

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: November 2013
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<b>Title:</b>	Independent Investigation into allegations of data falsification
<b>Item:</b>	BD/13/249

<b>Executive Director lead and presenter</b>	Chief Executive
<b>Report author(s)</b>	Director of Corporate Affairs and Company Secretary

<b>History:</b>	<i>This report was considered and recommended for Board approval by the Executive Team at its meeting on 19<sup>th</sup> November 2013.</i>
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<b>This report is for:</b>	
Decision	X
Discussion	
To Note	

**Executive summary of key issues:**

During 2012, AWP worked with two independent investigation teams who were commissioned to review elements of the Trust's governance systems. The first review looked at internal governance systems, and the report which followed was published by the then Strategic Health Authority (SHA), and Trust Board, in July 2012. The second review, was commissioned by the SHA and Safeguarding Board, and looked at allegations of falsification of some clinical records. This arose out of a whistleblowing concern raised by social work colleagues working as part of a clinical team. The SHA did not publish that report, but in November 2013, the Trust released the SHA's report as part of an FOI request in the interests of openness and transparency.

This report seeks to draw to the Board's attention the matters pertaining to the second review, the findings of poor practice relating to the making and cancelling and then re-making of appointments in order to hit a performance target, and to provide comment from the social work community, some 12 months on, providing assurance that work practices are such that social work colleagues work as an intrinsic and valued part AWP's clinical services.

The Board wishes to make it clear that the culture and behaviours that were found to have existed 18 months ago within the Trust were totally unacceptable.

**This report addresses these Values:**

<b>Passion</b>	Doing our best, all of the time	X
<b>Respect</b>	Listening, understanding and valuing what you tell us	X
<b>Integrity</b>	Being open, honest, straightforward and reliable	X
<b>Diversity</b>	Relating to everyone as an individual	X
<b>Excellence</b>	Striving to provide the highest quality support	X

## 1. Introduction

- 1.1 In February 2012, Wiltshire Council raised some informal concerns on behalf of their social work staff, to the leadership team at AWP, following an Early Strategy Meeting at Wiltshire Council. The concerns expressed were that staff felt both unsupported by AWP and Wiltshire Council, and that, they had witnessed what they perceived as avoidance of 'target breaches' by administrative and other staff, incorrectly inputting data into the clinical record.
- 1.2 These allegations were of significant concern to both AWP and Wiltshire Council, and both parties commenced a formal investigation.
- 1.3 Since the time that these events occurred, an independent review has independently verified that the cultural concerns within the organisation identified at the time have significantly improved. The introduction of the Trust's IQ system means that there is now much greater transparency around key quality themes and approximately 1000 clinical records a month are reviewed for data quality validation.

## 2. Wiltshire Council and AWP's response

- 2.1 AWP convened an internal investigation group on 8 March 2012, to carry out a formal investigation process within our Trust lead by the Director of Nursing, and supported by Information Governance, Safeguarding leads and other clinicians. The group's terms of reference were shared with Wiltshire Council on 9 March 2012 and the group was to report to the Early Strategy Meeting on 11<sup>th</sup> May 2012.
- 2.2 The Director of Nursing appointed the Deputy Director of Nursing to lead the internal investigation. The investigation was to:
  - Review the information received by Wiltshire Council
  - Review the requirements of the performance indicators for the reporting teams
  - Review the training provision for the completion of the electronic patient record (RiO)
  - Review the minutes of the 'Adults of a Working Age' Strategic Business Unit's performance meetings and community meetings
  - Interview a sample of AWP staff within each team.
  - Review safeguarding practices
- 2.3 On receipt of the relevant information from Wiltshire Council, every relevant record was reviewed. The investigation group identified some inconsistencies and possible data quality issues relating to both AWP and Council staff and their use of the electronic patient record.
- 2.4 On 4<sup>th</sup> April 2012, a Large Scale Early Strategy Safeguarding Meeting was called by Wiltshire Council. It was attended by various stakeholders, and the Director of Nursing for AWP was invited for part of the meeting, presenting the report 'Avoiding contract breaches – opening and closing of cases' 'Report for the Large Scale Investigation Early Strategy Meeting' April 2012.

- 2.5 Following this meeting, AWP received, on 12 April 2012, the minutes of the meeting and an action plan, requiring AWP to further investigate and provide:
- A report on the supervision records of staff and managers involved in the allegations to quantify their understanding of safeguarding procedures;
  - Reassurance on AWP safeguarding procedures, investigations, performance, training and accountability;
  - A written update on actions taken to investigate the data quality issues.
- 2.6 The latter additional requirements were to be reported to the Council's Wiltshire Adult Protection Conference and completed by 11th May 2012. Additionally, AWP were advised that the meeting on 4<sup>th</sup> April had recommended to the Strategic Health Authority (SHA), that it commissioned an independent investigation into the allegations.
- 2.7 In line with the original timetable, the AWP internal investigation group reported to the Early Strategy Meeting on 11<sup>th</sup> May 2012, the group summarised that:
- Following a thorough review of safeguarding implications as a result of the allegations of data falsification, that at no time had patients or service users been at risk as a result of any errors in data entry. ('Investigation into the Safeguarding concerns of fifteen service users – Report for the Large Scale Investigation Early Strategy Meeting report').
  - The Trust had investigated allegations around the practice of booking and cancelling appointments and then re-booking them to hit performance targets and avoid contractual penalties.
  - The Deputy Director of Nursing, with the Head of Performance and Information had reviewed the clinical record and counted the number of instances in the electronic patient record where one service user had two referrals opened within 7 days of each other to the same team; where the first referrals duration was less than 29 days. This would likely indicate that it was closed before any 'breach' of the 4 week wait contractual target for seeing patients.
  - The group has identified 36 such cases.
  - The group was now to focus on understanding why the incidents occurred and on-going work was to be conducted in such a way that any evidence could be used in formal processes if required.
- 2.8 The AWP investigation team had reviewed data from April 2011 to March 2012 across the range of AWP teams and services. The group adopted a clear methodology for identifying the relevant criteria to assess whether referrals had been re-opened improperly.
- 2.9 The criteria used initially identified 76 cases, some 1.9% of the total caseload in the Wiltshire area at the time.
- 2.10 In reviewing the 76 cases, the AWP investigation group found that:

- 53% of the 76 cases were not applicable since the referrals had been opened, closed and re-opened within the first 2 weeks of referral for a number of clinical or administrative reasons, but not to avoid a 4 week timeline breach.
  - Of the 36 cases remaining, only one case occurred in Q1 of the time period and the remaining 35 in Q2-Q4. All the cases were within the Adult Community Strategic Business Unit.
  - Further investigation would be required with staff within the relevant teams to understand the motivation for such actions occurring. These investigations would be consistent with HR procedures.
  - Any relevant information arising out of the investigation would be forwarded to relevant parties.
- 2.11 Further investigation took place led by the Information Governance Manager, into the detail of the 36 cases.
- 2.12 The investigation took the form of an audit of the record in each 36 cases and then detailed examination of each case. Six members of staff were identified and subsequently five were interviewed (one had left the Trust).
- 2.13 The investigation found that of the 36 cases, 9 were re-opened for legitimate clinical reasons. Of the 27 cases remaining, all were within one community mental health team and it appeared some had been booked and the cancelled to be able to offer an alternative appointment when a patient cancelled, but appointment details were, updated in such a way as to avoid the payment of a contractual penalty. Following a safeguarding review, it was, however confirmed, that there had been no clinical impact on patients or service users as part of this practice.
- 2.14 At the same time, it was acknowledged that the Trust policy in relation to recording appointments in the electronic record was inconsistent and did not offer good guidance to staff. All staff interviewed stated that they had booked and cancelled appointments and then re-booked them to hit performance targets and some advised they had been told to do so by more senior staff. This information was referred to the Counter Fraud Service for their review, and it was determined that there were no fraud issues to answer.
- 2.15 Subsequently a range of actions were put into place, including refreshing relevant Trust policies, performance management of staff to ensure they were aware of appropriate practice, and further improvement actions which were already underway within the Trust as a result of the Fit for the Future Programme.

### 3. The SHA Independent Investigation

- 3.1 As part of the onward Independent Investigation SHA led process, the FT Programme Director was then appointed as Programme Lead, with the Director of Nursing professionally accountable for the Investigation Group.
- 3.2 The then Wiltshire PCT wrote to the Trust on 30th April in a letter to the then Acting Chief Executive, advising that a SHA commissioned Independent Investigation was to take place and that the terms of reference for the work would

be shared with AWP when they were available. An Independent Investigation Steering Group was to be convened to lead this work.

- 3.3 The Independent Investigation team requested the following documentation from AWP as part of the investigation:
- Across SBU RiO & Blue Secondary Folder Records Audit Inpatient & Community AWP
  - AWP Records Management Policy December 2009
  - AWP Health and Social Care Records Policy November 2011
  - AWP Overarching Information Governance Policy 2010
- 3.4 At the same time, AWP was advised that there was likely to be an interim and a final draft report presented to the Steering Group, and then, if necessary, the terms of reference for the investigation reviewed in light of any further work found necessary.
- 3.5 The interim Report was provided confidentially to AWP at the end of August 2012 and immediately AWP began to develop a thorough implementation plan. The actions were aligned with the improvement areas already underway as part of the Fit for the Future Programme, and regular reporting to Board and its Committees, from November 2012 onwards enabled the Board to assure itself of the robustness of actions and their implementation.
- 3.6 AWP submitted its implementation plan to the Steering Group for review and it was approved by the Board at its November 2012 meeting for publication to coincide with release of the Independent Investigation Report. However, the SHA took the decision not to publish the final Report.
- 3.7 In December 2012, the actions from the implementation plan were incorporated within the Trust's 'Fit for the Future' plan and its objectives formally. This was to ensure that both internally and externally to the Trust, there was clarity on what, and how progress was being made. The actions were also aligned with the Trust's developing quality governance framework, which set out seven key clinical indicators, one of which was and continues to be; record-keeping.
- 3.8 In February 2013, the Chief Executive wrote to the Chair of the Steering Group and Wiltshire CCG, providing an update on progress to implement the actions associated with the independent investigation. A copy of the implementation plan was provided. The CEO reported that of the 24 actions, all but 7 were complete, and the remaining 7 were due to be closed off imminently.
- 3.9 In April 2013, the actions were subsequently closed down, and the Fit for the Future Plan was approved as being completed by the Trust Board.

#### **4. Professional support to the social work community**

- 4.1 This issue raised a very pertinent issue, in that a series of social work and social care staff had expressed concerns generally about the way in which health and social care staff worked together e.g. the ownership of the shared care clinical record.

- 4.2 One of actions for AWP was to ensure that social work leadership was prominently placed within AWP's senior management team, and that appropriate professional direction was provided. The Trust had been unsuccessful in recruiting previously.
- 4.3 From early 2012, a Social Worker and Team Manager employed by AWP in Bristol co-ordinated a series of meetings of Social Workers from across the Trust. There was a widespread view that Social Workers felt professionally unsupported, that AWP did not have a culture of understanding either Social Work or Social Care and that this impacted on Partnership working. The Director of Nursing was sympathetic to this viewpoint and a 2 day a week Social Work/Social Care Project Lead secondment was created to respond to this.
- 4.4 During 2012 various initiatives began to engender improvement. Regular Social Work Forums were well attended and discussed a range of issues including Professional Development, Research and Personalisation. A directory of Social Workers was created. Planning began for a Social Work Conference. Links were made with training and with research and development. Social Work Webpages were written that included guidance on how to obtain Professional supervision. Discussions began with the aim of implementing the new national "Standards for Employers of Social Workers". Newly qualified Social Workers began to be identified on joining the trust and registered for the Assessed and Supported Year in Employment (ASYE) scheme with grants obtained for their Professional development. Attempts were made to link the Social Care Leads and AMHP leads networks more formally into AWP's mainstream.
- 4.5 On his appointment the new CEO accepted the view that the Trust had paid insufficient attention to Social Work and Social Care and invited Social Workers to a meeting to begin to draw up an AWP Social Work Strategy.
- 4.6 This meeting began a broad consultation process which involved Social Workers, Academics, Service Users, Carers and representatives from National Social Work Organisations. AWP held its first Social Work conference for 9 years in March 2013 which was well attended and positively received. The Social Work Strategy was formally adopted in September 2013 and aims to "provide a strategic direction for social workers, guiding the way the profession is supported within AWP and increasing its influence to the benefit of service users and with the aim of providing the highest possible quality of service". It outlines 5 Strategic Objectives and places responsibility for overseeing this to the soon to be appointed Full-time, permanent, Head of Social Care/Care Pathways Lead.
- 4.7 The fact that an NHS Trust has adopted a Social Work Strategy has attracted National attention and an article has been published in Community Care Magazine. The first of 7 Local Service Delivery Launches took place on 12<sup>th</sup> November in North Somerset and was attended by the CCG, the Assistant Director from the Local Authority, by all senior managers in North Somerset AWP and by more than 20 Social Workers.

- 4.8 The work of the last 18 months has in the view of Social Care and Social Work Lead and the Director of Nursing improved the experience of Social Workers, whether they are directly employed by AWP or seconded to the Trust.

## 5 Conclusions

- 5.1 The investigations into the issues in 2012 found that in a small number of instances, appointments had been made and cancelled and then re-made to hit performance targets, partly because of inconsistent guidance to staff on how the records should be completed and partly to avoid missing performance targets. Staff found themselves working within a culture which, at the time, was reliant on achieving performance targets, and this appeared to have resulted in a handful of staff in one team engaging in this practice. Investigations at the time showed that the actions taken by a handful of staff were not designed to negatively impact on the clinical care of service users.
- 5.2 The Board wishes to make it clear that the culture and behaviours that were found to have existed 18 months ago within the Trust were totally unacceptable.
- 5.3 The actions arising out of the workstreams associated with these data quality issues were all implemented in good time and overseen by the Board and its Committees. The action plans have been made available via the Trust website alongside the Independent Review report commissioned by the SHA.
- 5.4 The fit for the future programme referred to within this report was closed down by the Board formally in April 2013 and the report pertaining to that and the action plan was published by the Board through its board meetings.
- 5.5 Commissioners and stakeholders were satisfied with the improvement steps taken by AWP.
- 5.6 Social work staff feel they have improved professional standing and the social work strategy will ensure further progress is made over the next 3 years.
- 5.7 In answering questions when the report was published last month, various spokespersons responded with the knowledge they had at the time. In preparing this report, it is clear that not all the relevant information was available. As a result, some answers were not as comprehensive as the Trust would have wished and the Board regrets responding without having all the historical information to hand.

## 6 Recommendations

The Board is recommended to **approve** this report.

## 7 Related documents

- 7.6.1 Wiltshire Council AWP Safeguarding Update Undated - exempt from disclosure under the Freedom of Information Act by virtue of section 41 where the information was provided in confidence.
- 7.6.2 Wiltshire Council Initial Investigation into allegations made by some social care staff about performance data - exempt from disclosure under the Freedom of Information Act by virtue of section 41 where the information was provided in confidence.
- 7.6.3 Email from George O'Neill to David Bolwell re Wiltshire Council concerns dated 15th Feb 2012 - exempt from disclosure under the Freedom of Information Act by virtue of section 41 where the information was provided in confidence.
- 7.6.4 AWP Investigation into safeguarding concerns of 15 service users (undated)
- 7.6.5 AWP Supervision of staff in relation to safeguarding report 11.05.2012
- 7.6.6 AWP Avoiding contract breaches – opening and closing of cases 'Report for the Large Scale Investigation Early Strategy Meeting' April 2012
- 7.6.7 Letter dated 30<sup>th</sup> April 2012 from Mary Monnington to Paul Miller re: notification of an independent investigation
- 7.6.8 Across SBU RiO & Blue Secondary Folder Records Audit Inpatient & Community AWP
- 7.6.9 AWP Records Management Policy December 2009 (since archived)
- 7.6.10 AWP Health and Social Care Records Policy November 2011 (since archived)
- 7.6.11 AWP Overarching Information Governance Policy 2010 (since archived)
- 7.6.12 Independent Investigation into allegations of falsification and/or alteration of service user records (Avon and Wiltshire Mental Health Partnership NHS Trust) November 2012
- 7.6.13 Implementation Plan in response to: Independent Investigation into allegations of falsification and/or alteration of service user records (Avon and Wiltshire Mental Health Partnership NHS Trust) November 2012
- 7.6.14 Fit for the Future Programme Plan V3.0 March 2013