Board of Directors

SUMMARY REPORT	Meeting Date:	28 September 2022
	Agenda Item:	09

Report Title:	**Back To Good Progress and Exceptions Risk Report**	
Author(s):	Zoe Sibeko, Head of PMO Sue Barnitt, Head of Clinical Quality Standards	
Accountable Director:	Dr Mike Hunter, Medical Director	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	Quality Assurance Committee
	Date:	14 September 2022
Key points/ recommendations from those meetings	• Quality Assurance Committee highlighted the importance of ensuring that action owners understand the need to submit evidence in a timely way to support SHSC to programme delivery and provide assurance of action embeddedness. In response to the large number of actions marked as 'complete awaiting approval' that have evidence outstanding, Quality Assurance Committee will report this as an 'Alert' to board. • Quality Assurance Committee noted assurance regarding oversight and process as actions that do not have ongoing monitoring arrangements will undergo embeddedness spot checks.	

Summary of key points in report

The main issue in this report relates to the timely provision of evidence for audit and embeddedness of completion of requirements. During August 2022, 11 further requirements were completed. By August the aim was to have 61 completed requirements with audit of evidence for their completion, however the programme was awaiting evidence for 40 of these. The escalation process to address the lack of evidence being provided, as shared with Quality Assurance Committee in July 2022, came into effect on 1st September 2022.

Requirements identified within the Back to Good improvement plan for Crisis and Health Based Place of Safety and the Older Adults wards have been completed. Where ongoing monitoring for requirements is not automatically in place, assurance spot checks are planned and outcomes from those within Q2 will be reported at November 2022 Quality Assurance Committee.

A new risk was opened in relation to ensure that **leaders have oversight of, and act upon issues relating to risk and performance** (requirement 60) due to vacancy in Head of Business and Performance post. An extension had been granted to 31.11.22 by which point capacity within the team will have increased and the new Head commenced in post. Work has commenced through from September 2022 and will have dedicated resource allocated to progress to completion.

Residual risks remain unchanged from previous reports. Key updates include:

- **Ensuring effective Governance and Risk Management Processes (trust wide) -** Work is

underway to gather feedback from committee and group members regarding the effectiveness of meetings. Findings presented to September 2022 Quality Committee. The overall expected completion date for this piece of work was 31/01/23 however it was agreed that as the findings are to be presented to the Audit and Risk Committee in October 2022 the completion date would be brought forward to 31.10.22.

- **Mandatory Training (Acute and PICU) –** Following discussion at August 2022 Back to Good Programme Board it was agreed that the 2 requirements relating to mandatory training would be merged due to their similarity in content. An overview of the clinical risk resulting from shortfalls, trajectories and deadlines for each ward area to be presented at the next Back to Good Board.
- **Supervision (Acute and PICU)** – further work in progress to improve data reporting quality. Changes are required to ensure that the actual number of completed supervisions are shown. Detailed monitoring of the action will take place within the IPQR process.

Three requirements have ongoing approved extensions following discussion at Back to Good Programme Board which relate to safeguarding, complaints management and medicines management competencies. The latter has now exceeded the approved extension date of 31.7.22; pilot implementation is now underway. Extensions for safeguarding and complaints have been granted until 31.12.22.

Recommendation for the Board/Committee to consider:

Consider for Action		**Approval**		**Assurance**	**X**	**Information**	

The Board is asked to receive this report for assurance.

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

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*		***Equity and Equality are key drivers for regulatory compliance.***
Legal	*Yes*	***X***	*No*		***Failure to achieve compliance is a breach of the requirements of the Health and Social Care Act.***
Sustainability	*Yes*	***X***	*No*		***Better compliance is associated with greater sustainability, e.g., medicines management and temperature excursions***

Back to Good Programme Report

Summary Overview (Reporting Period to July 2022)

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

52 requirements, of a target to date of 61, have been completed, or have a status of complete awaiting approval (i.e., awaiting evidence for audit of completion and embeddedness) by the Quality Directorate. More robust processes have been established to gather evidence and this risk is highlighted in the summary of the current report.

23 actions remain open

7 are in exception as not complete by August 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 Conditions, 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 July 2022.

Regulation	Regulation ID	Service	End Date	Exception
The trust must ensure that compliance with training achieves the trust target in all mandatory training courses including intermediate life support and restraint interventions.	23	Acute Wards and Psychiatric Intensive Care Units	30/06/2022	⚠
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	⚠
The trust must ensure that there are not **blanket restrictions** in place which restrict patient's freedoms that are not individually risk assessed **including** for patients residing in the **health based place of safety**	59	Acute Wards and Psychiatric Intensive Care Units	30/06/2022	⚠
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 all staff are up to date with **mandatory training**	68	Acute Wards and Psychiatric Intensive Care Units	30/06/2022	⚠
The trust should ensure that **carers and family** members are involved in patient care and that access to carers assessments is facilitated by staff	71	Acute Wards and Psychiatric Intensive Care Units	30/06/2022	⚠

The Board of Directors will note that requirements 23, 42 and 68 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.

Requirements 71, 64, 59 and 28 were reported as either complete or complete awaiting approval at August 2022 Programme Board meeting

At the August 2022 Programme Board meeting, the board agreed to merge the following requirements due to their similarity in content:

Requirement 23
The Trust must ensure that compliance with training achieves the Trust target in all mandatory training courses including intermediate life support and restraint interventions.

Requirement 68
The trust should ensure all staff are up to date with mandatory training

Across Acute Services, the target of 80% attendance per course has been achieved, however once this is analysed as a ward level, some wards are falling short of compliance with various courses.

For assurance, the programme Board requested that an overview of the clinical risk resulting from shortfalls in training compliance, the related trajectories and deadlines for each ward area to be presented at the September 2022 meeting of the Core Services Back to Good Delivery Group and subsequently the Back to Good Board.

Risk
The risk rating remains to have a moderate risk score of 12 based on the future projections for training for staff. Failure of staff to attend planned training sessions will impact on delivery of the overall requirement as this action is the final action for closure.

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

Work is in progress to improve data reporting quality. Programme Board have requested changes to the data provided to ensure that the actual number of completed supervisions are shown.

Detailed monitoring of the action will take place within the IPQR process.

It is clear that on some wards that alternative approaches to supervision is having a positive impact.

Risk: Following review at July 2022 Programme Board the risk rating continues to have a moderately high risk score of 16 however following changes in reporting (see below) members have a better understanding of the detail in risk:

(1) Now able to factor in planned supervisions to provide a more reliable recovery trajectory

(2) Known data quality issues have a resolution pending

(3) Trajectories now to include number of booked supervision sessions

Recovery plans are in place with regular monitoring of compliance at individual ward levels.

At the August 2022 Programme Board, the following was reported as in exception:

Requirement 60
The trust must ensure that leaders have oversight of, and act upon issues relating to risk and performance.

The delay in delivery was attributed to the Head of Business and Performance post being vacant. The person is now in post. In addition, dedicated resource has been assigned to work on this requirement from September to November 2022.

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 work to meet this requirement is underway. An extension to the end of January 2023 was requested, however the Programme Board requested that this is brought forward to the 31st October 2022, which will allow the ongoing meeting effectiveness reviews for Tier 2 groups to be completed and reported to the Audit and Risk Committee in October 2022. The requirement remains in exception pending review of the sub-committee and Tier 2 group effectiveness at Audit and Risk Committee in October 2022.

Completed Requirements: Impact, Assurance and Risks

At August 2022 Programme Board Meeting 11 requirements were reported as complete. The below table shows the requirements completed in August and where monitoring for sustainability will take place.

Regulation	Ref	Reporting Group	Status
The trust must ensure that there is oversight and management of the training and skills held by agency staff.	7	Quarterly Performance Review / Policy Governance Group / Workforce Planning	Complete
The must ensure that the risks posed by unstable information technology systems are addressed and mitigated and that there is a continuation at rapid pace of plans to replace them.	8	Electronic Patient Record Programme Board / Transformation Board / Data and Information Governance Group	Complete
The trust must ensure that there are improvements in the timely completion of serious incident reports.	12	Clinical Quality and Safety Group.	Complete
The trust must ensure that all safeguarding incidents are reported and investigated.	16	Safeguarding Assurance Committee / Clinical and Quality Safety Group	Complete
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	Therapeutics Environment Programme Board	Complete
The trust should continue to ensure that governance processes are embedded and sustainable.	41	Quarterly Performance Review	Complete
The trust should ensure they maintain action to reduce racist incidents and that staff feel supported when they experience such incidents.	44	People Committee / Inclusion and Equality Group	Complete
The trust should ensure that all staff have an awareness and understanding of Duty of Candour.	46	Quality Team	Complete
The trust should ensure that all staff receive supervision.	51	Quarterly Performance Review	Complete
The trust must ensure that there are procedures in place for the care and management of patients admitted to the acute wards but residing in beds in the health based place of safety suite	62	IPQR	Complete
The trust should ensure that all patients that require them have personal emergency evacuation plans in place and that staff know how to locate them in an emergency	73	DPQR	Complete

During the meeting on 14th September 2022, Quality Assurance Committee highlighted the importance of ensuring that action owners understand the need to submit evidence in a timely way to support SHSC to programme delivery and provide assurance of action embeddedness. A large proportion of the actions requiring evidence sit within the Acute and PICU wards; the improvement required is being managed operationally

In response to the large number of actions marked as ‘complete awaiting approval’ that have evidence outstanding, Quality Assurance Committee will report this as an ‘Alert’ to board.

Where ongoing monitoring for requirements is not in place, assurance and embeddedness spot checks are planned and outcomes from those within Q2 will be reported at November 2022 Quality Assurance Committee.