6	3 cases were substantiated (abuse did occur) 1 case was not substantiated 1 case was not taken forwards as safeguarding by ASCH 1 case is being investigated by Police
Psychological Abuse	2	1 case was substantiated. 1 case not taken forward as safeguarding by ASCH

Neglect or acts of omission	21	6 cases were substantiated. 9 cases were not substantiated. 2 cases not taken forwards as safeguarding by ASCH 2 cases have no outcome available. 2 cases still being investigated

When comparisons are made in relation to last years, the incidents related to neglect and acts of omission still remain the most reported. However there has been an increase in the number of reported cases around physical abuse.

4.1 The graph is the number of safeguarding referrals made form each ward or department.



All these cases were referred to Adult Social Care and Health (ASCH) as safeguarding and a datix incident completed.

There have been 43 other referrals to the Safeguarding Adult Advisor which have not necessitated referral to ASCH.
As a result of these referrals, actions taken by the Safeguarding Adult Advisor have been:

- To liaise with Adult Social Care and Health, community nurses and other health professionals to ensure they are aware of these issues in planning future care for the patient.

- Discussion with the PCT Quality Monitoring Officers (QMO) re patients admitted from Nursing Homes/Residential Homes. The QMO will visit the Care Home.

There have been various outcomes:

- If there are safeguarding concerns then these are referred to Adult Social Care and Health (ASCH) as safeguarding.

- In some cases the QMO will follow up with advice and monitoring of the Nursing / Residential home.

- In some instances there have been issues with the patients discharge from our Trust and these concerns have/are being actioned.

  × Patients have been discharge to Residential Homes without adequate pressure relief equipment organised.

  × Discharge information not containing sufficient detail.

5. Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DOL) is legislation that came into effect on 1st April 2009. Staff can access the Deprivation of Liberty Safeguards Code of Practice and SFHFT policy and procedure on the Safeguarding Adults intranet site.

Since April 2009 when the Safeguards came into effect, there have been 8 referrals to the PCT for an authorisation, 6 since October 2009.

- One referral for a patient resulted in a Deprivation of Liberty authorisation, which was granted for 3 months. The patient was discharged to a care home.
- Two patients regained capacity when the best interest assessor came out to assess them.
- Two patients had the process stopped as one was transferred to another health provider and one was discharged to a Care Home, but both would have had the DOL granted if they had remained in the Trust.
- One patient referred was not being deprived of their liberty.

The Care Quality Commission (CQC) standard is that all patients who are deprived of their liberty must be reported to them and as a Trust we are fully compliant .

6. Conclusion

A lot of work has progressed throughout the last year. The profile for Safeguarding Adults has become very high and is starting to appear on everyone's agenda. There is excellent partnership working with the local community that will improve patient care.

Mental Capacity training still remains challenging as it was unable to be delivered upon the Mandatory Update in 2010 due to the pressures to deliver numerous topics. However going forwards from April 2011 both Safeguarding and Mental Capacity training will be included on the Mandatory Update. Training is delivered

by the Safeguarding Adult Advisor to wards and departments. There is increased use of the Mental Capacity Act in practice, but training needs to be on-going as this act needs to be embedded in every day practice.

7. Plans for the next year.

The main priorities for the next year are:

- To finalise the Mental Capacity e-learning package and formulate the Safeguarding e- learning package, and to develop a rolling programme of training for the wards and departments. This will enable staff to have increased access to training.
- To identify the CQC quality indicators for safeguarding adults and ensure that SFHFT complies with these.
- To complete the Safeguarding Adults Self-assessment and Assurance Framework for Healthcare Services from the East Midlands Strategic Health Authority, this will enable benchmarking around best practice standards.

For the work plan form October 2010 – 2011 – see appendix 1

Safeguarding Vulnerable Adults Work Plan 2010/11

Appendix 1

Objective	Action	By whom	Timescale	Outcome/progress
To improve training options for Mental Capacity.	To finalise the Mental Capacity e-learning package.	Jane Freezer	December 2010	E-learning package completed. To be included on the e-learning site.
To improve training options for Safeguarding.	To formulate a Safeguarding e-learning package.	Jane Freezer	March 2011	Awaiting a quote for the cost to develop the package.
To ensure that there is easy read information available for patients regarding Safeguarding, Mental Capacity (MCA), Deprivation of Liberties (DOL). To ensure trust staff are aware how to access it for the information for patients.	1. To finalise the easy read patient information and ensure it is available for all patients, by uploading it onto the Safeguarding website and having printed copies of the Safeguarding booklet. 2. Send out information in the staff bulletin and inform staff when they are training.	Jane Freezer Jane Freezer	December 2010 Ongoing	The Safeguarding booklet has been uploaded onto the Safeguarding website. The MCA and DOL is being formatted ready to be upload. The Safeguarding booklet information has been included in the Staff bulletin.

Objective	Action	By whom	Timescale	Outcome/progress
To ensure the relevant Trust staff receive Prevent training part of the governments CONTEST strategy, which focuses on individuals who may be vulnerable to the threat of violent extremism and terrorism.	Safeguarding Adult Advisor to attend the training.	Jane Freezer	January 2011	The training has been completed. A meeting has been set up with the Deputy Director of Nursing to identify an implementation plan for the Trust.
To have a lead Doctor for Safeguarding Adults.	To discuss with the Clinical Director.	Jane Freezer	February 2011	A meeting has been set up.
Audit the adherence to the safeguarding adult policy. The aim of audit is to ensure that appropriate interventions are instigated in a timely and appropriate manner.	To audit 50 patient's medical records who have been safeguarded to established if staff are compliant with the policy in terms of timely and effective referrals to social services, documentation of incidents / concerns and completion of incident forms in relation to vulnerable adults.	SFHFT Safeguarding Adults Board	March 2011	The audit has commenced and a date set to meet to complete the data collection.

Objective	Action	By whom	Timescale	Outcome/progress
Audit of staff knowledge of Safeguarding	Audit method to be agreed and carried out	SFHFT Safeguarding Adults board	April 2012	Method identified, this information will be collected via the training and development department when Trust staff attend their Mandatory training commencing April 2011.
To benchmark our service, assess and review our arrangements for Safeguarding Adults.	1. To complete the Safeguarding Adults self-assessment and assurance framework for healthcare services from the East Midlands Strategic Health Authority. 2. Review the Markers of good practice self assessment document from the Nottingham Safeguarding Adults Board (NSAB) to be reviewed.	Jane Freezer Jane Freezer	January 2011 January 2011	Document received. To be completed. All indicators which have not been assessed as green by the Trust to be reviewed and an exception report to be completed for NSAB.

Objective	Action	By whom	Timescale	Outcome/progress
To comply with the Care Quality Commission (CQC) quality indicators.	To identify the CQC quality indicators for safeguarding adults and ensure that SFHFT complies with these.	Jane Freezer	January 2011	Action plan commenced.
All Safeguarding referrals are reported as per policy via Datix incident reporting system and the information	1. Safeguarding Adult Advisor to continue the training of staff. 2. Safeguarding Adult Advisor to maintain the database for safeguarding.	Jane freezer Jane freezer	On-going On-going	This information is included in training sessions given to staff. The changes to the data base are completed. The Safeguarding information is inputted by the Safeguarding Adult Advisor.
To ensure the SFHFT Safeguarding Adults, MCA and DOL policy are in line with Nottinghamshire policies.	Polices to be updated	Jane Freezer	January 2011	Polices are in place. Will be updated.

SHERWOOD FOREST HOSPITALS (NHS) FOUNDATION TRUST

MINUTES OF THE MEETING OF THE NOMINATIONS COMMITTEE HELD ON THURSDAY 16 DECEMBER 2010, IN MEETING ROOM 3, TB3, KING'S MILL HOSPITAL

Present:	Ms T Doucét (TD)	Chairman
	Mr D Heathcote (DH)	Senior Independent Director
	Mrs B Jones (BJ)	Vice-chairman
In Attendance:	Mrs C White (CW)	Chief Executive
	Mrs K Fisher (KF)	Executive Director of Human Resources
	Mr M Tasker (MT)	Company Secretary
Apologies:	Nil	

10/024 UPDATE ON APPOINTMENT TO NEW POSTS

i) Commercial Director

Lucy Dadge had been appointed to the role of Commercial Director to the end of March 2011 and a job description was being prepared so that the post could be advertised in early 2011. The advertisement would reference a salary designed to attract candidates with the necessary skills, knowledge and expertise, including PFI related skills and expertise.

CW, TD and KF would meet to draft the job description, which would be circulated to Nomination Committee members for comment and approval.

Action: CW, TD, KF

ii) Divisional Medical Directors – PC&S and EC&M

KF informed members of the selection process that was planned for these two vacancies and confirmed that provisional interview dates had been arranged.

The interview panel would provisionally include Nabeel Ali, Karen Tomlinson, Joe Forde, the relevant Divisional Director of Operations, a Non-Executive Director and a LNC representative.

Members considered the panel and agreed that KF should replace Joe Forde and that the LNC representative should attend the interviews in an advisory capacity only.

Action: KF

iii) Director of Communications

A secondment into the post had been arranged with the StHA and interviews would be held on the 22 December 2010.

iv) Executive Director of Nursing and Quality

Members were reminded that Sue Bowler had been appointed on a fixed term secondment basis until the end of January 2011.

Members agreed that the appointment should be extended for a further period not exceeding 12 months. It was agreed that KF and CW would discuss the proposed extension with NUH.

Action: CW, KF

KF circulated a management structure chart that identified those posts for which;

- Yellow posts – Remuneration and Job Descriptions for these posts are to be agreed and authorised by Remuneration and Nominations Committee on behalf of the Board of Directors.

- Amber posts – Recommendations on job descriptions and remuneration for these posts to be made to the CEO/Executive Director of Human Resources for ratification by the Remuneration Committee/Nomination Committee.

It was agreed that the Director of HIS should be included as an 'amber' post.

Action: KF

Members were asked to provide comments on the management structure to KF so that this could be finalised for the next meeting.

Action: Members

10/025 ANY OTHER BUSINESS

No other business was discussed.

10/026 DETAILS OF THE NEXT MEETING OF THE NOMINATIONS COMMITTEE

It was agreed that details of the next meeting of the Nominations Committee would be confirmed.