Board of Directors – Public

SUMMARY REPORT	Meeting Date:	27 July 2022
	Agenda Item:	09

Report Title:	**Back to Good Board Reporting (Period to May 2022)**	
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Accountable Director:	Dr Mike Hunter, Executive Medical Director	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	
	Date:	
Key points/ recommendations from those meetings		

Summary of key points in report

Related to but distinct from the SHSC Back to Good Programme, the CQC undertook a Mental Health Act inspection of Sheffield's Mental Health, Learning Disability and Autism pathways for 16-17 year-old children and young people in April 2022. This covered services provided by Sheffield Children's NHSFT, Sheffield Teaching Hospitals NHSFT, as well as the liaison service provided by SHSC. This report provides a thematic summary of the CQC's findings.

The overall position of the SHSC Back to Good Programme by exception is that there are 7 requirements in exception, these are a blend of Trust wide and Core Services:

Trust wide:

- Effective, embedded and sustainable governance and risk management processes are in place to assess, monitor and improve the quality of services
- Ensuring that incidents and safeguarding are reported and investigated in line with the SHSC's processes and in line with national guidance.
- Introducing medicine competencies for nurses.

Acute / PICU and Older Adults:

- Improve the environment on Dovedale
- Achievement of Supervision Target
- Use of Tendable to demonstrate assurance with specific aspects of patient care.
- The Trust must ensure that there are sufficient numbers of suitably trained staff on duty at any one time to care for patients, provide de-escalation, and if necessary physical interventions

This report notes the risks associated with each area.

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**		**Assurance**	**X**	**Information**	
To receive the report and consider the assurance provided							

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering effectively	*Yes*	***X***	*No*	
CQC Getting Back to Good – Continuing to improve	*Yes*	***X***	*No*	
Transformation – Changing things that will make a difference	*Yes*	***X***	*No*	
Partnerships – working together to make a bigger impact	*Yes*	***X***	*No*	

Is this report relevant to compliance with any key standards?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	***X***	*No*		***The Regulations of the Health and Social Care Act***
Data Security and Protection Toolkit	*Yes*		*No*	***X***	
Any other specific standard?				***X***	

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	***X***	*No*		***Meeting the requirements of the Back to Good programme supports good patient experience and safety in our care.***
Financial (revenue &capital)	*Yes*		*No*	***X***	***Financial implications of not meeting regulatory requirements are not explicitly examined in this paper.***
Organisational Development /Workforce	*Yes*	***X***	*No*		***The workforce impact on quality of care is highlighted in the paper.***
Equality, Diversity & Inclusion	*Yes*	***X***	*No*		***Improving care is a key component in reducing health inequalities***
Legal	*Yes*	***X***	*No*		***Failure to achieve compliance is a breach of the requirements of the Health and Social Care Act.***

CQC Mental Health Act Inspection of 16-17 yr old pathways

The CQC undertook a Mental Health Act inspection of Sheffield's Mental Health, Learning Disability and Autism pathways for 16-17 year-old children and young people in April 2022. This covered services provided by Sheffield Children's NHSFT (SCFT), Sheffield Teaching Hospitals NHSFT (STH), as well as the liaison service provided by SHSC.

The CQC's findings required 12 actions, two of which were for all three providers, including SHSC. These were joint actions regarding 1) sharing the findings with patients and involving patients in the response and 2) improving communication about access to specialist CAMHS in Sheffield. The other 10 actions were for response by either SCFT or STH and covered themes of providing age-appropriate specialist input to the care of 16-17 year-olds (including Mental Health Act Assessments), monitoring restrictive practices, medicines management, reasonable adjustments for 16-17 year olds with sensory process disorders and governance around compliance with the Mental Health Act. SHSC contributed to the response to CQC in July 2022, which was led by SCFT.

Back to Good Overview (Reporting Period to May 2022)

Year 2 requirements now total **75** with the December 2021 inspection included

42 requirements, of a target of **51** by May 2022, have been completed, or have a status of complete awaiting approval by the Quality Directorate.

26 requirements remain open

7 are in exception as not complete by May 2022 and are detailed below.

Firshill Requirements 2021. We continue to submit returns to the CQC in relation to the conditions on registration at Firshill Rise, confirming that the unit remains paused.

Requirements in Exception

There are seven requirements in exception as detailed in the report with the end date noted as overdue in May 2022.

Regulation	Regulation ID	Service	End Date	Exception
The trust must ensure that effective, embedded and sustainable governance and risk management processes are in place to assess, monitor and improve the quality of services.	1	Trust-wide	31/05/2022	⚠
The trust must ensure that incidents and safeguarding are reported and investigated in line with the trust's processes and in line with national guidance.	3	Trust-wide	31/03/2022	⚠
The trust must ensure they continue monitor and improve the quality and safety of the services, specifically that improvements are made to the environment on Dovedale Ward in line with the trusts programme of estates work.	28	Mental Health Wards for Older People	30/04/2022	⚠
The trust should ensure that all staff receive supervision in line with the trust target.	42	Acute Wards and Psychiatric Intensive Care Units	28/02/2022	⚠
Recommendation to introduce Medicine Management competencies for nurses	55	Trust-wide	30/04/2022	⚠
The trust must ensure that there are sufficient numbers of **suitably trained staff on duty** at any one time to care for patients, provide de-escalation, and if necessary physical interventions	64	Acute Wards and Psychiatric Intensive Care Units	31/05/2022	⚠
The trust should ensure that **seclusion is managed** in line with the Mental Health Act Code of Practice in that **medical and nursing reviews** take place on time and it is **ended at the earliest opportunity.**	67	Acute Wards and Psychiatric Intensive Care Units	31/03/2022	⚠

The Board of Directors will note that requirements 3, 42, 55 and 28 have had previous extensions and should be advised that Back to Good Programme Board agreed to keep these actions in exception to maintain focus on the need to address these issues.

Requirement 1
The Trust must ensure that effective, embedded and sustainable governance and risk management processes are in place to assess, monitor and improve the quality of services
The action relating to Tier 2/3 groups regularly considering information for escalation to Board committees, and for all Board committees to dedicate adequate time to consider resultant group reporting is in exception. The expected date to meet this requirement has moved to June 2022, this is in line with the committee reporting cycle.

Risk
This requirement represents an improvement on existing arrangements and it will complete in line with pre-existing reporting cycles; the residual risk is therefore small.

Requirement 3
The Trust must ensure that incidents and safeguarding alerts are reported and investigated in line with the Trust's processes and in line with national guidance.
This requirement has had significant activity and monitoring associated with it to address the outliers with reviewing and closing incidents on Ulysses. The requirement was subsequently met and presented as complete awaiting approval at the Programme Board meeting in June 2022. The ongoing monitoring of this action will sit with the weekly investigation panel.

Requirement 28
The Trust must improve the environment on Dovedale
The replacement doors on Dovedale remain a risk due to supply chain failures. However, it should be noted that the doors have arrived and are being fitted currently. The Director of Operations is commissioning a broader review of the Dovedale environment. The Director of Quality has requested a review of the ligature anchor point management plan due to the ongoing impact of not replacing the doors to manage the risk.
Risk: Reviews taking place and work due to complete by 22 July 2022. In the interim, risks are managed via clinical and environment risk assessment and management.

Requirement 42
The Trust should ensure all staff receive supervision in line with Trust target in Acute and PICU services

There are a range of issues impacting on the achievement of this requirement which are without any impact from Covid. Key areas for improvement are:

- Recording of all types of supervision
- Reporting timescales and availability of staff to receive and deliver supervision (registered nurses)

Risk: the risks are reducing to a low level because there has been a significant improvement in supervision rates in the last six months. Therefore, although the 12-month picture remains below the standard, the six-month data shows the trajectory is on track. To support monitoring the trajectories of when performance targets will be achieved have been plotted and are being tracked against on a 6 month and 12 month basis. There are a small number of individuals in non-registered roles who are being worked with to engage in supervision.

Requirement 55
The Trust should introduce medicine competencies for nurses.
This requirement has previously had an extension for the development and roll out of the annual inpatient competency framework for nurses. This has been met, the final action was

to review the 3 yearly medicines framework for all practitioners. The framework is now complete and it will take two further months to receive formal sign off at relevant groups.
Risk: low associated with this exception as it relates to the three-year picture rather than the annual cycle. Roll out plans and the framework were discussed with the Medicines Optimisation Committee in June 2022 to identify next steps to completion.

Requirement 64
The trust must ensure that there are sufficient numbers of suitably trained staff on duty at any one time to care for patients, provide de-escalation, and if necessary physical interventions
The Clinical establishment review has been undertaken, submitted and approved by the Director of Nursing. Agreeing the resources to deliver the staffing model is being worked through and it anticipated that this will complete in August 2022.
Risk: This requirement relates to the sustainability of the staffing model rather than the day to day provision of safe staffing levels, which is managed and mitigated on a shift to shift basis. The immediate risk is therefore low but the overall risk of non-completion would be significant.

Requirement 67
The Trust should ensure that seclusion is managed in line with the Mental Health Act Code of Practice in that medical and nursing reviews take place on time and it is ended at the earliest opportunity.
There has been an improvement in the use of Tendable for the auditing of seclusion and rapid tranquilisation (RT). Governance Officers across the wards are supporting the reviews and triggering audits via key individuals. Reporting back into ward teams remains an issue.
Risk: moderate until demonstrable evidence of triangulating seclusion and RT episodes against completed audits can be shared. A Rapid Improvement Plan has been agreed and is being actioned. It is expected that this requirement will be reported as met at the Programme Board meeting in July 2022.

Completed Requirements: Impact, Assurance and Risks

In the June 2022 Back to Good Programme Board delays in receiving evidence and issues with the content of the evidence once provided were reported. Measures have been put in place in that meetings with action owners have been arranged, an evidence summary sheet to provide clarity on what is being provided is being reviewed and implemented. Also, the prioritisation of assurance activities on key requirements is taking place.

At June's meeting 9 requirements were reported as complete. The below table shows the complete requirements and where monitoring for sustainability will take place.

Regulation	Ref	Reporting Group	Status
The trust must ensure that all staff report and record incidents when duty doctors are unable to undertake a seclusion review on G1 ward within the required timescales.	29	Mental Health Legislation Ops Group	Complete
The trust should ensure that it continues to monitor that staff receive and record regular supervision.	32	Quarterly Performance Review	Complete
The trust should continue to monitor that staff complete all aspects of mandatory training. Where this cannot be completed the trust must ensure adequate mitigation is in place to reduce the impact on patients.	33	Quarterly Performance Review	Complete
The trust should ensure that they strengthen their approach to equality and diversity with a strategy that ensures action has been taken to resolve indicators of concerns for staff.	35	People Committee / Inclusion and Equality Group	Complete
The trust should ensure that they monitor and take appropriate action when training requirements are not being met.	40	Quarterly Performance Review	Complete
The trust should ensure that the risk of agency staff being unable to have access to the electronic medicines system is addressed.	52	Inpatient Manager's Meeting	Complete
The Trust must ensure that staff undertake physical health monitoring with all patients. This includes monitoring of long term health conditions, monitoring after the use of restrictive interventions, monitoring of the side effects of medication, and monitoring patients' physical health needs in line with national guidance whilst undertaking inpatient detoxification.	54	Physical Health Group	Complete
The trust must ensure that there are procedures in place which **outline the number** of staff trained in **physical intervention** required to be on shift to maintain safety	63	Least Restrictive Practice Oversight Group	Complete
The trust should ensure **building risk assessments** are reviewed regularly	74	H&S Committee	Complete