Board of Directors – Public

Date:	**26 May 2021**	**Item Ref:**	8a

TITLE OF PAPER	**Back to Good Programme, Our learning one year on**
TO BE PRESENTED BY	Dr Mike Hunter, Executive Medical Director
ACTION REQUIRED	The Board is asked to receive the update on year 1 of the Back to Good programme in relation to the programme's performance and the lessons learned. The Board is asked to consider whether it is assured that the learning will be applied within Year 2 of the programme.

OUTCOME	Members are assured of the performance of the programme and that the learning from Year 1 will be used to shape and direct Year 2
TIMETABLE FOR DECISION	May 2021
LINKS TO OTHER KEY REPORTS / DECISIONS	CQC Inspection Reports 30th April 2020 and 22nd October 2020
STRATEGIC AIM STRATEGIC OBJECTIVE **BAF RISK NUMBER & DESCRIPTION**	Deliver outstanding care; Create a great place to work CQC Getting Back to Good BAF.0003 - There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements
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 negatively affects clinical care and could affect the Trust's registration and require additional resources 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 further regulatory action by the CQC.

Author of Report	Zoe Sibeko
Designation	Head of Programme Management Office
Date of Report	18 May 2021

Back to Good Programme, Our learning one year on

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
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The purpose of this report is to provide an overview of the learning which has taken place throughout the delivery of Year 1 of the Back to Good Programme. This will be used to shape Year 2 and in doing so promote successful delivery to ensure that our service users and their carers and families receive high quality care. The report also provides an overview of the programme's performance.

2. Summary

a) Lessons Learned

The evidence and information provided for this lessons learned report has been sourced from:
- Monthly progress reports from action owners and workstream leads to the Programme Board
- A survey which was open to all staff, service users, carers and families, and committees and groups involved in the delivery and assurance of the Back to Good Programme. It received 108 responses.
- A lessons learned workshop with the Programme Board facilitated by the Quality Improvement Team

The five key lessons that emerged were:
- **Better engagement across SHSC is crucial to success**
- **More effective co-production will lead to better interventions for improvement**
- **Improvement is the daily work**
- **Greater clarity of evidence for delivery of improvement will lead to better assurance**
- **Sustainable improvement needs more than task-orientated approaches**

b) Review of the Programmes Performance

i) Section 29a

The Trust was issued a Section 29a warning notice in February 2020 due to:
- Lack of experienced staff working on our acute mental health wards
- Our governance systems failed to ensure that all staff received appropriate training and supervision
- We failed to ensure that our users physical health needs were met
- Systems were not in place to effectively assess, monitor and reduce risks

These issues were managed through a weekly Section 29a oversight group, led by the Medical Director. By the time of reinspection in August 2020 (report published October 2020) the CQC was satisfied that progress had been made and that the warning notice need no longer apply.

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ii) Progress against improvement actions

73 actions were included in the improvement plan. As of 27 April 2021, the status was:
- 51 actions have been completed and the evidence for their completion approved by the SHSC Care Standards Team
- 15 actions are completed and awaiting approval by Care Standards
- 7 remain open

The outstanding actions relate to:

Staffing

Three actions remain open relating to staffing. The origin of the CQC requirement was to ensure that the Trust moved away from an over-reliance of having preceptorship nurses in charge of shifts and that a sufficient number of competent staff were available. This has been achieved and is evidenced in the weekly improvement report which includes safe staffing levels across acute wards. The Trust now has ward managers in place and a mitigation approach to address vacancies, which remain significant (approximately 25%) at the Band 5 Registered Nurse level.

Ligature Anchor Points within inpatient areas

These are being addressed in two ways; removal via an estates programme of work and, during their removal, by clinical risk assessments being completed. It is acknowledged that further development is required to ensure high quality risk assessments are completed every time, therefore focused work led by a Head of Nursing is being undertaken currently.

Eradication of dormitories and the improvement of seclusion facilities

3 actions remain open relating to this area. Dormitories have been eradicated and improvements have been made to seclusion facilities however further work is underway. The additional work is within the scope of the Therapeutic Environments transformation programme.

LESSONS LEARNED FROM YEAR ONE OF THE BACK TO GOOD PROGRAMME

Bringing together feedback from Programme contributors, workstream leads, results of the survey and discussion at the end of year "Lessons Learned" workshop revealed some overarching themes.

In terms of promoting success, high performance and bringing about change it was clear that:

- The programme had a good structure, with clear purpose, was well organised and given standing and importance across the Trust
- Performance was encouraged and maintained by leaders holding themselves and colleagues to account, to understand difficulties in progress and the remedial action to be taken.
- Workstreams provided a good forum to share ideas and learning, and the groups were welcoming, collaborative and respectful of different views.
- Within some workstreams there were good examples of co-production and good engagement with service users
- There was joined up working across various teams, bringing their skills, experience and expertise to deliver improvements
- The process was more inclusive than participants had experienced in previous years, and there was a shared sense of purpose.
- Progress was built on work that was already taking place, so learning was not lost. For example, microsystems work in the South Recovery Team fed into the Patient Centred Care Records Workstream

However, it was also clear from feedback that there were key lessons to be learned from the first year of the Programme:

Lesson 1: Better Engagement

We must continue to build on the approach of working together as a team with a shared sense of purpose, bringing together expertise to work in an inclusive manner which hasn't been experienced in previous years. We need to more effectively involve people from the outset to shape direction and manage resources to ensure that support is provided within priority areas.

Actions:
- Provide clear information and encouragement to colleagues so they know how to join a workstream and contribute to the programme.
- Representation from Organisational Development to be included on the Programme Board and within workstreams
- Complete initial scoping to identify which skills sets are required to deliver the necessary changes
- Prioritise workload to ensure colleagues can contribute

Lesson 2: More Effective Co-production

We will more effectively involve service users, carers and families throughout the work, and embed co-production to ensure the best possible solutions are delivered to improve patient care.

Actions:
- Work with the Engagement and Experience Team to ensure that service users and carers are identified and meaningfully involved
- Adopt and embed a continuous improvement way of working to co-produce solutions with service users and carers
- Continue to provide communications at service user and carer groups

Lesson 3: Improvement is the Daily Work

We will embed the understanding that improvement is part of everyone's role and not an add on. Improved communications to take place to ensure that everyone feels that they can contribute to the workstreams.

Actions:
- We will scale continuous quality improvement across services and focus on those areas where most significant improvements are needed. In doing so, we will model improvement as a core part of everyone's daily work.

Lesson 4: Clarity and Evidence

Ensure that there is a clear understanding of what improvement is required and how it will be delivered with clear measures to enable successful delivery. Ensuring that the correct action is being undertaken by the correct people, and that there is evidence and assurance that the improvement has been made and is sustainable

Actions:
- Workstream membership to include the appropriate range of people and skills to define responses to the CQC actions from the latest inspections
- Workstreams to involve the relevant Corporate Services to ensure cohesion and that workstreams have the resources and support they need
- Outcomes and measures to be defined to provide evidence of completion of actions, improvements delivered and their embeddedness supported by robust reporting to reduce the disconnect between messaging regarding progress and experiences at ground level

Lesson 5: Sustainable Improvement

Focus on sustainability, continuous improvement and move away from solely task orientated changes to addressing changes in culture to bring key improvements

Actions:
- Organisation development to be more closely involved in the programme
- Clear links and triangulation of information and plans to take place between the staff survey, quality improvement activities and workstream plans
- Dependencies between the Transformation Programmes and the Back to Good Programme to be more closely managed, as delivery of these projects and programmes support improvements to be made

3   Next Steps

To use the learning to scope, plan and resource Year 2 of the programme, and to take forward the actions as stated

4   Required Actions

Board Members are asked to receive this report of progress and to consider the assurance that lessons learned from Year 1 will be reflected in planning for Year 2 of the Programme.

5   Monitoring Arrangements

Monthly progress reports to Quality Assurance Committee and Trust Board.

6   Contact Details

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