

# Back to Good Programme Update

Report to Council of Governors

Sandie Keene CBE

Chair Quality Assurance Committee



# Year 2 requirements, their oversight and assurance



## Current Position

The Year 2 improvement plan details our response to 55 requirements (musts and should's)  
Two requirements are outstanding from Year 1



## 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 requirements 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. Requirements which are at risk of not being met by the 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

# Year 2 Requirements



Current position post Programme Board meeting in November 2021

55 requirements to be met in Year 2:

- 19 were due to be completed by November
- 10 are complete awaiting approval
- 33 Open on track for completion by their due date
- 4 have had an extension to their due date approved by the Programme Board, these are on track and one has had its completion date brought forward
- 5 are in exception against timescales or request a change in the actions to be taken. The Programme Board has requested plans to be provided during December and January, or for the requirement to be met
- 3 are at risk of not achieving their due date, mitigations are in place and these are being monitored by the Delivery Groups



Position prior to Delivery Group meetings

4 requirements had a status of complete awaiting approval. This increased to 10 due to the guidance, support and challenge provided by the groups

# Requirements completed



**Agency staff have access to electronic medicine system**



**Blanket restrictions are not in place which restrict freedoms without being risk assessed**



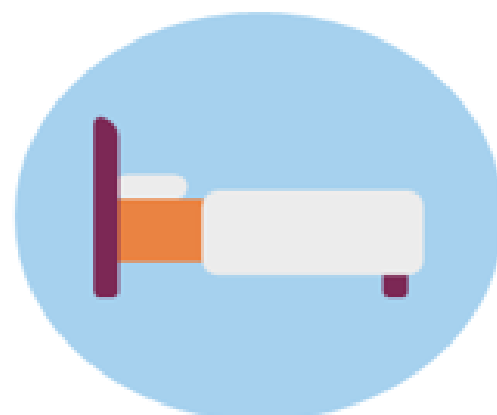
**Appropriate signage is in place across acute wards regarding the use of CCTV**



**Incidents are reported when duty doctors are unable to undertake seclusion review on G1 within timescales**



**Mattress in seclusion suites are suitable**



**The use of leave beds is monitored and incidents recorded**



**Supervision and mandatory training is monitored to ensure it is completed by staff**



**The Board of Directors maintain a focus on service user and carer experience**

# Requirements not achieving, or at risk of not achieving timescales



**Staffing levels**



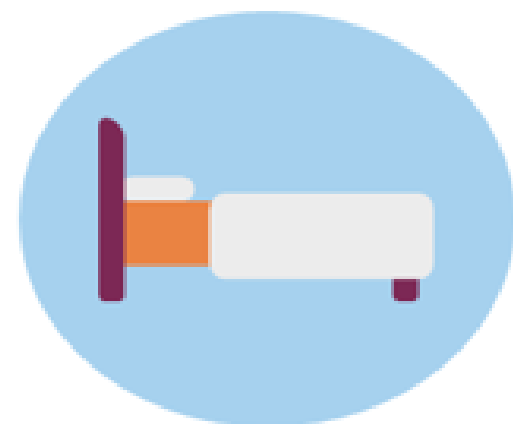
**Mitigation, training and audit in place regarding ligature anchor points**



**Addressing risks posed by unstable IT systems**



**Mandatory training and supervision targets on acute wards**



**Dovedale ward environment improvements**



**Monitor training of agency staff in relation to restraint training**



**Medicines management competency framework for nurses**



**Awareness and understanding of Duty of Candour**

# Quality Assurance Committee



## Assurance

Quality Assurance Committee are seeing increased:

- Ownership
- Evidence and assurance
- Engagement
- Ambition

And working to ensure further:

- Identification of all risks and mitigations
- Evidence of improved outcomes