

Board of Directors – Open

Date:

9th September 2020

Item Ref:

07

TITLE OF PAPER	Back to Good Board progress report including monitoring of progress with the Care Quality Commission 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.

OUTCOME	Receive this report on progress and provide assurance to the Trust Board.
TIMETABLE FOR DECISION	9 th September 2020
LINKS TO OTHER KEY REPORTS / DECISIONS	<p>CQC Inspection Report 30th April 2020 CQC update to the Quality Committee 27th July 2020 CQC update to the Trust Board 12th August 2020</p>
STRATEGIC AIM STRATEGIC OBJECTIVE	<p>Deliver outstanding care; Create a great place to work CQC Getting Back to Good</p>
BAF RISK NUMBER & DESCRIPTION	<p>A101i Failure to meet regulatory standards (registration and compliance).</p>
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	<p>Health and Social Care Act 2008 (Regulated Activities) Care Quality Commission Fundamental Standards Care Quality Commission Enforcement Policy Mental Health Act 1983</p>
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.

Author of Report	Andrea Wilson and Julie Walton
Designation	Director of Quality and Head of Care Standards
Date of Report	1 st September 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 August 2020 Back to Good Board and a position update on the progress of actions in response to the CQC Section 29A warning notice issued in February 2020.</p>						

2. Summary

The following report combines the progress update from the August 2020 ‘Back to Good Board’ and an update on the position of the Care Quality Commission Section 29A Action Plan as at 16th August 2020.

Background

Following the CQC inspection, which took place between 7th January and 5th February 2020, we initially focussed our attention on addressing concerns raised with us following the receipt of a Section 31 notice of intended enforcement and a Section 29A warning notice. The Board has been provided with monthly updates of progress against the notices.

Following publication of the full report on 30th April 2020, we developed a comprehensive improvement plan, which was submitted to the CQC on 29th May 2020. The improvement plan is focussed on all of the requirements of the full CQC report, the “musts” and “shoulds”.

To oversee and govern the implementation of the improvement plan, we created a ‘Back to Good Board’. Priority work streams for the Back to Good Board were identified through a consideration of the main issues/themes identified in the full CQC report, as well as our own internal intelligence.

The Back to Good Board has seven work streams:

- Patient centred care records
- Therapeutic and Great Place to Work
- Everyone Maintains High Professional Standards
- Physical Health
- Rapid Improvement Acute
- Rapid Improvement Recovery
- Well Led Improvement Programme

The CQC ‘must’ and ‘should do’ actions have been allocated across the seven work streams having identified which action is most relevant to which work stream. As improving technical capability,

organisational development and work force play important parts, relevant to all work streams, these are factored in as enablers within the structure offering support across all work streams.

The distribution of CQC actions across work streams are as follows:

Back to Good Board Work Stream	Summary of CQC Actions
Person Centred Care Records	Themes: <ul style="list-style-type: none"> • Care planning • Patient care records • Health & safety risk assessment and management • Documentation of Best Interest Decisions
Therapeutic & Great Place to Work	Themes: <ul style="list-style-type: none"> • Equipment and facilities maintenance • Fire risk assessment • Seclusion • Dormitories • Environmental risk assessment, including blind spots and ligature risk • Privacy and dignity in the environment • Governance
Everyone Maintains High Professional Standards	Themes: <ul style="list-style-type: none"> • Mandatory training • Appraisals and supervision • Mental Capacity Act assessments • Mental Health Act training • Care planning not included in other work streams • Staffing skill not included in other work streams
Physical Health	Themes: <ul style="list-style-type: none"> • Emergency medication & equipment • Physical health monitoring • Medicine storage & Patients' own medications
Rapid Improvement Acute	Themes: <ul style="list-style-type: none"> • Fire risk particularly in association with smoking • Seclusion and Mental Health Act Code of Practice • Incident reporting including Rapid Tranquilisation and post restraint • Restraint including mechanical restraint • Meeting patients' complex needs • Skilled and experienced staffing • Emotional Well-being Service managing and reducing waiting times • Quality and safety of care provided • Restrictive practices

Rapid Improvement Recovery	Themes: <ul style="list-style-type: none"> • Health & Safety management • Mental Health Act assessment • Care quality • Mandatory training • Mental Health Act training • Buddy system • Psychology support
Well Led Improvement Programme	Themes: <ul style="list-style-type: none"> • Governance • Staffing • Training, supervision and appraisal • Human Resource systems and processes including DBS and registration checks • Fit and Proper Person Regulation checks • Children's safeguarding • Mental Capacity Act • Investigation and incidents arrangements • Complaints

Work streams are led by senior clinicians and other leaders and bring together the groups of people best placed to deliver on the improvement actions. Progress against the CQC improvement plan is reported by each work stream leads at each monthly Back to Good Board monthly. Any consideration of changes and/or extensions to target deadlines is part of the monthly business of the Board.

As of August 2020 25.8% of actions were complete and ratified by the Care Standards Team, 12.1% were complete and awaiting checking, 54.5% were open and on track to complete, 6.1% have been reported as an exception for extension of timescale. Completed actions cover all the urgent actions required by the Section 29A warning notice and in addition relate to the following themes:

- Mandatory training in the Forensic/Low Secure services, Recovery teams North and South, Acute and Psychiatric Intensive Care unit and Mental Health Wards for Older People.
- Supervision and appraisal in the Forensic/Low Secure services and Crisis and Health Based Place of Safety.
- Health and Safety Risk Assessment including fire, blind spot and ligature risks in Forensic/Low Secure services, Recovery teams North and South and Mental Health Wards for Older People.
- Facilities and equipment maintenance in the Forensic/Low Secure services and Recovery teams North and South.
- Privacy and Dignity, including provision of privacy screens in Recovery teams North and South and the Psychiatric Decision Unit.

The action related to the Section 31 notice of intended enforcement regarding ceasing access for people under the age of 18 years is also completed. This immediately ceased following receipt of the notice and has remained compliant since.

We have tested the assurance of delivery against actions to determine the robustness of the evidence presented by clinical services that their actions have been completed. In some areas, the assurance is robust (e.g., Training and Supervision) but in others the assurance is variable (e.g., Staffing and Physical Health). 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. Further work is needed to ensure we have the right digital information systems in place and we use them

consistently. Progress will be made following a critical IT server upgrade on 12th September 2020. In the interim the gap in assurance is being mitigated with manual reporting.

Improvement Actions Currently in Exception

Originally due for completion by 31st July 2020

Action TW2 – The Trust must monitor the safeguarding referrals made by staff – agreed extension until 30th September 2020.

Request: 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. In the interim the risk is being managed with manual data collection.

Originally due for completion by 31st August 2020

Action MHWOP38 - The Trust must ensure that the care and treatment is provided in a safe way for service users – agreed extension until 30th November 2020.

Request: 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 the electronic patient system, INSIGHT to provide enhanced reporting.

Progress with these two items will be enabled by the IT server upgrade taking place on 12th September.

The work of the Back to Good Board

Although the work streams reporting to the Back to Good Board oversee the completion of CQC actions, the ambition of the Board is broader with a focus on sustainable improvement. Work streams work collegiately across the trust and are increasing involvement and co-production with service users.

The Back to Good Board has now met three times, (17th June, 15th July 2020 and 26th August 2020). Representation at the Board covers the work streams and includes external partner agencies and public/service user representatives for example Sheffield Flourish, Sheffield Carers Centre and Sheffield Young Carers.

The Board receives and considers presentations and feedback from the progress of the work streams. Presentations and feedback considered so far include, the Service User and Carer Engagement Strategy, Estates update, particularly around the progress with single sex wards and feedback from the Rapid Improvement Week held 29th June – 3rd July where a range of improvement plans were discussed in depth across clinical and corporate staff.

The main driver for the Back to Good Board is the improvement of services for our service users and work place for our staff. There has been progress made across all work streams that will positively impact the experiences of staff and service users such as:

- Patient Centred Care Records – progress is being made on improving the involvement and consistency with patient centred care particularly around collaborative care plans.
- Environment – work is progressing on improving privacy, dignity and safety for service users in our inpatient areas, particularly around single sex accommodation.
- Records – a great deal of development work is taking place across many work streams to enable greater recording of service users' needs and risks, physical health observations including the introduction of NEWS2, for better observation of the deteriorating patient

Further examples of what we have achieved include:

What we have done	Resulting in
We have developed a Physical Health Strategy	A clear focus and direction around how we will care for the physical health needs of our service users It has also raised awareness of the importance of the physical health needs of our patients
We have refreshed our approach to Supervision, and revised our Supervision Policy	Significant improvements in the provision and uptake of supervision and a standard of increasing sessions from 4 to 8 per year
We have identified resources for a named nurse for Safeguarding Children and appointed to this post	We have specialist advice and focus to support frontline practitioners working with challenged families
We have supported our staff to complete mandatory training, despite the challenges of staffing vacancies and Covid 19	Significant increase in the completion of mandatory training means that our staff have the necessary training and development in place to help them to deliver care
We have refocused on our Smoke Free approach on our acute wards	Staff are re-engaging with the smoke free agenda, and the pilot on Maple Ward having a positive impact on behaviours on the ward
We have introduced Board visits to services on a monthly basis	Connections are being made between Board members and staff in teams, improving lines of sight within the organisation and improving 2 way communication
We have made improvements to our reporting and governance, developing the Performance Report and Quality Report	The Board, and its sub committees are receiving information that is more focussed and supports the right conversations

Progress with Section 31 and 29A Notices

In February 2020, we received two notices from the CQC, a Section 31 notice received immediately following the inspection relating to people under the age of 18 years accessing the Psychiatric Decisions Unit (PDU) and on 13th February a Section 29A warning notice relating to four areas:

- staffing on acute wards, particularly the imbalance of experience;
- compliance with mandatory training and supervision;
- physical health monitoring;
- Governance

Immediate action to address concerns for both notices was taken. For the Section 31 notice, the access to the PDU for people under the age of 18 years ceased and partner agencies and relevant stakeholders were notified.

For the Section 29A notice, groups were established to oversee the progress with each element of the notice. This has been monitored and reported through a weekly integrated dashboard. The position as at 16th August 2020 is attached as Appendix 1; below are key points from the dashboard:

- 87.09% of our staff are at 80% or above compliance with mandatory training
- 95.24% of early and 100% of late and night shifts met the minimum safe staffing levels
- 88.95% of staff in clinical services had received 4 recorded supervisions
- In the w/e 16th August, only 1 shift was led by a preceptor nurse
- For w/e 16th August, 100% of required physical health checks were completed

It is important to note that staffing on acute wards remains a challenging issue and there is week-to-week variability in the above rates because of vacancies. Also, whilst more than 20 new nurses are due to start in September 2020, it is important to emphasise that they are newly qualified.

Section 29A Warning Notice Follow Up inspection

The CQC undertook an unannounced focussed inspection across the acute inpatient services from 25th to 28th August 2020. The inspection was confined to the areas of concern outlined in the Section 29A notice received in February 2020. During the inspection, acute ward areas Burbage, Stanage, Endcliffe, Maple, Dovedale and G1, and the Decisions Unit were visited. We are in the process of responding to data requests from the inspection team, and have not received formal feedback.

3. Next Steps

- a) To continue to closely monitor progress with the four key areas of concern in the Section 29A warning notice (physical health, safe staffing, supervision, mandatory training) and await feedback from the CQC following their focussed visit in August 2020.
- b) Continue to make progress with the work of the Back to Good Board in overseeing, governing and implementing the improvement actions (“musts” and “should”) from the main CQC report published in April 2020.

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 receives a monthly progress update on the Back to Good Board.

Section 29A warning notice compliance is monitored through:

- Weekly CQC S29A oversight calls (led by the Medical Director)
- Monthly update to Quality Assurance Committee

6. Contact Details

Dr Mike Hunter Executive Medical Director

Email: mike.hunter@shsc.nhs.uk

Marthie Farmer (PA)

Email: Marthie.farmer@shsc.nhs.uk

Telephone: 0114 226 4496

Andrea Wilson

Director of Quality

andrea.wilson@shsc.nhs.uk

0114 2264248

Julie Walton

Head of Care Standards

julie.walton@shsc.nhs.uk

CQC Section 29A Warning Notice: Weekly Progress Report as at 16 August 2020

