

# Board of Directors

Back to Good Programme  
Update November 2021

# Year 2 regulations, their oversight and assurance



## Current Position

The Year 2 improvement plan details our response to 55 regulation breaches, which includes completing 142 actions that have been identified to reach compliance

## Assurance

Regulation leads submit monthly highlight reports to the Delivery Groups, which check and challenge progress and problem solve to promote delivery and quality, prior to the Programme Board meeting

The reports are submitted to the Programme Board to monitor progress and for decision making. This includes regulations that are in exception i.e. the actions need to be changed to ensure they are effective or further planning has taken place and a revised due date is requested. Regulations that are at risk of not achieving the goals or due dates are also noted

This provides further assurance than Year 1 as an update is provided for every regulation and its corresponding actions regardless of its due date, which increases oversight, monitoring and assurance

# Progress against Year 2 regulations



## October Programme Board

15 regulations were due to be met by October (this includes the completion dates of September and October) with a further 4 regulations to be met in November

Status of regulations as reported at October Programme Board with completion dates of September / October / November	Of these, the forecast for November Programme Board is:
1 complete awaiting approval	1 complete
10 open	10 complete awaiting approval
8 exceptions	4 open extension approved, on track for completion by revised due date
	4 exceptions to be raised relating to staffing

A further 4 regulations were reported as being at risk of exception in the future against post-November timescales. These related to estates ward improvements, safeguarding and medicines error incident reporting. These were recognised by the Programme Board as key areas for focus to ensure work remained on track

# Trajectory for regulations due to be met in December



## November Programme Board

12 regulations are due to be met in December; the forecasted statuses to be reported to the Programme Board are:

### Forecast to be reported at November Programme Board

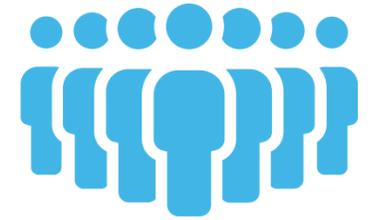
8 open

2 complete awaiting approval

1 open extension approved, on track for completion within revised timescale

1 exception relating to supply chain issues for the replacement of a door on Dovedale ward

# Staffing



Issue: failure to recruit to our Band 5 and Band 6 vacancies will impact on patient care

Appoint Clinical Recruitment Lead to create step change in nurse recruitment outcomes

Deliver large scale recruitment campaign for January 2022, which encompasses learning events and reduces time to hire

Further consideration of recruitment and retention incentives for approval

Meeting with STH to explore opportunity to learn from international recruitment success



Assurance

Establishment reviews progressing, daily monitoring of safe staffing, use of temporary workforce to assure safe staffing

# Physical Health



Issue: consistency in monitoring physical health and the side effects of medication

Physical Health Management Group set up to ensure delivery of standardised and clinically informed best practice across inpatient areas

Three Task and Finish Groups are being established to accelerate progress in the following areas:

- Annual Health Reviews for service users with a disability or SMI
- End of life care
- Medical emergencies in inpatient and community settings

Weekly Physical Health huddles taking place, providing opportunity for live problem solving for clinical issues and to connect a range of colleagues with physical health skills to work collaboratively



Assurance

Monthly Fundamental Standards of Care Quality Visits taking place which include care records review to gain assurance that monitoring is completed

This will be enhanced by the Physical Health monitoring audits to be included in the Perfect Ward audit programme in November 2021

Use of NEWS2

# Estates



 Issue: care is not always provided in environments that respect patients' privacy and dignity or are safe

Burbage Ward closed: 29 June to end May 2022 - **Environmental risk reduced by 28.4%**.

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

- Completed - **Total environmental risk reduction of 51%**

Phase 2: October 2021 to end January 2022 (Stanage, Maple wards)

- Underway - **Total environmental risk reduction of 86.5%**
- Stanage dormitory conversion - to complete end November 2021

Phase 3: June 2022 to end June 2023 (Stanage, Maple wards)

- Business case being developed – **Total environmental risk reduction of 100%**
- Replace radiators, sanitary ware, ceilings in existing en-suite bathrooms
- For safety reasons this cannot be completed in a live ward environment

# Therapeutic Environment Costs



System Support requested - Revenue support:

For the contracted-out beds to enable phases 1, 2 and 3:

- 2021/22 £1,136,600
- 2022/23 £3,172,500
- 2023/24 £931,500

Capital Support:

Capital support was not available for the decant ward

2022/23 Capital support required as part of allocation of system CDEL to organisations

✓ Assurance

Privacy and dignity and environmental issues are a standing agenda item at ward community meetings

Staff have been trained in clinical risk, a safety lead is in place for each ward, safety huddles take place

# Acute and PICU Rapid Improvement: Looking Back



## Action taken

Commissioned work to improve the safety and appearance of our ward environment

Improved the way in which we safeguard service users from abuse or improper treatment.

Improved the systems to mitigate risks to the health, safety and welfare of our service users.

Reduced restrictive practice



## Impact for service users

### Reduced risk of harm for service users

- 60% of known ligature anchor points either removed or no longer exposed to service users
- Service user feedback that new wards are 'peaceful, fresh and clean'.

### Improved ability to identify and manage safeguarding risks

- Safeguarding and safeguarding manager training rolled out resulting in improved quality of safeguarding concerns.
- 27% increase in the number of safeguarding concerns raised following training and significant rise in consultation

### Improved consistency of planned, person-centred care

- Increased leadership capacity of a total of 3 WTE and presence across acute and PICU leading on quality and safety.
- Robust systems now in place to proactively identify and respond to the health, safety and welfare needs of service users. This includes pro-active safety huddles and incident management as well as reactive audits and learning mechanisms

### Reduced risk of restrictive care

- Removal of seclusion facility on an acute ward without a corresponding increase in restraint
- Big Conversation on seclusion to share learning about alternatives to seclusion with positive engagement
- Sustained reduction in SHSC-wide seclusion incidents since April 2021

# Acute and PICU Rapid Improvement: Looking Forward to Year 2



## Action taken

Continuation of work to improve the safety and appearance of our ward environment

Safe Staffing and Clinical Establishment Reviews

Training to meet the changing needs of the population we serve

Developments in technology including perfect ward and enhanced data collection around physical health and restraint



## Impact for service users

### Reduced risk of harm for service users

- Phase 2 works will be completed in January 2022
- Renovation works on Burbage ward will be complete by May 2022, including a new de-escalation space replacing seclusion

### Improved consistency of planned, person-centred care

- Clinical establishment reviews using the MHOST tool will be complete by March 2022
- Increase Psychology and Allied Healthcare professional capacity, including at weekends
- Improved governance of quality standards will be achieved with the implementation of 'perfect ward'
- Developments to current EPR will enable better recording of incidents of seclusion enabling improved oversight of restrictive practice
- Electronic recording and monitoring systems of comprehensive physical health care with the use of NEWS2

### Improving care for people with specific needs

- We will provide training to our staff to ensure that they have the knowledge, skill and experience to meet the needs of our service users in the least restrictive way possible - in particular, people with a learning disability, autism or personality disorder

# Firshill Rise Assessment and Treatment Service



## Improvements made

- Improvement in oversight and quality of care plans - care plan audit
- Increase in therapeutic activities on the ATS - activity audit
- All registered staff up to date with medicines with respect training
- All unregistered staff trained in safe administration of buccal midazolam
- Staff training and development programme delivered
- Operational policy written and approved
- All service users have been appropriately discharged



## Current position

- The service remains paused while we develop a new model of care for people with learning disability and autism
- Programme of work commenced including
  - Establishment of a programme board, reporting via Transformation Board to FPC
  - Engagement of an expert with lived experience to support the programme
  - Linked with regional quality network and commenced visits to/from other services



## Principles for the new model

- Service model to be coproduced with people with lived experience, staff, CCG, local authority and care providers
- Service user, family and carer voices and experience to be at the centre of the programme and new model based on protecting human rights
- Interventions to be least restrictive practice
- Care to be trauma informed, evidence based and delivered in the right place at the right time
- Aim to increase care, support and treatment to keep people at home and avoid admission where possible
- Work to reduce delayed transfers of care to enable people to be discharged from hospital to community-based care and support at the earliest opportunity

# Safeguarding Update



## 📍 Current position

- ▶ Rapid Development plan achieved within timescales for June 21
- ▶ Review of PREVENT agenda during September 2021, with review of training for Level 3 in progress
- ▶ Level 3 Safeguarding Adult Training written and roll out commencing October
- ▶ Safeguarding Supervision Model commenced roll out in Q3
- ▶ Safeguarding enquiries increased significantly, high level of interaction with services
- ▶ High level of non-safeguarding concerns submitted via delegated function
- ▶ Increase in concerns by 60% in Q2