

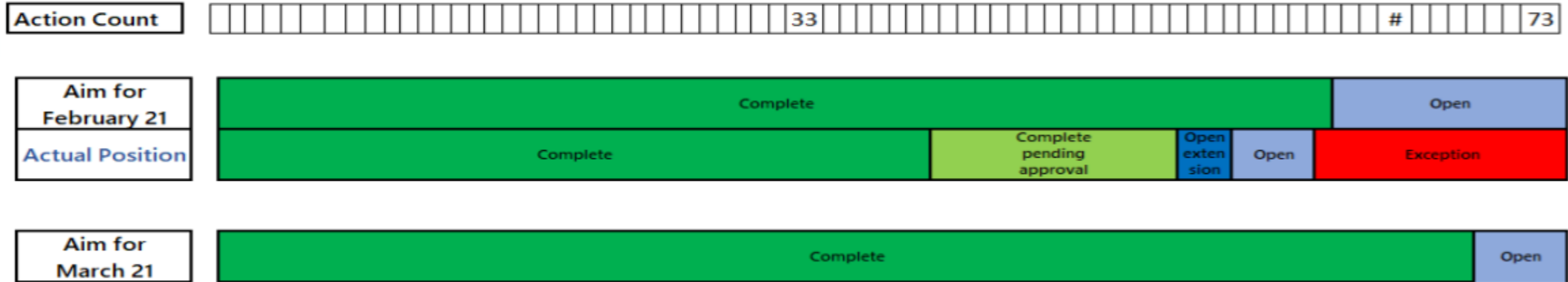
# Council of Governors

**Back to Good Programme**

**25 February 2021**



# Back to Good Programme progress February 2021



**Aim by February;** 62 actions completed

**Actual in February;** 41 actions completed, with 12 awaiting approval from Care Standards

Assurance of the embedding of completed actions is provided via:

- The Integrated Performance and Quality Report to the Board of Directors and Board Committees
- Performance reviews – commencing February 2021
- Clinical Directorate performance and Quality Reviews to commence March 2021
- Recovery plans
- Audits
- Supervision
- Feedback from service users

# Back to Good: Actions in exception

## **Physical health recording and monitoring**

Daily oversight to provide assurance that physical health checks are taking place. Outstanding work relates to revising the Physical Health Policy. Mitigation: external resource brought in to revise Physical Health Policy.

## **The ability to create contemporaneous notes in care records**

Contemporaneous note keeping takes place, however, to make it easier for staff to do so, initially improvements to the electronic system were specified. However, this has implications on devices, network, system development, therefore the approach will be phased. Phase 1 - paper based improvements, Phase 2 - IT developments. Plan for completion in March 21 of both phases.

## **The management of risks related to ligature anchor points**

A consistent process has been implemented, risks have been identified and a plan is being enacted for remedial action. The extension is to allow for the process to follow governance channels, in line with agreed meeting dates . Mitigation: Ligature anchor point assessment plan in place and process developed, process to be formally approved March 21.

## **Clinic room checks within inpatient areas**

Checks are taking place and evidence provided. However, a Standard Operating Procedure (SOP) is being developed to ensure embedding and consistency. Mitigation: Creation of SOP extension request to March to allow for SOP to be completed.

## **Transfer of management of 136 Suite to Decisions Unit**

The Decisions Unit is operational for part of the week, therefore the management of the 136 Suite is run jointly with Maple Ward until the Decisions Unit is appropriately staffed. Mitigation: Continue to run Decisions Unit jointly with Maple Ward, extension requested to May to allow for Band 5 recruitment.

# Quality Assurance: Service User and Carer Experience

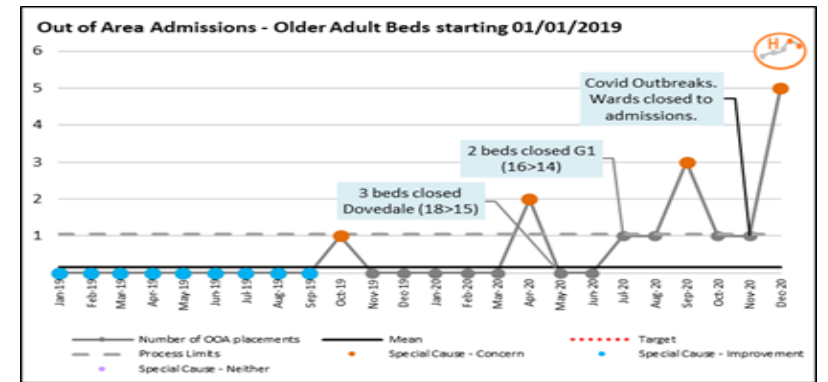
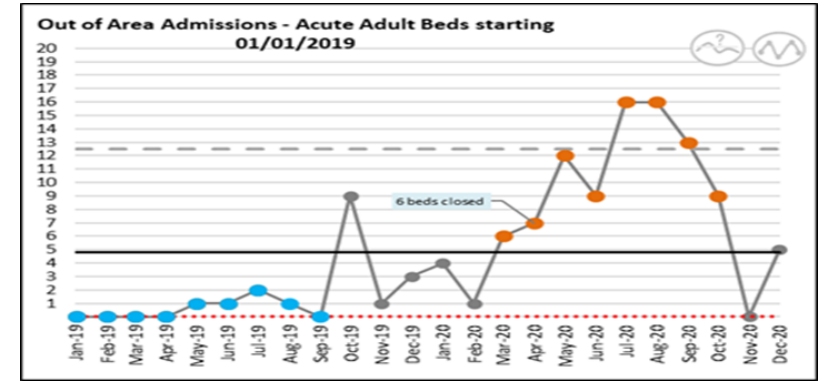
- Monthly Integrated Performance and Quality reports provide service user feedback from Care Opinion stories, Friends and Family Test, complaints and compliments and service user community meetings.
- 491 items of feedback were received; 64% positive; 12% negative; 4% complaint and 5% concerns
- In January 2021, the quarterly patient experience report was received at the Quality Assurance Committee, this highlighted:
  - **Positive feedback** around excellent, caring staff who take time to listen, provide safe environments and give their expertise and support whenever it's needed
  - Helpful, user-friendly information and training workshops to enable service users to better understand their mental health and mental ill health
  - Strategies provided to help service users overcome their difficulties and achieve a more enriched life experience
  - **Negative feedback** was predominantly around the reduction of face-to-face contact and perceived lack of response in crises situations
  - Lengthy waiting times and feeling 'forgotten'
  - Environmental issues in inpatient settings and staff being unsympathetic to individual needs
  - Request from service users to be more involvement in their care provision and planning

# Quality Assurance: Exception Overview

Areas highlighted within Integrated Performance and Quality Reports:

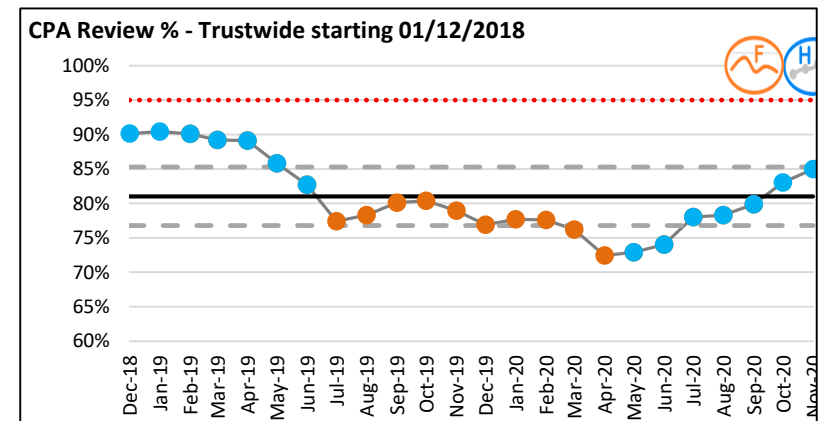
## Out of Area Placements

- Placements in use due to eradicating dormitories, ward closures due to Covid-19 and increased length of stay. Impacting on quality and experience. Estate works to be completed April 2021



## CPA Reviews

- Compliance is below the national target, however, improvement plans are in place and achieving consistency in upwards trajectory



# Quality Assurance: Exception Overview (cont.)

## Clinical Services Waiting Times

- Demand outstripping capacity and vacancy management has impacted on clinical efficiency and slowed throughput
- Necessary operational changes in response to the pandemic slowed access to services while remote technologies were set up
- Patient experience and safety is compromised by long waits
- Improvement plans will be received at February's Quality Assurance Committee

Service	Number on waiting list at month end	Average wait time to access service
STEP	68	3.6 (referral to assessment)
Relationship and Sexual Service	128	66
Personality Disorder course	95	24.2
MAPPS	58	22.2
SPS	153	23.5
Eating Disorders	19	3.86
ADHD	418	140
ASD	256	28
Gender	1149	72
SPA/EWS	883	16.83