

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: 27 <sup>th</sup> November 2013
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<b>Title:</b>	Clinical Executive – Nursing and Quality Directorate
<b>Item:</b>	BD/13/243

<b>Executive Director lead and presenter</b>	Hazel Watson – Director of Nursing
<b>Report author(s)</b>	Hazel Watson – Director of Nursing Alan Metherall – Deputy Director of Nursing Emma Adams – Head of Academy Linda Hutchings – Head of Patient Safety Systems

<b>History:</b>	<i>(name and date of any previous Exec/Board/Committee meeting external meeting or consultation)</i>
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<b>This report is for:</b>	
Decision	
Discussion	
To Note	x

<b>Executive Summary of key issues</b>
<p>The Nursing and Quality Directorate forms part of the Clinical Executive. Reorganised following consultation in April 2013 to align with the changing needs of the Trust, the directorate has three strands – Senior Nursing Team, Quality Academy, and Patient Safety Systems.</p> <p>The Senior Nursing team provides professional support, practice improvement, and ensures the delivery of statutory nursing functions. The Nursing Strategy has recently been revised to reflect the objectives of the Trust, and to describe a 'road map' for the development of new nursing roles within the trust.</p> <p>The Quality Academy will be completed as new roles are recruited as a result of the Ops Consultation. Existing functions such as of clinical audit, clinical information systems, Quality Account, and RIO clinical leadership are now assimilated into the Academy and align with Business and Quality plans of Delivery Units.</p> <p>Patient Safety systems bring together Incident reporting and management, PALS/Complaints, Mental Health Act Administration, Safeguarding reporting, and other external reporting</p>

systems.

Directorate continues to develop internally, and to work jointly with Medical Directorate to increase effectiveness across Trust. Examples of joint work are

- Bed Management improvement work – Emma Adams, Dan Meron and others
- Fromside development and support – Alan Metherall, Harvey Rees and others
- Mental Health Legislation group development – Alan Metherall, Dan Meron, Linda Hutchings
- Clinical oversight of Cost Improvement Programme – Hayley Richards, Hazel Watson

Directorate focus is on supporting services to maintain statutory and best practice requirements in the context of the new accountability framework in the Trust, and the increasing expectations from internal and external stakeholders

**This report addresses these Strategic Objectives:**

Consolidate	x
Integrate	
Expand	x

**This report addresses these Values:**

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

## 1. Outline

The Nursing and Quality Directorate formed in April 2013 following a consultation to consolidate the role of the directorate to focus on professional support, quality, and patient safety systems. The directorate retained central support for statutory functions, and transferred resources to other parts of the Trust as appropriate. Working as part of the Clinical Executive of the Trust, the role of the Directorate is to set standards for clinical services, work with delivery units to improve services, and to provide assurance about the quality of practice against the agreed standards. This in turn supports the delivery of the AWP Trust strategic priorities.

The table below outlines the priorities, challenges and achievements of the directorate in line with the AWP strategic priorities.

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### AWP Strategic Priority – Delivering the Best Care

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The Senior Nursing Team supports the Trust to meet its statutory functions and practice requirements in delivering the best care. This is in relation to

- Professional leadership for nurses
- Safeguarding
- Caldicott and confidentiality issues
- Infection Prevention and Control
- Clinical skills, including physical healthcare
- Health, Safety, Fire, and Security
- Suicide prevention
  
- Pre and post registration requirements for nurses and liaison with HEIs
- CPA leadership
- Provision of Clinical Supervision

The team manages and balances risk, ensuring that statutory requirements are met in a way that enables the services to deliver high quality care.

The Nursing Strategy 2009 – 12 focussed on ‘getting the basics right’.

- Using the ‘Enabling for Excellence’ framework,
- the development of the ‘unregistered nurse forum’,
- the Clinical Toolkit to support CPA practice,
- a variety of tools to support good clinical practice with a particular focus on meeting physical health needs

The Nursing Strategy 2013-16 reflects the shift in focus of the Trust, and of the nursing profession following the publication of the Francis Report. There is a national spotlight on the quality of nursing, and a responsibility on organisations and on individual nurses to respond

- Getting Staffing Right is a current focus of work, ensuring that the Board can be assured that nursing numbers on each shift are appropriate. The results of this work will be reported to the Board in January 2014.

Patient Safety Systems ensure we continue to meet statutory and mandatory standards and requirements around incident reporting, Mental Health Act administration, and PALs/Complaints. Liaising with internal and external stakeholders to ensure systems work smoothly.

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## **AWP Strategic Priority – Support & Develop Staff**

One of the roles of the Nursing & Quality Directorate is to lead the Quality Academy. Care pathway leads are yet to be appointed (interviews Nov 2013), however, the Academy has assimilated existing resources including:

- clinical audit
- Quality Account
- clinical systems
- the mock CQC team

This will ensure that existing service standards are agreed and understood across the services. Much of this has been linked with guidance to support the IQ system, and with supporting services with self-assessments. The Academy is leading work with delivery units on their acute care pathways to support bed management.

The Nursing Strategy 2013/16 focusses on developing roles. Non-Medical Consultants and Non-Medical Prescribing roles are no longer new to the NHS and there are many opportunities for our Trust to develop these roles further to support efficient and effective delivery of services.

AWP has 3.5 WTE NMCs, 2 of which work part-time with UWE. All work clinically and also have a Trust-wide brief. However, we have not developed the role either to increase numbers to provide nursing leadership in key areas, or used the flexibilities afforded to the role to take on responsibilities previously restricted to medical staff, or new roles under the new Mental Health Act. The development of NMCs as clinical leaders, approved clinicians, and leaders of nurse-led services remains an opportunity to be addressed.

The non-medical prescribing strategy, led by the senior nursing team, has resulted in an increase in nurses training and greater thought about their deployment in service. However, there remains more to do to ensure the Trust takes full advantage of non-medical prescribing strategically as an efficient and effective way of providing service.

The senior nursing team continues to support the unregistered nurse forum and has recently met with UWE to explore training pathways for unregistered staff. This work is consistent with the recommendations of the Cavendish Review and the aspirations of the Trust to develop staff.

N&QD has also supported the development of the Social Work Strategy, and provides professional support to Allied Health Professions leads in the Trust.

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## **AWP Strategic Priority – Continually Improve What We Do**

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To support the continued improvement of AWP service quality the senior nursing team continues to provide direct and focussed support to services, currently including medium secure services.

The appointment of care pathway leads into the Quality Academy will facilitate the further development of clinical networks. Care packages will follow care pathways which in turn will support the management of activity information to better enable the Trust to demonstrate the quality of its services.

The Patient Safety systems team is reviewing the Trust response to complaints handling. Before the publication of the Clwyd report, the Trust had identified improvements that need to be made in the way we respond to complaints. We know that our processes are robust and our systems are in line with previous best practice, but our resulting response can sometimes fall short of our wish to be open, transparent, and as responsive as possible. The team is developing a new way of working, in partnership with the local delivery units, to ensure that the responses we give to complaints are meaningful, apologetic when appropriate, and of a standard we would wish to receive ourselves. The team is developing use of the Ulysses system, currently used to support Incident reporting, to support complaints management to improve access to and feedback from comments and complaints.

The team also manages the quality improvement visit process, and is currently reviewing the information pack to reviewers to better align with IQ and with the quality and strategic aspirations of the Trust.

The directorate provides information and assurance internally and externally, including to the CQC, the HSE, DH, and TDA to support delivery of statutory functions. Information and assurance requirements are met routinely and as required.

The directorate supports the Quality and Standards Committee, agreeing the work programme and the agenda to comply with Board requirements.

The senior nursing team regularly audit nursing practice. Example, a programme of 'mock' resuscitation audits have been undertaken in response to a concern raised after a serious incident on an inpatient unit. The audits use role-play to enact an emergency situation and then audit the 'real time' response. The work has led to re-training, clarification, and system changes, greatly improving the quality of our responses.

A programme of clinical audits have been agreed to support the IQ self-assessments. Care pathway leads will assess evidence and provide assurance to support their development work. We recognise that there is more work to do to align the audit work to the assurance cycles to ensure timely and helpful evidence is available.

The directorate has taken a lead on meeting the QGAF requirements, providing evidence and assurance where possible, and leading developments to the quality processes where no evidence is available. This work has led to improvements in the quality improvement visit process, and in the work to bring the voice of the service user and carer to the Board room. Much of the evidence associated with patient safety and with learning is provided by the patient safety systems team. There is work to do to ensure this information is widely available throughout the Trust. IQ will become the 'portal' for this information when development time allows.

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## **AWP Strategic Priority – Use Our Resources Wisely**

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The 2013 Directorate reorganisation released @£400k into the trust through shifting resources and aligning functions.

The current budget for the Directorate (@£2.7m) represents less than 2% of the trust budget. It is impossible to benchmark this against other trusts given the differences in functions. However, the directorate is committed to continuing to provide a comprehensive service in the most cost-effective way, and constantly reviews ways of internal working.

Through the Nursing & Quality Directorate the Academy will focus on productivity to support services to establish a methodology by which they can set standards and aspirations to support capacity planning. This work will form part of the Business and Quality plans agreed between the Academy and the Delivery Units.

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## **AWP Strategic Priority – Be Future Focussed**

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Through the work underway and planned as outlined within this document, the Nursing & Quality Directorate is position to support AWP in achieving its strategic objectives over the next 3 years. Members of the directorate work hard to ensure that the statutory and best practice infrastructure, that supports the delivery of high quality care, is in place.

The Senior Nursing Team and Quality Academy are sighted on both professional and clinical changes and challenges ahead, and are well-placed to lead the trust in these issues.

The directorate risk register focusses not on risks to individual work streams, but on the maintaining of consistent standards across the Trust, the change in accountability, and on the increasing external pressure on standards and assurance.

The directorate has to work to enable standards to be maintained, across an increasingly localised delivery unit structure, as well as on a national level for some services and under increasing pressure from the external environment. This has required a change in approach, and a balance of the enabling and support function and the statutory element of the directorate.

It is expected that this will continue to develop and challenge as the expectations of quality, and on the overall clinical executive increase.