

Board of Directors – Public

SUMMARY REPORT

Meeting Date: 25th January 2023
Agenda Item: 09

Report Title:	Back to Good Board Reporting (Period December 2022)	
Author(s):	Sue Barnitt, Head of Clinical Quality Standards Zoe Sibeko, Head of PMO	
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	None, Quality Assurance Committee did not require a paper in January 2023. This in line with the revised reporting cycle
	Date:	
Key points/ recommendations from those meetings		

Summary of key points in report

The report covers progress of delivery within the Back to Good Programme up to November 2022 as reported to the Programme Board.

Good progress has been made to review the evidence provided to close down actions and to ensure the requirements specified by the CQC have been met. The total number of requirements that are now complete is 57 out of 75, with a further 6 ready to be checked.

Ten requirements were reported as being in exception, these are:

- Ensure that statutory and delegated safeguarding functions are carried out effectively
- Ensure that care is provided in estates which are suitable, safe, clean, private and dignified
- Ensure engagement with patients and carers and involvement in their care is strengthened
- Achievement of training targets per course
- Achievement of training targets per acute ward
- Achievement of supervision target
- Ensure that staff assess and monitor patient's physical health throughout admission as required and following the use of intramuscular medication
- Ensure that staff carry out and document capacity assessments and subsequent best interest's decisions in line with the principles of the Mental Health Act
- Ensure leaders have oversight of and act upon issues relating to risk and performance
- Use, and document the use of, de-escalation prior to physical restraint

This report describes the actions needed to complete requirements and the associated risks and their mitigation.

Recommendation for the Board/Committee to consider:						
Consider for Action		Approval		Assurance	X	Information
The Board of Directors are asked to receive this report and consider the assurance in its content.						

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		<i>The Regulations of the Health and Social Care Act</i>	
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		<i>Meeting the requirements of the Back to Good programme supports good patient experience and safety in our care.</i>	
Financial (revenue & capital)	Yes		No	X	<i>Financial implications of not meeting regulatory requirements are not explicitly examined in this paper.</i>	
Organisational Development /Workforce	Yes	X	No		<i>Workforce development is a crucial component of the programme.</i>	
Equality, Diversity & Inclusion	Yes	X	No		<i>Reducing inequalities in care is central to making the required improvements.</i>	
Legal	Yes	X	No		<i>Failure to achieve compliance is a breach of the requirements of the Health and Social Care Act.</i>	
Environmental Sustainability	Yes	X	No		<i>Within the requirements identified in the Back to Good programme are several actions that support the principles of environmental sustainability and the effective use of resources.</i>	

Summary Overview (Reporting Period to December 2022)





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

- 57 requirements are complete (increase of 11)
- 6 requirements are complete awaiting approval (decrease of 11)
- 10 requirements are in exception
- 1 requirement is at risk of not completing within the agreed timeframe
- 1 is open with an existing extension to a revised due date being approved

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 ten requirements in exception

Regulation	Ref	Service	End Date	Exception
The trust must ensure that the statutory and delegated safeguarding functions are carried out effectively and robust reporting, governance processes and oversight is in place.	2	Trust-wide	31/12/2022	
The trust must ensure that care is provided in estates and accommodation which are suitable, safe, clean, private and dignified.	5	Trust-wide	31/12/2022	
The trust must ensure that engagement with patients and carers and involvement in their care is strengthened.	9	Trust-wide	31/12/2022	
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 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 staff assess and monitor patient's physical health throughout admission as required and following the use of intra-muscular medication	56	Acute Wards and Psychiatric Intensive Care Units	31/12/2022	
The trust must ensure that staff carry out and document capacity assessments and subsequent best interests decisions in line with the principles of the Mental Capacity Act 2005	57	Acute Wards and Psychiatric Intensive Care Units	31/03/2023	
The trust must ensure that leaders have oversight of, and act upon issues relating to risk and performance	60	Acute Wards and Psychiatric Intensive Care Units	30/11/2022	
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 staff use and clearly document the use of de-escalation prior to physical restraint	69	Acute Wards and Psychiatric Intensive Care Units	30/03/2023	

The requirements that went into exception in December are 2, 5, 56 and 57.

Requirement 57 despite having a due date of March 2023 was reported as in exception to bring it to the Programme Board's attention as there has been slippage in delivery of some of the actions.

Requirement 69 has a due date of March 2023, however it was reported to Programme Board that the completion of the works will be delayed until April 2023.

Requirement 60 was reported as being in exception in December 2022 but has been completed in January 2023.

The remainder continue to be in exception to ensure that the Programme Board retain oversight and grip.

Requirement 2

The Trust must ensure that the statutory and delegated safeguarding functions are carried out effectively and robust reporting, governance and oversight is in place

All actions to meet this requirement have been completed with the exception of achieving the 90% compliance target for Adult Level 3 Safeguarding training. The aim was to achieve this by the end of December 2022. Significant progress has been made and the compliance rate as reported to Programme Board is 80%, however an extension was requested to 31 January 2023. This was approved and there is confidence that the 90% target will be met as the three remaining courses are fully booked and the Safeguarding team will run courses in early 2023 with the external trainer.

Risk The training is planned and attendance is being promoted and effectively managed. The residual risk is low.

Requirement 5

The trust must ensure that care is provided in estates and accommodation which are suitable, safe, clean, private and dignified

All actions to meet this requirement have been completed with the exception of implementing the entire ligature anchor point (LAP) eradication programme on the inpatient wards. Phase 1 and 2 LAP works are complete.

A business case for the Phase 3 works on Stanage ward has been submitted for Finance and Performance Committee for approval. There is an expectation that work will commence early 2023 and the planned estimated completion date is August. It was originally anticipated that this work would complete in March 2023, however there has been delays within the procurement process and a retender took place due to the inclusion of works on Dovedale 1 originally being included but the cost of this provided to be restrictive.

The oversight and delivery of this work is within the remit of the Therapeutic Environment Programme Board.

Risk: The risk to patient safety posed by the remaining ligature anchor points is being managed via operational controls. There are established ligature review processes in place, supported and kept current via daily activities for example safety huddles. The efficacy of these measures is audited in order to provide assurance. The residual risk is moderate.

Requirement 9

The trust must ensure that engagement with patient and carers and involvement in their care is strengthened

The outstanding action relates to being able to provide service information in an accessible format. To address this, the Communications Team and the Head of Equality and Diversity have worked together to mitigate this risk by linking with services to review the existing online information, to amend as appropriate and publish an accessible format on our website.

Risk: The work is underway and it is anticipated that a robust process will be demonstrated by January 2023. The residual risk is low.

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.

and

Requirement 68

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

On average the 80% standard is being achieved across Acute and PICU wards, however there are important areas where training is consistently below the standard.

A recovery plan is in place detailing the following actions to achieve compliance:

- All face-to-face sessions for Immediate Life Support, Resuscitation (Basic Life Support; BLS), RESPECT Level 3, and Moving and Handling People to be booked for staff who are not complaint or were due to be non-complaint by the end of December 2022
- Release rota / supernumerary days for 'E-Learning Days' as 1 day is sufficient for staff to become compliant with all online courses
- BLS Level 2 to be offered as a group taught session.
- Rapid Tranquilisation and Medicines Management are being prioritised for nurses who are non-compliant

Risk: Staff not always compliant with mandatory training introduces the risk of deficits in practice. A plan is in place to operationally manage the clinical risk, with clear actions to take including ensuring appropriately trained staff are present on each shift. The residual risk remains high pending completion of the recovery plan.

Requirement 42

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

Data up to November 2022 show that although Endcliffe Ward (PICU) remains 100% compliant against the 80% standard, the three acute wards (Dovedale 2, Maple and Burbage) are all below the standard, with the lowest compliance on Dovedale 2 (50%).

Risk: Based on the known supervision bookings, a decrease in compliance is expected on the wards. As reported to the Board of Directors in November 2022, plans are in place to mitigate the risk by adopting more flexible approaches to supervision such as inter-professional and inter-team supervision. Focus is being placed on booking supervisions and providing the conditions to ensure that it takes place. The residual risk remains high pending completion of the recovery plans.

Requirement 56

The Trust must ensure that staff assess and monitor patient's physical health throughout admission as required and following the use of intramuscular medication

Successful completion of this requirement is linked to the use of Tendable, an audit system used on our Acute Wards. The information received at the December Programme Board meeting highlighted there had been a decrease in the completion of audits over the period of

September, October and November 2022, due to ongoing staffing issues. This provided incomplete assurance that the requirement has been met.

To address this, a schedule of when audits should be completed has been issued to MDTs. Governance Officers provide information to Ward Managers and Matrons to support them to monitor completion. Key practice groups, such as Least Restrictive Practice Oversight Group, act based on the outcomes of the audits relating to physical health and rapid tranquilisation.

It is acknowledged that 100% compliance will be difficult to achieve due to ongoing staffing issues, however recently there has been an increase in the number of Tendable audits being completed. A dip sample audit of physical health observations completed on admission and for rapid tranquilisation is being undertaken to provide further assurance in the absence of the required amount of Tendable audits. This will be submitted to the January 2023 Programme Board for a decision on potential closure of the requirement dependent on progress made.

Risk: Without completion of physical health observations it is difficult to understand a service users baseline and therefore it is harder to identify deteriorations in physical health conditions. With dip sampling in place and increases in the number of Tendable audits completed, the residual risk is low.

Requirement 57

The Trust must ensure that staff carry out and document capacity assessments and subsequent best interests in line with the principles of the Mental Health Act

To meet this requirement the following actions have to be undertaken:

- Design and development of new mandatory training relating to the Mental Capacity Act and Best Interests decisions
- Monthly audits in relation to the application of the Mental Capacity Act and Best Interest decisions to be undertaken

The training is being developed currently; training videos are complete and the matching of staff to the level of training required has been approved by Mental Health Legislation Operational Group. This information will be submitted to the training department for the inclusion on ESR.

The audit tool has been approved at Mental Health Legislation Operational Group. It will be trialled within the Learning Disability Service. Implementation of the audit maybe affected by capacity. This is deemed to be the most important action to be completed to meet the requirement, and options of support need to be explored.

Risk: Delays in implementation of these actions may result in missed opportunities to improve care in relation to mental capacity and best interests. The residual risk is high and a recovery plan is being developed.

Requirement 60

The Trust must ensure leaders have oversight of and act upon issues relating to risk and performance

The work to establish a framework for governance to cover quality, performance and risks for Acute ward teams has been devised and rolled out across some of the wards. It was planned that the roll out will be finalised at the end of January 2023 and this remains on track.

Risk: The requirement is expected to complete imminently and the residual risk is low.

Requirement 69

The trust should ensure staff use and clearly document the use of de-escalation prior to physical restraint

Three wards have de-escalation spaces which need to be improved:

- Work has been completed on Stanage and G1
- The work on Endcliffe has been delayed with completion planned for August 2023.

Oversight of the programme of work remains within the remit of the Therapeutic Environment Programme.

Risk: The residual risk is moderate and this is mitigated by the use of a Standard Operating Procedure to cover interim de-escalation arrangements on Endcliffe Ward.

Completed Requirements: Impact, Assurance and Risks

After a review of the evidence provided, a further 11 requirements were reported as being completed at the December 2022 Programme Board Meeting. This takes the total number to 57.

The table below shows the requirements completed by December 2022 and the groups, boards and committees for monitoring sustainability.

Regulation	Regulation ID	Service	End Date	Complete
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	31/08/2022	✓
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 that complaints are responded to in a timely manner via a process accessible to patients and staff and that they are used for processes of feedback and learning.	4	Trust-wide	31/12/2022	✓
The trust must ensure that staffing levels are adequate for the service being provided.	6	Trust-wide	31/12/2021	✓
The trust must ensure that there is oversight and management of the training and skills held by agency staff.	7	Trust-wide	31/12/2021	✓
The trust 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	Trust-wide	31/05/2022	✓
The trust must ensure they assess and mitigate the risks posed by the organisational culture and the management of risks relating to closed cultures in services.	10	Trust-wide	31/05/2022	✓
The trust must ensure that there is improved governance and oversight of practices and policies in place for monitoring the Mental Health Act.	11	Trust-wide	30/06/2022	✓
The trust must ensure that there are improvements in the timely completion of serious incident reports.	12	Trust-wide	31/12/2021	✓
The trust must ensure that there is adequate mitigation, training and audit in place to protect patients from harm posed by ligature anchor points, outside areas and blind spots on the acute wards.	14	Acute Wards and Psychiatric Intensive Care Units	30/11/2021	✓
The trust must ensure that the mattresses in the seclusion suites are suitable for use by patients.	15	Acute Wards and Psychiatric Intensive Care Units	15/11/2021	✓
The trust must ensure that all safeguarding incidents are reported and investigated.	16	Acute Wards and Psychiatric Intensive Care Units	31/03/2022	✓

Regulation	Regulation ID	Service	End Date	Complete
The trust must ensure that there are not blanket restrictions in place which restrict patient's freedoms that are not individually risk assessed.	17	Acute Wards and Psychiatric Intensive Care Units	30/11/2021	✓
The trust must ensure that there are governance processes in place to monitor the training of agency staff, to ensure the safety of wards where agency staff are utilised who are not able to take part in restraint training.	19	Acute Wards and Psychiatric Intensive Care Units	31/12/2021	✓
The trust must ensure that patients are involved in their treatment and care planning.	20	Acute Wards and Psychiatric Intensive Care Units	31/12/2021	✓
The trust must ensure that patient's advocates, relatives and friends or carers are involved in their care.	21	Acute Wards and Psychiatric Intensive Care Units	30/08/2022	✓
The trust must ensure that care is always delivered in an environment that respects patients privacy and dignity.	22	Acute Wards and Psychiatric Intensive Care Units	30/06/2022	✓
The trust must ensure that enough staff are available to keep patients safe and meet their assessed needs.	25	Mental Health Wards for Older People	31/10/2021	✓
The trust must ensure that there is appropriate medical cover to meet the needs of patients at all times.	26	Mental Health Wards for Older People	31/03/2022	✓
The trust must ensure that the use of seclusion on G1 ward is used in line with the Mental Health Act Code of Practice.	27	Mental Health Wards for Older People	31/12/2021	✓
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 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 Wards for Older People	31/12/2021	✓
The trust must ensure that effective action is taken to reduce waiting times and manage patients waiting long periods of time in the emotional wellbeing service and the health-based place of safety.	31	Crisis and Health Based Place of Safety	30/09/2022	✓
The trust should ensure that it continues to monitor that staff receive and record regular supervision.	32	Trust-wide	30/09/2022	✓

Regulation	Regulation ID	Service	End Date	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	Trust-wide	30/09/2021	✓
The trust should ensure that grievance processes are completed in line with timescales agreed within the trust policy.	34	Trust-wide	30/09/2022	✓
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	Trust-wide	31/12/2021	✓
The trust should ensure that the board maintains a focus on patient and carer experience when decisions are made and risks discussed.	36	Trust-wide	31/10/2021	✓
The trust should ensure that processes are in place to ensure timely medicines reconciliation.	37	Trust-wide	30/06/2022	✓
The trust should continue to review the numbers of medication error incidents and make sustained improvements to medicines safety.	38	Trust-wide	31/03/2022	✓
The trust should ensure all policies, including medicines policies are appropriately reviewed.	39	Trust-wide	30/09/2022	✓
The trust should ensure that they monitor and take appropriate action when training requirements are not being met.	40	Crisis and Health Based Place of Safety	30/09/2021	✓
The trust should continue to ensure that governance processes are embedded and sustainable.	41	Crisis and Health Based Place of Safety	31/03/2022	✓
The trust should ensure there is sufficient medical cover so seclusion reviews are carried out in a timely manner.	43	Acute Wards and Psychiatric Intensive Care Units	31/12/2021	✓
The trust should ensure they maintain action to reduce racist incidents and that staff feel supported when they experience such incidents.	44	Acute Wards and Psychiatric Intensive Care Units	31/05/2022	✓
The trust should ensure that when patients are in seclusion or they have received rapid tranquilisation, there is an accurate record of whether they have been offered food and fluid and whether they accepted or declined it.	45	Acute Wards and Psychiatric Intensive Care Units	30/04/2022	✓
The trust should ensure that all staff have an awareness and understanding of Duty of Candour.	46	Acute Wards and Psychiatric Intensive Care Units	31/01/2022	✓
The trust should ensure all staff have access to debrief following incidents	47	Acute Wards and Psychiatric Intensive Care Units	31/03/2022	✓
The trust should ensure appropriate signs are displayed in areas that are monitored by CCTV.	48	Acute Wards and Psychiatric Intensive Care Units	15/10/2021	✓
The trust should continue to address concerns about sexual safety.	49	Acute Wards and Psychiatric Intensive Care Units	31/03/2022	✓

Regulation	Regulation ID	Service	End Date	Complete
The trust should ensure that the use of leave beds is monitored and incidents recorded.	50	Acute Wards and Psychiatric Intensive Care Units	31/10/2021	✓
The trust should ensure that all staff receive supervision.	51	Mental Health Wards for Older People	31/03/2022	✓
The trust should ensure that the risk of agency staff being unable to have access to the electronic medicines system is addressed.	52	Mental Health Wards for Older People	31/12/2021	✓
The Trust must ensure that a physical health strategy is implemented, and that there is monitoring of compliance with this. The Trust must provide staff with robust standard operating procedures to ensure that patient's physical health and the side effects of medication are monitored appropriately.	53	Trust-wide	30/11/2021	✓
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	54	Acute Wards and Psychiatric Intensive Care Units	31/03/2022	✓
Recommendation to introduce Medicine Management competencies for nurses	55	Trust-wide	29/07/2022	✓
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 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	Acute Wards and Psychiatric Intensive Care Units	30/04/2022	✓
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	Acute Wards and Psychiatric Intensive Care Units	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 all potential ligature points are detailed on relevant risk assessments and that staff follow these management plans consistently to mitigate risk	65	Acute Wards and Psychiatric Intensive Care Units	31/03/2023	✓
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 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 trust should ensure that patients rights under the Mental Health Act 1983 are read in a timely manner when required	72	Acute Wards and Psychiatric Intensive Care Units	31/03/2022	✓
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	Acute Wards and Psychiatric Intensive Care Units	04/03/2022	✓
The trust should ensure building risk assessments are reviewed regularly	74	Acute Wards and Psychiatric Intensive Care Units	31/03/2022	✓
The trust should ensure that staff do not use the green room on Endcliffe ward to inadvertently seclude patients	75	Acute Wards and Psychiatric Intensive Care Units	31/08/2022	✓

