

Board of Directors

Date: 11th November 2020

Item Ref: 08

TITLE OF PAPER	Back to Good Board Progress Report
TO BE PRESENTED BY	Dr Mike Hunter, Executive Medical Director
ACTION REQUIRED	To note progress made with the establishment of the 'Back to Good Board' and Improvement Plan; receive assurance that a robust process is in place in response to the Care Quality Commission (CQC) report and requirements.

OUTCOME	Members are assured of the progress with 'Back to Good Programme'.
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	CQC Inspection Reports 30 th April 2020 and 22 nd October 2020 CQC updates to the Quality Committee 26 th October 2020 CQC updates to the Trust Board 9 th September 2020
STRATEGIC AIM STRATEGIC OBJECTIVE	Deliver outstanding care; 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 could affect the Trusts registration, negatively affect care delivery and require additional funding to address.
CONSIDERATION OF LEGAL ISSUES	Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, could leave the Trust exposed to regulatory action by the CQC, with a potential financial and reputational impact.

Author of Report	Julie Walton
Designation	Head of Care Standards
Date of Report	26 th October 2020



Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
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To update the Board on progress with the Back to Good Board Programme and the latest meeting of the 'Back to Good Board' held on 21 st October 2020.						

2. Summary

The work of the 'Back to Good Board' (BTGB) and workstreams continue to progress, with a focus since the last BTGB meeting on the development of workstream visions, outcomes and measures.

The BTGB meeting, which took place on 21st October, heard updates on:

- Estates – with emphasis on the progress against actions relating to privacy and dignity, the eradication of dormitories and improvements on seclusion facilities
- The Acute Care Modernisation Programme- detailing a review of current Acute Care Modernisation (ACM) designs against key clinical sign off criteria; the completion date for the estates work related to improvement actions is likely to be summer 2022

In addition, a Stakeholder Strategy and Communication plan has been drafted with the Experience and Engagement team and further work is taking place on contacting carer organisations to discuss how the carers' and young carers' voice can be brought more effectively into the meeting.

Progress on Improvement Actions

As of October 2020

- 33.3% Completed
- 15.2% Completed awaiting ratification by the Care Standards Team
- 25.8% Open with original timescale
- 22.7% Open with extended timescale being monitored by the Back to Good Board
- 4.5% Exception requested awaiting approval

There has been a steady increase in completed improvement actions since August, from 25.8% increasing to 33.3% reported to the October Board. In addition, there are now 15.2% from 12.1% reported as completed awaiting ratification by the Care Standards Team.

Requests for Extension in September and October 2020

Reference	Action	Request	Approval
September 2020			
TW7	The Trust must ensure that a physical health strategy is implemented, and that there is monitoring of compliance with this. The Trust must provide staff with robust standard operating procedures to ensure that patients' physical health and the side effects of medication are monitored appropriately. (Target date: 30/09/2020)	Extension to 31/12/2020 to allow for policy to go through the Policy Governance Group	Approved
FS16	The Trust must ensure there is an audit of compliance with the Mental Capacity Act. (Target date: 30/10/2020)	Extension request to 30/11/2020 to allow for the alignment with the trust-wide action for MCA audit.	Approved
CMWA23	The Trust must ensure that quality assurance systems identify inconsistencies in the quality of care across the service and implement plans to address these inconsistencies. (Target date: 30/09/2020)	Extension request to 30/11/2020 to fully complete this action as there is reliance on the completion of the Trust-wide audit cycle.	Approved
A&PICU25	The Trust must ensure that patients are cared for in environments which are private and dignified. This includes the removal of dormitory accommodation and ensuring the seclusion suites and CCTV cannot be overlooked and that patients' access to toilet facilities is appropriate. (Target date: 30/08/2020)	Extension request to allow for changes in timescales with estates work. TBC	Approved
A&PICU28	The Trust must ensure that the premises used for seclusion are suitable for the purpose of which they are being used, properly maintained and appropriately located for the purpose they were being used. They must be in line with the Mental Health Act Code of Practice. (Target date: 30/08/2020)	Extension request to allow for changes in timescales with estates work	Approved
A&PICU32	The Trust must ensure that it is able to meet the needs of all patients admitted to the ward and ensure that patients with complex needs which staff are unable to cater for are not admitted. (Target date: 30/08/2020)	Extension request to allow for changes in timescales with estates work.	Approved

MHWOP38	The Trust must ensure that care and treatment is provided in a safe way for services users. The Trust must assess the risks to the health and safety of service users of receiving the care or treatment and do all that is reasonably practicable to mitigate any such risks. This includes the completion of risk assessments, the management of falls risks and ensuring the required observations of patients are undertaken. (Target date: (30/09/2020)	Extension to 31/11/2020 to allow for policy to go through the Policy Governance Group.	Approved
C&HBPoS66	The Trust should ensure that staff carry out audits to assess compliance with the Mental Capacity Act. (Target date: 30/10/2020)	Extension request to 30/11/2020 to fully complete this action as there is reliance on the completion of the Trust-wide audit cycle.	Approved
October 2020			
A&PICU26	The Trust must ensure that staff undertake physical health monitoring with all patients. This includes monitoring of long term health conditions, monitoring after the use of restrictive interventions, monitoring of the side effects of medication, and monitoring patients' physical health needs in line with national guidance whilst undertaking inpatient detoxification. (Target date: 30/10/2020)	Extension request to 31/12/2020 – links to trust-wide work on physical health monitoring. Therefore, needs aligning with the TW7 physical health improvement action. NEWS2 is scheduled to be launched in November 2020.	Approved
A&PICU27	The Trust must ensure that it addresses the fire risk associated with patients smoking inside the wards. (Target date: 30/09/2020)	Extension to 31/12/2020 to allow for policy to go through the Policy Governance Group.	Approved
A&PICU31	The Trust must ensure that staff do not use non-approved restraint techniques including the use of mechanical restraint and in line with the Trust's own policy. (Target date:30/09/2020)	Extension to 30/11/2020 of the overall action to allow for the completion of the review of the Aggression and Violence Policy and consideration of the associated governance processes.	Approved
MHWOP35	The Trust must provide a range of treatment and interventions to ensure care and treatment of service users is appropriate, meets their needs and reflects their preferences.	Extension requested to 30/01/2020 to allow for recruitment.	Approved
C&HBPoS46	The Trust must ensure that effective governance systems are put in place to oversee, monitor and support the operations of the crisis services. (Target date: 30/10/2020)	Extension request to 30/01/2020 to allow for IT development support.	Approved
MHWOP64	The Trust should ensure that staff document decisions made in the patients' best interests. (Target date: 30/10/2020)	Extension request to 30/11/2020 as this links in with trust-wide action TW3 Mental Capacity Act	Approved

There are four main themes associated with the need to request an exception.

1. Dependency on IT updates following the system upgrade. These have been further delayed as the upgrade scheduled for 12th September 2020 did not complete.
2. Policy development, which needs to be completed before training and implementation can be achieved, these particularly impact restrictive practice, physical health and complaints.
3. Changes to estates work scheduling have had a major impact on the commencement and completion of work relating to seclusion and dormitory elimination. In addition, there is an impact on the completion of other CQC actions where the sub-actions have an element of estates work involved. For example, with A&PICU 32, meeting complex needs, the non-estates elements are either completed or on track. Timescales for estates changes have been extended to 2022; impacted by the changes to the Acute Care Modernisation programme.
4. Audit completion; there are a few sub-actions that cannot meet the target timescale as these are associated with trust-wide audits that are either in progress or have yet to be completed. For example, the Trust action TW3 monitoring and auditing of the Mental Capacity Act (MCA); the associated audit has yet to reach its target date for completion, with means that the associated sub-action for Forest Lodge FS16 is dependent on this completing.

Since the CQC inspection findings in April 2020, we have achieved many positive improvements to ensure the quality and safety of our service users and staff. We have been able to ensure our process for assessing people appointed to senior roles subject to the Fit and Proper Person Regulation is strengthened, we have made improvements to our arrangements in place for safeguarding children by appointing a designated nurse to lead on this; ensured our staff receive appropriate supervision, appraisal and training so that they are fully supported and able to care for our service users; improved on how we deal with risk including access to emergency equipment for example defibrillators in our two community centres; strengthened our processes on checking equipment including calibration checks and servicing and ensured our service users' privacy and dignity is protected and promoted, although we recognise there is still more to do.

Section 29A Warning Notice Follow Up inspection

The CQC followed up on the Section 29A warning notice at a recent unannounced focussed inspection across three services, the acute inpatient services, the crisis and health based place of safety and wards for older people with mental health problems from 25th to 28th August. The inspection reports were published on 22nd October 2020.

The CQC have confirmed that they are satisfied that we have made significant improvement over the concerns subject to the warning notice. However, the CQC have issued further actions for us to address and our improvement plan is being reviewed to ensure that any new requirements are included any actions not already in progress to support completion of any 'should do' recommendations that these updated. The information from the reports will also be used to inform developments in our Back to Good workstreams so that we can make the most of any learning from the inspection.

3 Next Steps

We shall be reviewing the 'Back to Good' improvement plan to ensure that additional actions from the recent focused inspection are incorporated.

Work stream leads between now and the next 'Back to Good Board' meeting will continue with the development of:

- A vision statement specific to their Work stream
- Advise on what we are going to measure to show difference
- Advise what will each outcome be over time

We shall also continue to closely monitor all indicators in relation to the S29A notice to ensure that improvements made are sustained and 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).

4 Required Actions

Board Members are asked to receive this report for information and note the following.

- a) Note that a further 14 actions reported to the Back to Good Board September and October have related exception requests.
- b) Note the four themes that are impacting on the target dates for sub-actions, IT, policy, estates and trust-wide audit.
- c) Note any delay in trust-wide actions such as the Mental Capacity Act Audit or policy approval will have a negative impact on other related sub-actions.
- d) Note that the estates work to address concerns over seclusion and dormitories has been extended again and the impact this will have on directly related environmental actions but also other actions, that have an estates element to them; estimated completion summer 2022
- e) Note the progress made in relation to the S29A notice and give appropriate assurance to the Board in relation to this.

5 Monitoring Arrangements

Monthly progress reports to Quality Assurance Committee and Trust Board.

6 Contact Details

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