

Board of Directors – Open

Date:

12th August 2020

Item Ref:

06

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| TITLE OF PAPER | Back to Good Programme progress report including monitoring of progress with the Section 29A Warning Notice |
| TO BE PRESENTED BY | Dr Mike Hunter, Executive Medical Director |
| ACTION REQUIRED | <ul style="list-style-type: none"> a) Consider the content of the paper. b) Take assurance that a robust process of monitoring progress and delivery of actions is in place. c) Decide if further action is necessary to assure the Board that progress is being made with improvement actions. |

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| OUTCOME | The Board is to: Receive this report on progress and provide assurance to the Trust Board. |
| TIMETABLE FOR DECISION | 12 August 2020 |
| LINKS TO OTHER KEY REPORTS / DECISIONS | CQC Inspection Reports April 2020 CQC update to the Quality Committee 27 th July 2020 CQC update to the Trust Board 8 th July 2020 |
| STRATEGIC AIM STRATEGIC OBJECTIVE | Create a great place to work CQC Getting Back to Good |
| BAF RISK NUMBER & DESCRIPTION | A101i Failure to meet regulatory standards (registration and compliance). |
| LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC | Health and Social Care Act 2008 (Regulated Activities) Care Quality Commissions Fundamental Standards Care Quality Commissions Enforcement Policy Mental Health Act 1983 |
| IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT | Failure to comply with CQC Regulatory Standards may risk the quality of care provided and affect the Trusts registration. |
| CONSIDERATION OF LEGAL ISSUES | Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) and in particular the section 29a enforcement notice could leave the Trust open to further regulatory action by the CQC, with a potential financial and reputational impact. |

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| Author of Report | Andrea Wilson and Julie Walton |
| Designation | Director of Quality and Head of Care Standards |
| Date of Report | 20 July 2020 |

Summary Report

1. Purpose

| For approval | For assurance | For collective decision | To seek input | To report progress | For information | Other (Please state) |
|---|---------------|-------------------------|---------------|--------------------|-----------------|----------------------|
| | X | | | x | | |
| <p>To update the Board of Directors on progress with the actions taken to address the CQC must and should do requirements and the Section 29A warning notice issued in February 2020.</p> | | | | | | |

2. Summary

This is the first report combining the 'Care Quality Commission Section 29A Action Plan Update' and the 'Update on Action Plans and Delivery of Back to Good' Board of Directors papers.

Background

The CQC inspected Sheffield Health and Social Care Trust (the Trust) between 7 January and 5 February 2020; immediately following the inspection a Section 31 notice was issued to the Trust regarding people under the age of 18 years accessing the Psychiatric Decisions Unit. Immediate action was taken and this activity ceased. Partner agencies and relevant stakeholders were notified. This is also subject to a requirement notice within the inspection report, which states:

For the Crisis and Health Based Place of Safety (Action 42)

'The Trust must not admit any person under the age of 18 to shared accommodation in the Psychiatric Decisions unit.'

We remain fully compliant with this action.

On 13 February 2020, the Trust received a Section 29A Warning Notice, identifying four areas requiring significant improvement:

1. Staffing of the acute wards, particularly the imbalance of experience and newly qualified staff (timescale 31 March 2020);
2. Compliance with mandatory training and supervision across the trust (timescale 29 May 2020);
3. The management of physical health needs and understanding the side effects of medications prescribed (timescale 29 March 2020);
4. The trust did not have systems and processes in place which were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users in receiving these services. (Timescale 29 May 2020).

Immediate action was taken and workstreams developed to oversee the progress with each element of the notice. This has been monitored and reported through an integrated dashboard. The position as at 28th July is attached as Appendix 1, below are key points from the dashboard:

- 87.33% of our staff are at 80% or above compliance with mandatory training
- 100% of early and late shifts and 97.62% of night shifts met the minimum safe staffing levels
- 88.5% of staff in clinical services had received 4 recorded supervisions
- In the w/e 26th July, only 1 shift was led by a preceptor nurse
- 99% of required physical health checks were completed

Section 29A Warning Notice Follow Up inspection

It would be usual practice for the CQC to re-inspect the Trust shortly after the end of the notice period (29 May 2020). Due to Covid-19, the CQC initially confirmed that they will not be carrying out a physical inspection at this time unless there are particular and significant concerns over patient safety. Discussion has taken place at routine engagement meetings with the CQC and they will confirm their approach to the Trust shortly. It is likely that they will conduct a desktop exercise to seek assurance about our performance against the S29A actions. Our S29A dashboard has been shared with the CQC and they have given positive feedback in relation to our progress. However, the Trust should be prepared for an inspection.

During July assurance of delivery was tested to determine the robustness of the evidence presented by clinical services that their actions are completed. There was significant assurance regarding Training and Supervision, there were some limitations in relation to assurance about Staffing and Physical Health care.

The limitations in assurance relate to the reliance on manual reporting systems that do not easily provide the opportunity to look back and see good historical data. Whilst there is strong daily assurance in place, work is needed to ensure we have the right digital information systems in place and we use them consistently. In the interim the gap in assurance is being mitigated with manual reporting.

Back to Good

A Rapid Improvement week was held between 29 June and 3 July 2020. A range of topics relevant to our improvement plans were discussed in depth by a range of clinical and corporate staff working together to surface and address some of the big issues that have continued to challenge us. Topics included our approach to Smoke Free, Single Sex accommodation, sexual safety, supervision, and collaborative care planning. Output from these sessions will feed into the relevant workstreams and inform action planning and outcomes.

The approach was positively received and around 200 staff engaged with the process over the week.

The Back to Good Board has met twice, (on 6th and 29th July) has been well attended including representatives from Sheffield Flourish, Sheffield Carers Centre and Sheffield Young Carers alongside the Work stream Leads, Executive Directors and the Chief Executive.

The Terms of Reference for the Back to Good Board have been agreed, including clear processes for escalation, submission of evidence for completed actions and quality assurance.

The processes ensure that the Board receives a consistent set of information detailing achievements and identifying issues for escalation where actions are behind trajectory for delivery. The Workstream Leads and Directors are working with the Programme Management Office (PMO) to further develop these. It is useful to note that improvement actions will not be categorised as completed until the evidence has been ratified by Care Standards.

In line with these processes progress to date is set out below:

Improvement Actions Overview - July 2020



Exceptions

| Action ID | Action | Workstream | Due Date | Extension Date |
|---|---|------------|-----------------------|--------------------------------|
| TW2 | The Trust must monitor the safeguarding referrals made by staff | Well Led | 31 st July | To be confirmed 29 August 2020 |
| Development of the electronic patient system, Insight is required to support completion of this action. The system is currently being upgraded and therefore development has paused. A revised date will be provided at the next Board meeting. | | | | |

| Action ID | Action | Workstream | Due Date | Extension date |
|--|--|------------------------------|-----------------------|------------------|
| MHWOP 38 | The Trust must ensure that the care and treatment is provided in a safe way for service users. | Patient Centred Care Records | 31 st July | 30 November 2020 |
| To fully complete the action the implementation of best practice NICE standards as identified by the falls group is required. The standards can be implemented as planned however further time will be required to evidence embedded practice. This will require development of insight to provide enhanced reporting. | | | | |

The Board received an overview of the Service User and Carer engagement strategy which will be applied across the workstreams to ensure that service users and carers are involved in designing the improvement actions. The Back to Good Board will meet 4-weekly. In between formal Back to Good Board meetings, there will be interleaved support and challenge meetings, in order that progress is reviewed fortnightly overall. The first of these support and challenge meetings took place on 15 July 2020.

The Back to Good Board will ensure that Trust Board is updated on progress, any significant variation from plan and mitigating actions being taken.

3. Next Steps

To continue to closely monitor all indicators in relation to the S29A notice to ensure that improvements made are sustained.

To respond to the findings from the quality assurance and resilience testing process.

To agree a clear timescale and plan to transition arrangements for the delivery, monitoring and scrutiny of S29A actions into the overall work programme (Back to Good) as the workstreams further develop their work plans and expected outcomes. This will support a move from compliance to a more change and improvement focussed approach that underpins practice development.

Further development of the Workstreams.

Work to continue to develop and refine our Programme Management approach and supporting infrastructures and processes.

Outputs and outcomes from the work streams will be used to refine, update and improve our Improvement Plan

4. Required Actions

The Board of Directors is requested to:

- a) Consider the content of the paper.
- b) Take assurance that a robust process of monitoring progress and delivery of actions is in place.
- c) Decide if further action is necessary to assure the Board that progress is being made with improvement actions.

5. Monitoring Arrangements

Quality Assurance Committee will receive a monthly progress update on the Back to Good Board

The Section 29A warning notice action plans are monitored through:

- Weekly CQC S29A action plan oversight calls (led by the Medical Director)
- Quality Assurance Committee and Trust Board

6. Contact Details

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Appendix 1

| CQC Section 29A Warning Notice: Weekly Progress Report | | | | | |
|--|----------|------------------------|---------------------------|--------------------|-------------------------|
| Progress Rating Summary | | Report Date: | | Executive Sponsor: | |
| Current | Previous | Status: Implementation | Report Type: Programme | 26/07/2020 | Mike Hunter |
| | | | Planned Start: 21/02/2020 | | CQC Delivery Programme |
| | | | | | Planned end: 31/05/2020 |

Staffing & Supervision

Aim: We will ensure that there are suitable and sufficient qualified, skilled and experienced staff within inpatient services.

We plan our staffing according to the Actual Funded Establishment and monitor this using Safe Care Analysis. We work on agreed minimum safe staffing numbers for the acute wards which are noted as follows:

- Burbage, Stange, Doveedale and G1 wards: 2:4 day shifts and 2:2 night shifts
- Maple ward: 3:4 day shift and 3:3 night shifts
- Endcliffe ward: 3:3 day shifts and 2:4 night shifts

For the period w/e 26 July 2020, all of the wards met 100% minimum staffing requirements across early and late shifts. Compliance rates for night shifts was 97.62%. G1 are operating on lower occupancy levels (12 beds).

- Doveedale ward 25/07/2020 Night shift: 1 nurse, 6 support workers (including 2 regular full time and regular flex). Reason – 1 nurse absent due to sickness.

- Maple (to note)

20/07/2020 Early shift: 2 nurses, 5 support workers (including band 4 aspirant nurse). No admissions to 136
 24/07/2020 Night shift: 2 nurses, 5 support workers (including band 4 aspirant nurse). Flow Coordinator supported. No admissions to 136 – CLOSED
 25/07/2020 Night shift: 3 nurses plus 5 support workers. 136 Admission 10.30pm. 2 x Flow Coordinators on duty. Flow support Maple will not be reflected on E-roster.

Wards are not always able to cover staff sickness reported at short notice. However, where staffing levels on night shifts are short, these are supported by the Flow Coordinators. Staffing from the Decision Unit is being allocated into areas with staff shortages. However, these are not always amended on the e-roster system, therefore may show as shortages on the ward staffing levels on e-rostering. A band 3 support worker is rostered to support the Flow Coordinators, with the intention of them being deployed where required at night. When this individual is allocated to an inpatient area, their shifts are not allocated to that area on e-roster. A programme of staff redeployment has commenced with significant numbers of staff from community teams, deployed into inpatient areas, particularly Doveedale, Stange, Burbage and G1 wards.

| Date | % of shifts meeting minimum requirement in line with 2:4 staffing ratio | | |
|---|---|---------------|---------|
| | Early/Long Day | Late/Long Day | Night |
| 31/03/2020 | 92.90% | 92.90% | 69.50% |
| 06/04/2020 | 88.10% | 83.33% | 92.86% |
| 13/04/2020 | 98.62% | 92.86% | 92.86% |
| % of shifts meeting new minimum requirement specific to each individual ward | | | |
| w/e 19/04/2020 | 97.62% | 97.86% | 92.86% |
| w/e 26/04/2020 | 100.00% | 97.62% | 88.10% |
| w/e 03/05/2020 | 97.62% | 95.24% | 100.00% |
| w/e 10/05/2020 | 100.00% | 100.00% | 100.00% |
| w/e 17/05/2020 | 100.00% | 100.00% | 92.86% |
| w/e 24/05/2020 | 100.00% | 100.00% | 97.62% |
| w/e 31/05/2020 | 100.00% | 100.00% | 97.62% |
| w/e 07/06/2020 | 100.00% | 100.00% | 97.62% |
| w/e 14/06/2020 | 97.62% | 100.00% | 97.62% |
| w/e 21/06/2020 | 100.00% | 100.00% | 100.00% |
| w/e 28/06/2020 | 100.00% | 100.00% | 85.71% |
| w/e 05/07/2020 | 95.24% | 97.62% | 90.48% |
| w/e 12/07/2020 | 95.24% | 92.86% | 90.48% |
| w/e 19/07/2020 | 100.00% | 97.62% | 97.62% |
| w/e 26/07/2020 | 100.00% | 100.00% | 97.62% |

| Preceptor as TAKE CHARGE NURSE | |
|--|---|
| Early 2.38% (1 shift) Late 0% Night 0% | Endcliffe ward 24/07/2020 Early shift: 4 nurses (preceptor) plus 6 support workers (including band 4 aspirant nurse) and 3 x nurses on mid shift (9-5) supporting. |

| Bank & Agency as TAKE CHARGE NURSE | |
|---|--|
| Early 2.38% (1 shift) Late 4.76% (2 shifts) Night 19.04% (8 shifts) | |



| Table shows cumulative compliance with 4 supervisions per year from June 2019. Exclusions: Staff on extended periods of leave e.g. Maternity | | | |
|--|--|-------------------|--------------------|
| Week | Overall Trust % Supervision Compliance | Clinical Services | Corporate Services |
| 24-Feb-20 | 51.30% | n/a | n/a |
| 15-Mar-20 | 60.10% | n/a | n/a |
| 23-Mar-20 | 62.10% | n/a | n/a |
| 30-Mar-20 | 62.70% | n/a | n/a |
| 06-Apr-20 | 62.70% | n/a | n/a |
| 13-Apr-20 | 64.46% | n/a | n/a |
| 20-Apr-20 | 66.71% | 74.42% | 24.45% |
| 27-Apr-20 | 69.64% | 75.88% | 35.44% |
| 04-May-20 | 72.00% | 77.00% | 45.00% |
| 10-May-20 | 74.89% | 78.49% | 55.22% |
| 17-May-20 | 77.98% | 81.00% | 62.37% |
| 25-May-20 | 81.30% | 84.04% | 67.11% |
| 31-May-20 | 85.76% | 88.15% | 73.39% |
| 05-Jun-20 | 85.80% | 88.72% | 70.70% |
| 15-Jun-20 | 86.50% | 89.35% | 71.11% |
| 21-Jun-20 | 86.98% | 89.86% | 72.04% |
| 28-Jun-20 | 86.80% | 89.81% | 71.24% |
| 06-Jul-20 | 86.54% | 89.71% | 70.16% |
| 12-Jul-20 | 86.67% | 90.02% | 69.35% |
| 19-Jul-20 | 86.50% | 89.76% | 69.62% |
| 26-Jul-20 | 85.30% | 88.58% | 68.93% |

| Burbage ward | |
|---|--|
| 23/07/2020 Night shift: 2 Agency nurses, 4 support workers (take charge assigned) | |
| 24/07/2020 Late shift: 1 Agency, 1 preceptor nurse, 7 support workers (take charge not assigned on e-roster) | |
| 25/07/2020 Night shift: 2 Agency nurses, 6 support workers (take charge assigned) | |
| 26/07/2020 Night shift: 2 Agency nurses, 0 preceptors, 6 support workers (take charge not assigned on e-roster) | |

| G1 ward | |
|---|--|
| 23/07/2020 Night shift: 2 Agency nurses, 10 support workers (including Band 4 Aspirant Nurse, take charge assigned) | |
| 24/07/2020 Night shift: 1 Agency, 1 Bank nurse, plus 10 support workers (take charge assigned to bank nurse) | |
| 25/07/2020 Night: 1 Agency, 1 Bank nurse, 10 support workers (take charge assigned to bank nurse) | |
| 26/07/2020 Night: 2 bank nurses, 9 support workers (take charge assigned to regular bank nurse) | |

| Endcliffe ward | |
|---|--|
| 20/07/2020 Early: 3 preceptor, 1 Bank nurse, 7 support workers (including band 4 aspirant nurse/take charge assigned to bank nurse) Ward manager supporting 8:00 to 16:30 | |
| 21/07/2020 Late shift: 2 preceptor, 1 Bank nurse, 9 support workers (including band 4 aspirant nurse/take charge assigned on e-roster) | |
| 26/07/2020 Night shift: 1 preceptor, 1 Agency nurse, 10 support workers (including band 4 aspirant nurse/take charge assigned to agency) | |

Physical Health

Aim: We will complete 100% of daily physical health monitoring including in relation to rapid tranquillisation, general physical observations (e.g. weight), diabetes, seclusion and Clozapine administration to ensure side effects of medications are always managed safely and in line with national guidance.



| | | |
|----------------|-------------------|-----------------|
| Estates | Governance | Training |
|----------------|-------------------|-----------------|

Aim: We are eliminating dormitories and providing inpatient accommodation, including seclusion facilities, which are private, dignified and fit for purpose.

Work Programmes

- Dormitories and seclusion rooms: The Business Case for dormitories, seclusion rooms and related works has been approved by FPC. Maple & Dovedale 1: Contractor appointed (J Lees) work starting 3 August, 5 week programme. Dovedale 2: Tenders to be returned 31 August. Programme dependent upon moving Perinatal MH out of Dovedale 2 area. Burbage & Stanage: Arcadis consultancy working up designs, anticipated to be ready for tendering out by mid-October (this is a delay caused by the requirement to check the specification with SLAM); works would not therefore be completed before August 2021. Perinatal Mental Health have agreed to relocate to Beech Cottage at Woodland View. Site meeting being held early next week to agree scope of works required to support the move.
- Forest Close Bungalow 3
- SAS alarm system extended to 13 July now postponed due to impact of COVID-19 and this unit being in use as an isolation unit.

Bungalow 3 continues in use for isolation beds and beds for MoJ "returning from leave" patients who cannot be re-admitted to their bed in the Forest Close bungalows. No change from 5 June 2020.

Agreed with Helen Phillips-Jackson to review B3 to ascertain if it can be made into a Hybrid between current use and the Therapeutic College (as per the agreed Business Case). Discussion taken place and site visit to be undertaken, date to be confirmed. No change from last week.

Therapeutic Environment
An extensive scoping exercise is underway between capital development, clinical operations reps. and specialist architectural/MH design and furnishings consultants to draw up recommendations for improvements to the environment for bed based and community teams services. This is being funded from the specialist "improvement" funds bid for by the Trust. Anticipated completion of scoping exercise: mid August. No change from last week.

Aim: We are improving the line of sight from ward to Board ensuring effective escalation and communication of risk.

- Monthly Board Quality Report established from April and revised Performance Report to support Ward to Board reporting, on-going development of triangulation and exception reporting. Performance framework continues to be developed with key leads. Timing of meetings being explored to ensure appropriate balance between data being timely and having been through correct internal governance processes prior to consideration at Committee/Board level.
- Board visits took place in June and July. August Board will receive feedback of visits to date. Meetings being arranged for every month to coincide with Board henceforward.
- Supervision policy approved at May Workforce and Organisation Development Committee - including detail on monitoring, implementation and audit. Physical health strategy plan on a page presented at May Board and agreed in principle. Full strategy to be developed led by the Executive Director of Nursing.
- Mapping of governance of other workstream areas reflecting current position completed for supervision, physical health observation, mandatory training and safe staffing.
- Risk Management training provision reviewed and plans in progress to develop a mandatory training module for all staff.
- Work with teams (around escalation channels etc.) progressed with meeting involving staff at Michael Carlisle centre -- now seeking to explore regular liaison group involving governance officers/equivalents and corporate.
- Well-Led programme timescales developed and due to be reported to Board in August alongside progress to date. Initiation meeting with PMO has taken place. Procurement issue now resolved and external partner due to commence in role w/c 13 July.

| Subject | 19/07/2020 | | | 26/07/2020 | | | October Expires | |
|---|--------------|------------------------|---------------|--------------|------------------------|---------------|---|--------|
| | No Requiring | No Expiring in October | % of Required | No Requiring | No Expiring in October | % of Required | Current figures against last report figures | |
| Hand Hygiene | 2603 | 101 | 3.88% | 2604 | 99 | 3.80% | Decrease | -0.08% |
| Adult Basic Life Support | 2603 | 1001 | 38.46% | 2604 | 963 | 36.98% | Decrease | -1.47% |
| Fire Safety 2 Years | 1333 | 138 | 10.35% | 1335 | 137 | 10.26% | Decrease | -0.09% |
| Fire Safety 3 Years | 1250 | 67 | 5.36% | 1250 | 64 | 5.12% | Decrease | -0.24% |
| Immediate Life Support | 312 | 134 | 42.95% | 310 | 134 | 43.23% | Increase | 0.28% |
| Clinical Risk Assessment | 983 | 121 | 12.31% | 982 | 120 | 12.22% | Decrease | -0.09% |
| Mental Capacity Act Level 2 | 1129 | 155 | 13.73% | 1128 | 151 | 13.39% | Decrease | -0.34% |
| Deprivation of Liberty Safeguards Level 2 | 105 | 14 | 13.33% | 104 | 14 | 13.46% | Increase | 0.13% |
| Mental Health Act | 204 | 30 | 14.71% | 202 | 30 | 14.85% | Increase | 0.15% |
| Medicines Management Awareness | 546 | 98 | 17.95% | 545 | 97 | 17.80% | Decrease | -0.15% |
| Rapid Tranquillisation | 314 | 22 | 7.01% | 312 | 21 | 6.73% | Decrease | -0.28% |
| Respect Level 1 | 1080 | 250 | 23.15% | 1081 | 215 | 19.89% | Decrease | -3.26% |
| Respect Level 2 | 952 | 180 | 18.91% | 955 | 180 | 18.85% | Decrease | -0.06% |
| Respect Level 3 | 354 | 190 | 53.67% | 352 | 188 | 53.41% | Decrease | -0.26% |
| Safeguarding Children Level 2 | 1096 | 180 | 16.42% | 1098 | 180 | 16.39% | Decrease | -0.03% |
| Safeguarding Children Level 3 | 1130 | 136 | 12.04% | 1129 | 136 | 12.05% | Increase | 0.01% |
| Safeguarding Adults | 2227 | 339 | 15.22% | 2228 | 337 | 15.13% | Decrease | -0.10% |
| Domestic Abuse | 2231 | 337 | 15.11% | 2232 | 335 | 15.01% | Decrease | -0.10% |
| Prevent WRAP | 2307 | 460 | 19.94% | 2312 | 456 | 19.72% | Decrease | -0.22% |
| Moving and Handling Level 1 | 2603 | 4 | 0.15% | 2604 | 4 | 0.15% | Decrease | 0.00% |
| Moving and Handling Level 2 | 768 | 9 | 1.17% | 766 | 9 | 1.17% | Increase | 0.00% |

| Date | Overall Trust Compliance with Mandatory Training | % Services over 80% | % Subjects over 80% |
|------------|--|---------------------|---------------------|
| 31/12/2020 | 70.00% | 86.40% | N/A |
| 15/03/2020 | 78.33% | 91.00% | 58.62% |
| 22/03/2020 | 83.33% | 88.64% | 48.28% |
| 06/04/2020 | 86.81% | 90.91% | 82.76% |
| 13/04/2020 | 87.08% | 83.63% | 82.76% |
| 19/04/2020 | 86.37% | 86.36% | 79.31% |
| 26/04/2020 | 87.52% | 88.09% | 82.76% |
| 03/05/2020 | 87.95% | 88.09% | 82.76% |
| 10/05/2020 | 88.02% | 95.00% | 89.65% |
| 17/05/2020 | 89.03% | 97.67% | 89.65% |
| 24/05/2020 | 90.24% | 100.00% | 93.10% |
| 29/05/2020 | 91.22% | 100.00% | 96.55% |
| 07/06/2020 | 91.67% | 100.00% | 93.10% |
| 14/06/2020 | 91.10% | 100.00% | 89.65% |
| 21/06/2020 | 91.77% | 100.00% | 93.10% |
| 28/06/2020 | 91.83% | 100.00% | 93.10% |
| 05/07/2020 | 91.94% | 100.00% | 89.65% |
| 12/07/2020 | 92.00% | 100.00% | 89.65% |
| 19/07/2020 | 92.10% | 100.00% | 89.65% |
| 26/07/2020 | 92.26% | 100.00% | 89.65% |

As of 26th July 87.33% of staff are 80% compliant or above.

* Of the 296 staff who are non-compliant in Moving and Handling Level 2, 249 (84.12%) of those who have not completed the training have the knowledge/achieved level 1.

* Of the 63 staff who are non-compliant in Immediate Life Support, 57 (90.48%) are compliant with Basic Life Support.

* 100 members of staff have been through the Respect Awareness for new/reassigned staff going to inpatient areas.

ILS training starts next Monday.

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| Subjects Below 80% Compliance |
| * Immediate Life Support * Respect level 2 * Moving and Handling level 2 |
| Service Below 80% Compliance |
| There are no services below 80% compliance |