

Back to Good Programme Update

Report to Council of Governors
6th October 2021

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Chair Quality Assurance Committee

Regulatory Context

Regulatory Event	Date of Visit	Report receipt and outcome	Improvement plan submission	Status of Delivery
CQC Well Led Inspection 2020	7 January 2020 - 5 February 2020	Report: 30 April 2020 Rating: Inadequate Outcome: Section 29a warning notice	May 2020	Complete
Regulatory Section 29A notice 2020	7 January 2020 - 5 February 2020	February 2020	Not required to submit plan	Complete Warning notice lifted October 2020
Firshill Rise	28 April 2021 - 10 May 2021	Report: 15 July 2021 Rating: Inadequate Outcome: Section 26 warning notice <date>	August 2021	In Progress Service paused, redevelopment phase
CQC Inspection 2021 Well Led, Crisis, Acute, Older Adult pathway	5 May 2021 - 28 May 2021	Report: 19 August 2021 Rating: Requires Improvement Outcome: Section 29a warning notice	September 2021	In Progress Delivery against Year 2 plan has commenced
Regulatory Section 29A notice 2021	5 May 2021 - 28 May 2021	June 2021	Not required to submit plan	Delivery complete Assurance activities ongoing

CQC Year 1 Programme Update



74 Actions



61 Completed, 1 removed (not a regulatory risk)



12 outstanding items relating to key risks:

- ▶ Therapeutic environments
- ▶ Staffing
- ▶ Physical Health

Improvements



**Greater consistency
with physical
health checks**



**We have renewed our
smoke free
commitment**



**Impressive work to
prevent falls on older
adults ward**



**Staffing levels
increased**



**Staff appraisal,
supervision and
training targets hit**



**Better monitoring
of quality of care**



**Reduction in outstanding
incidents**



**Patients own
medicine
being used in
Decisions Unit**

Improvements



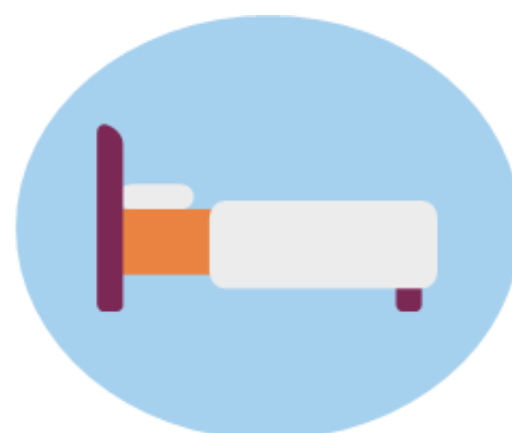
No under 18's
admitted to Decisions
Unit



Preceptors in charge and any
bank or agency in charge are
our regular staff



Working with
service users to
help us improve



Dormitories removed



Improved environment for
sexual safety, privacy and
dignity



Daily safety meetings
and staff trained to
spot risks and fix them



Safeguarding
concerns identified
and acted on

Staffing and Physical Health

Risks

- ▶ Capacity on ward and clinical leadership impacting on quality of care
- ▶ Inconsistent monitoring of health outcomes

Mitigations / Assurance

- ▶ Clinical Establishment Reviews
- ▶ Health Roster Systems
- ▶ Ongoing recruitment initiatives / task and finish group
- ▶ Relaunch physical health strategy
- ▶ Quality visiting and audit

Therapeutic Environments

Phased work and reduction in risks posed by ligature anchor points

- ▶ **Burbage Ward closed and moved to Dovedale 2: 29 June to end May 2022**
Risk reduced by 26.6%.

- ▶ **Phase 1: April 2021 to end September 2021 (Stanage, Maple Wards)**

Blind spot mirrors, bedroom lights, ceiling vents, curtain rails

Risk reduced by 22.4%, total risk reduction of 49%

- ▶ **Phase 2: August 2021 to end February 2022 (Stanage, Maple wards)**

Replace bedroom doors, fixed furniture, windows, Stanage dormitory conversion

Risk will reduce by 37.5%, total risk reduction of 86.5%

Phase 3: Currently being replanned (Stanage, Maple wards)

Replace radiators, sanitary wear, for safety reasons this cannot be done on a live ward environment

Risk will reduce by 13.5%

Therapeutic Environments

✓ Assurance

- ▶ **Assessment in hand.**
- ▶ **Revenue and quality risk evaluation 13.5**
- ▶ **Pre risk mitigation score 20**
- ▶ **Clinical and environmental risk mitigation provided by observations, training, staffing and processes**

Section 29A Warning Notice



All actions completed:

- ▶ Observation and Engagement Policy (final approval October)
- ▶ Ligature Anchor Points (identified urgent items)
- ▶ Environmental improvements (seclusion)
- ▶ Ward based risk assessments
- ▶ Safeguarding and restrictive practice



Assurance

- ▶ Audit and review via quality visits, desk based evidence checks, review of documentation

Firshill Rise Assessment and Treatment Centre



All actions completed:

- ▶ The service is now paused for a period of redevelopment
- ▶ Recruitment of additional leadership underway prior to developing new model with stakeholders.
- ▶ Specialist training commissioned

✓ Learning and Assurance:

Quality Summit:

Better use of data and information, monitoring of improvement plan, implementing clinical guidance, using flash reporting re use of segregation, working with partners more effectively, reviewing assurance processes.

Further review by Quality Assurance Committee

CQC Year 2 Programme Planning



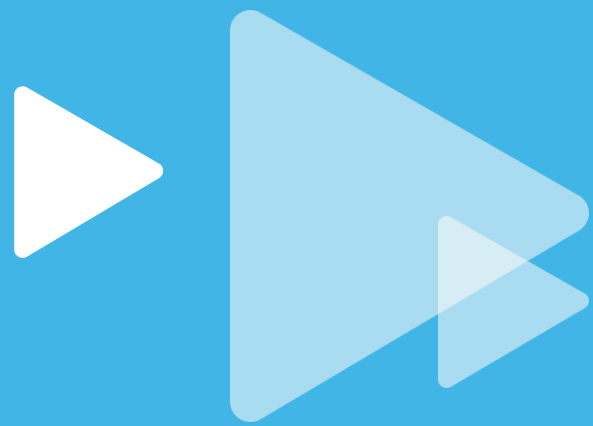
Delivery approach

- ▶ 52 must and should be done, each with regulation leads assigned
- ▶ Delivery lead by two groups focused on core services and well led



Assurance:

- ▶ Improvement plan submitted 19 September 2021; assured at Quality Assurance Committee
- ▶ Assurance and triangulation via Back to Good Programme Board using programme management, IPQR and improvement plans reporting to Quality Assurance Committee and Board of Directors



Thank you

Comments and questions

