

**'You matter, we care'**

Trust Board Meeting (Part 1 )	Date: 28 November 2014
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Title:	Clinical Executive, Nursing & Quality Update
Item:	BD/14/210

Executive Director lead and presenter	Alan Metherall, Acting Executive Director of Nursing
Report author(s)	Alan Metherall, Acting Executive Director of Nursing

History:	<i>ET, 18 November 2014</i>
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This report is for:	
Decision	
Discussion	
To Note	x

The following impacts have been identified and assessed in relation to this report:	
Equality	None identified.
Quality	None identified.
Privacy	None identified.

Executive Summary of key issues
<p>The Report will detail progress against relevant annual objectives for each of the five priorities and future actions to support achievement of those objectives..</p> <p>Additional information on the activity and performance of the Directorate is referenced including indicators within IQ . Due to the focus on the Chief Inspector of Hospitals inspection of the Trust during 2014, progress on the delivery plan of the Nursing Strategy have stalled in a number of areas. The Trust Nursing Advisory Group will therefore be reviewing and rationalising actions.</p> <p>A number of actions to help achieve the objectives and other developments within the Directorate are dependent upon a formal review of the Directorate staffing and structure e.g. establish a dedicated patient safety team.</p> <p>The proposed changes to the Directorate are subject to a formal review and a timetable to</p>

achieve a successful consultation has been produced.

The Board should **note** the report.

**This report addresses these Strategic Priorities:**

We will deliver the best care	x
We will support and develop our staff	x
We will continually improve what we do	x
We will use our resources wisely	x
We will be future focussed	x

## 1. Introduction

### 1.1. Annual Objectives 2014 - 2015

The Trust Annual Objectives are detailed in Table 1.

Strategic Priority	Annual Objective
<b>Deliver the best care</b>	To achieve a rating of 'good' from the Inspector of Hospitals
<b>Support our staff</b>	To implement Friends and Family for staff Enable every team to receive Team Development in the coming 2 years To see 10% of questions in the annual staff survey improve on 2013 results
<b>Continually improve what we do</b>	To fully establish the quality academy To achieve a 20% reduction in the use of restrictive practices
<b>Use our resources wisely</b>	To establish the Resources Directorate To achieve our CIP Programme To reduce our overhead by 2%
<b>Be future focused</b>	To become authorised as a Foundation Trust To win the Bristol Tender and provide Mental Health Services as part of Mental Health Bristol

## 2. Progress Against Annual Objectives

### 2.1. Deliver the Best Care - Care Quality Commission (CQC) Rating.

The Chief Inspector of Hospital published the report on the completed inspection in September 2014. As the inspection was undertaken in the second wave of pilot inspections no rating was published. The Board has been previously alerted to the compliance actions and enforcement actions (BD/14/180).

Directorate staff undertook fifty internal compliance inspections and submitted three Compliance reports to the Committee prior to inspection and detailed updates on actions plans for each locality. These areas identified areas of compliance and those non-compliant requiring further action. Following the inspection the Directorate have continued to undertake compliance checks (identifying compliance and non-compliance) in Locality Delivery Units and formally undertaken compliance inspections to support the Trust's response the Warning Notices.

### 2.2. Support Our Staff - Team Development

Directorate staff including those in the Quality Academy (QA) are working the colleagues from Organisational Development and other corporate departments to support the roll out of the team development days. QA staff form part of the core facilitation team so that we can directly link improved team functioning with improve quality outcomes. Involving QA staff in a core facilitation team promotes a consistent approach to team development across the organisation.

### **2.3. Support our Staff - Staff Friends and Family**

Result from the Staff friends and Family data has not been analysed at Directorate level. The results of the Staff friends and Family test are presented in a separate paper to this Board meeting.

### **2.4. Continually Improve What We Do - Fully Establish the Quality Academy**

The Quality Academy (QA) currently consists of 16 people ( funded for 18.01 WTE). The Quality and Standards Committee noted a report on a review of the Quality Academy in October 2014. The review commenced in June and identified that:

- the clinical audit function is well-regarded and should be strengthened
- the standards and assurance team requires more capacity to work systematically across the Trust
- the care pathway function needs to strengthen to include acute care and dementia.
- A number of specific recommendations were made improve the service improvement function of the QA and included the establishment of a Quality Board, development of the Clinical Networks.
- Establish a dedicated patient safety team adopting skills and approaches utilised in Human Factors in patient safety.
- The CEO has continued to lead the review of the Head of Professions and Practice role . A job description for a revised post (Locality Head of Quality) is being drafted following meeting held on 14/11/2014.

### **2.5. Use our Resources Wisely – CIP Programme**

The Directorate has fully and recurrently achieved the CIP target of £168k set for 2014-15. The plans were developed before the start of the financial year and have all delivered as budgeted, therefore, there has been no variance on plan throughout the year and there is no forecast variance.

### **2.6. Be Future Focused – Bristol Tender**

Directorate staff completed major reconfiguration work on the Safeguard reporting system. The changes to the system enable teams across Bristol Mental Health to report serious incidents, complaints and PALS.

Staff have supported the revision of a number of Trust policies to support the new structure and stakeholder relations . These include Compliant and PALS. The Clinical Risk team are in a position to customise reports for our partners on a range of governance related activity, and where desired have auto alerted them to events as they occur.

### **2.7. Nursing Strategy**

Resources within the Senior Nursing Team have during 2014 primarily focused on preparation for the CIH Inspection and subsequent activity including delivery and support of the Quality Improvement Plan, including internal compliance checks. As a

result , a number of actions within the delivery plan are significantly behind or have been superseded. The Trust Nurse Advisory Group is reviewing and rationalising the plan.

## 2.8. Directorate Performance

There are a number of IQ indicators which relate to the performance of the Directorate. Performance against or the month of October are detailed below.

Sickness: 0.56%

Appraisal 97.3%

Supervision 89.6 %

Finance - The year to date variance is £77,612

Training: Staff have been working towards compliance with statutory and mandatory training. Table 1 details compliance with Statutory and Mandatory training at the end of October 2014.

**Table 1:**

Compliance with Stat and Man Training	% (n 89 staff)
Fully compliant	64%
One course outstanding	24%
2 -10 courses outstanding	10%
11+ courses outstanding	2%

Heads of Departments have confirmed that all training will be completed by year end or that the training has been booked .

## 3. Current Actions

### 3.1. CQC Rating

As part of the Clinical Executive, Directorate staff are finalising changes to internal inspection approaches based on best of class examples. The Executive approved in principle (04/11/2014 ) the introduction of Quality Workaround's. These inspections will be brief, locality based and cover four rolling themes. The Executive team will also utilise this format during visits to teams. The second inspection approach will see the introduction of "Week in Focus" inspections. These inspections will take the format of an internal mock CQC inspection undertaken in partnership with stakeholders and cover the five domains used by the CQC. Each delivery unit will be inspected annually as a minimum utilising this approach.

The Directorate will undertake bespoke and spot compliance checks as required supported by the 15 Steps programme.

### 3.2. Team Development

Following the completion and implementation of the Directorate review a schedule will be produce to ensure each team within the Directorate can undertake a team development day.

### 3.3. Quality Academy

The Deputy Medical Director and the head of the QA are finalising the identification of Chairs to run each of the Clinical Networks and this will be publicised in December 2014.

In advance of the formal review of the Directorate, Dr Anthony Harrison has commenced leading on RCAs assisted by staff from the Directorate.

Terms of Reference for the Quality Board are being drafted and cross referenced with changes proposed regarding the Accountability Framework and any changes to the HoPP role.

The Acting Director of Nursing will progress a formal review of the Directorate to enable the changes needed to support the establishment of a dedicated Patient safety team ; Quality Board and the other outcomes of the Academy review.

### 3.4. Restrictive Practices

Changes, efficiencies and improvement to reporting may result in a rise in the recording and reporting of incidents.

Following investment from some of the Clinical Commissioning Groups, a person with lived experience will be appointed to support the roll out of Safewards.

### 3.5. CIPS

An objective of the formal review of the Directorate will be to achieve the CIPS target for 2015/16.

### 3.6. Business Case for Dedicated Patient Safety Team

To achieve the establishment of a dedicated patient safety team a business case is being drafted and will be presented to Finance and Planning.

## 4. Recommendation

The Committee is asked to **note** the report.