Board of Directors - Public

SUMMARY REPORT	Meeting Date:	24th January 2024
	Agenda Item:	11

Report Title:	**Quality Assurance Report – Q2 & Q3 2023/24**	
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Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	Quality Assurance Committee
	Date:	10/01/2024
Key points/ recommendations from those meetings	Committee feedback noted that it is good to see the developing report and how systems are coming together. Committee requested that future reporting: • Demonstrate the wider organisational learning themes gleaned from the range of Quality Assurance activity that occurs across the Trust. • Outline the actions being taken to embed the changes required to improve standards.	

Summary of key points in report

The report provides an overview of the work completed relating to our quality assurance activity during Q2 and Q3 2023/24, an update on progress against the Quality Strategy and review of actions previously identified. Due to the timing of reporting to Quality Assurance Committee, finalisation of some elements of the work completed remains ongoing.

Assure

Board should be assured that there has been significant assurance activity over the past 6 months through a range of activities.

Quality Assurance activity occurring since last report:

- During Q1 and Q2 of 2023/24 twenty-three Board visits took place and a review of the Board Visit Standard Operating Procedure (SOP).
- 3 Culture and Quality visits have taken place.
- Fundamental Standards of Care Visits (FSoC) have concluded with all SHSC in patient areas visited between October 2023 and December 2023.

Completion of the FSoC visits has provided some assurance regarding embeddedness of actions issued as part of CQC warning notices in 2020 and 2021.

Advise

Work continues to develop the SHSC Quality Management System (QMS); we have agreed a QMS framework

and focus for Q4 2023/24 will be on development of the team quality objectives toolkit as part of the 2024/25 business planning cycle. Over the coming year, we will be working closely with the SHSC Project Management Office (PMO) to further develop the 2023/24 quality visiting programmes and specifically strengthen mechanisms for categorising findings, identifying key themes and monitoring progress against Trust wide recommendations arising from triangulation of quality assurance activity.

Key themes for improvement have arisen through the visiting programme, these are detailed in the report and progress on the improvement plans for addressing these areas for improvement will be noted in future reports.

Alert

Key risks to the Quality Assurance Workplan and Strategy are:

- Delays in RIO implementation impacting on:
  - QMS roll out and planned quality and patient safety reporting.
  - Fundamental Standards of Care (FSoC) visits care records review.
- Sickness absence during Q2 in the care standards team impacted on scheduling and facilitation of Quality Assurance visits.

Three back to good actions remain open, two of these are not being delivered: Supervision and Mandatory Training in the Acute and PICU wards. Improvement plans have not delivered, these are monitored through People Committee. Revised plans and trajectories have been requested and will be monitored via Executive Management Team fortnightly in addition to Committee oversight.

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**		**Assurance**	**X**	**Information**	
The Board is asked to receive the report and consider the assurance in its content. The Board should also note the request for the Quality Statements Framework to be shared at the Quality Assurance Committee meeting in April 2024.							

Please identify which strategic priorities will be impacted by this report:				
Effective Use of Resources	*Yes*	**X**	*No*	
Deliver Outstanding Care	*Yes*	**X**	*No*	
Great Place to Work	*Yes*	**X**	*No*	
Ensuring our services are inclusive	*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?	*Yes*		*No*	**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, Engagement 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*		Reducing inequalities is a fundamental principle of the improvements needed to get back to good.
Legal	*Yes*	***X***	*No*		Failure to achieve compliance is a breach of the requirements of the Health and Social Care Act.

Environmental sustainability	*Yes*	*X*	*No*		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.

2023/24 Q2 & Q3 Quality Assurance Report

Section 1: Analysis and supporting detail

Summary

1.1 The report aims to provide an overview of the work completed relating to our quality assurance activity during Q2 and Q3 2023/24 and update on actions previously identified. As a reminder, our core quality assurance activity detailed within the report is aligned to our Quality Strategy and forms the basis of the milestones set within it.

- Developing and Embedding a Quality Management System (QMS)
- Ensuring we have robust Quality Assurance Framework in place
- Fundamental Standards of Care (FSoC) visits to inpatient services
- Board Visits (Executive and Non- Executive Director visits to services)
- Culture and Quality visits (Community, Rehabilitation and Specialist services)
- Audit, Accreditation and Compliance with NICE Guidance
- Service user and carer feedback

1.2 Implementing the Quality Management System requires alignment of the Quality Assurance(QA) information we hold. The following phases were previously proposed but may be further impacted to reflect RIO implementation delays:

- Phase 1 (June 2023 to March 2024) – review of the information we capture and getting this into a format that supports triangulation.
- Phase 2 (March 2024 onwards) – Implementation of quality dashboards to pilot sites for QMS
- Phase 3 (June 24 onwards) – commence reporting regarding key areas of quality and patient safety concerns and improvements within SHSC based on QMS roll out plan.

1.3 Proposed timelines for reporting Quality and Safety data may be subject to further delays given there is no agreed go live date for tranche 2. In the interim, this quarterly quality assurance report will provide the Quality Assurance Committee with progress updates regarding our core QA processes and any initial findings.

1.4 Updates against actions identified in the last report are detailed in the table below.

Quality Assurance Activity	Action required	Update
Board Visits	Updating of Board Visit Standing Operating Procedure to include non-clinical areas	Complete
Culture and Quality Visits	Completion of Q4 2023/24 visiting schedule	Complete

Section 2: Quality Assurance Workstreams

Board Visits

2.1 The Board visits in this report include two quarters to bring it in line with the new reporting schedule. Due to the timing of reporting to Quality Assurance Committee, finalisation of some elements of the work completed remains ongoing.

2.2 During Q1 and Q2 of 2023/24 twenty-three Board visits took place, ten in Q1 and thirteen in Q2. Two visits were cancelled during this period, one due to illness which has been rescheduled to

Q3, and another due to the service being transferred to another provider. During Q3 11 Board visits have been completed; a review of the Board Visit SOP has been undertaken and now includes engagement opportunities and feedback from Service Users / Carers and from staff in services being visited. We have also widened the programme to include non-clinical based services; Peer Support Team and Pharmacy were visited during Q3.

2.3 Completion and timely return of briefing information from leadership teams and Board visit feedback forms from those completing visits remains an ongoing issue. The Care Standards team continue to maintain communications with all involved to ensure timely access to information.

Culture and Quality Visits

2.4 Sickness absence of staff members within the Care Standards team impacted significantly on scheduling and facilitation of Culture and Quality Visits during Q2 2023/24. Q3 focussed on the delivery of the Fundamental Standards of Care (FSoC) visits to all the bed-based services. Positively, recent communications and engagement activity to request support for the FSoC visits has resulted in recruitment of new members for Culture and Quality visits for community-based services.

2.5 3 Culture and Quality visits have taken place in Q3. A visit to the Specialist Eating Disorder Service (SEDS) occurred between October and December 2023. Challenges in securing a visiting team and lead resulted in a fragmented approach and therefore aspects of the visit were delayed. The team are currently in the process of finalising the SEDS summary report which will be shared with the leadership team and overview of findings included within subsequent reports.

2.6 The Culture and Quality visiting programme has now fully recommenced, and visits took place to the Community Learning Disability Team and the Recovery Teams North and South in December 2023. Visits to both Recovery teams took place in December 2023. Key learning from the visit to South Recovery Team has been shared with the leadership team for cascade and action planning. Areas for rapid action included:

- Adherence to SHSC Uniform Policy
- Need to improve lone working and safe working arrangements to ensure safety of staff both in Trust premises and whilst out visiting in the community
- Completion of mandatory training
- Escalation of high priority individuals on waiting list / awaiting Mental Health Act Assessment to the leadership team
- Improvements in documentation standards
- Management of clinic room spaces including temperature monitoring of room /medication fridges.

2.7 The visiting schedule for 2024 has been completed and leads for each of the visits has been confirmed for Q4. There are 6 visits planned for Q4 2023/24.

2.8 During 2024 Care Standards will be working closely with SHSC Project Management Office (PMO) to further develop the 2023/24 quality visiting programmes and specifically developing mechanisms for categorising findings, identifying key themes and monitoring progress against Trust wide recommendations arising from triangulation of quality assurance activity.

Fundamental Standards of Care (FSoC)

Methodology and Findings

2.9 Fundamental Standards of Care Visits have concluded with all SHSC bedded areas visited

between October 2023 and December 2023. The methodology and approach used for the visits this year have been adapted based on feedback from and learning from last visits last year.

2.10 In total there are 198 standards assessed during the FSoC visit by the Team. These are categorised using the CQC domains of Safe, Caring, Responsive, Effective and Well Led.

2.11 Each area received a rating for their 15 steps challenge as part of the FSoC visit. Locations received a rating for each of the domains of 'Welcoming,' 'Safe,' 'Caring and Involving' and 'Well Organised and Calm.' An overall 15 Steps rating was also applied. The following areas achieved an overall rating of 'Highly Commended' or 'Commended.' All other areas were rated as 'Improvements needed.'

Highly Commended	Commended
Beech	Endcliffe
Burbage	Forest Lodge
Dovedale	
Forest Close	

2.12 Key findings from the 2023 round of FSoC visits for improvement are:

- Compliance with Infection Prevention Control (IPC) requirements – specifically bare below the elbow
- Suitability of clinic spaces and monitoring of clinic and drug fridge temperatures
- Staff access to electronic patient record system (impacted by RIO implementation)
- Medicines management – administration and storage
- Availability of service user and carer information / leaflets
- Basic Life Support training below compliance target for all areas
- Access to team development time

2.13 It is important to note that there has been little progress against the following 2022 FSoC themes:

- Staff being involved in team time
- Lack of adherence to uniform policy and bare below the elbows
- Lack of understanding re blood glucose monitor calibration requirements.

2.14 We have taken the opportunity within 2023 FSoC visits to gather assurance regarding embeddedness of patient safety actions previously undertaken across the Trust.

2.15 **Safer Sharps Practice –** Significant work has taken place across the Trust to address safer sharps devices to reduce the risk of injury during administration of insulin and the management of medical sharps through both education of staff and improved clinical management. To ensure ongoing compliance with improvement actions, specific questions regarding sharps management. 9 out of 11 areas assessed were noted to meet the following standards:

- Sharps bins are available, stored correctly, are dated, not overfilled and closures are in use.
- Staff can describe safe sharps practice (Risks, Legal responsibilities. Safe use: before, during and disposal)
- Staff are able to describe what to do in the event of a needlestick injury ('Bleed, Clean, Cover, Report')

2.16 Where standards have not been met, improvement action is required which will be monitored as described in paragraph 2.23 and revisited again as appropriate.

2.17 **Communal use of Wheelchairs (Care Homes Setting) Blue Light –** A Blue Light Alert was issued late on in the visiting schedule regarding the safe use of communal wheelchairs following a CQC prosecution to another Trust. We took the opportunity to include observations of safe and appropriate use of communal wheelchairs during our visits to Care Homes Settings as these were scheduled last in the programme of visits.

2.18 **29a Warning Notice actions –** Questions pertaining to the areas identified within the 29a Warning Notice applied to Acute Inpatient Wards form part of the full question set therefore there will be ongoing oversight of these within action plans should areas not be found to have met the standards during their FSoC visit.

2.19 The warning notice issued by CQC in 2020 raised significant concerns regarding:

- Staffing, both numbers and competence with a specific focus on preceptorship nurses leading shifts
- Supervision
- Physical health monitoring - particularly when using rapid
- Tranquilisation medications
- Systems and processes to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

Completion of the FSoC visits has demonstrated improvements and increased assurance against points 1, 3 and 4 however it is noted that these areas need to be continuously monitored and systems reviewed. Compliance with mandatory training and supervision remain an ongoing challenge and focus for the Trust. This is monitored through People Committee and subsequently will be picked up at Executive Management Team.

2.20 The warning notice issued by CQC in 2021 raised significant concerns regarding:

- Unsafe ward environments in the acute wards for working age adults
- Safeguarding
- Systems and processes to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users

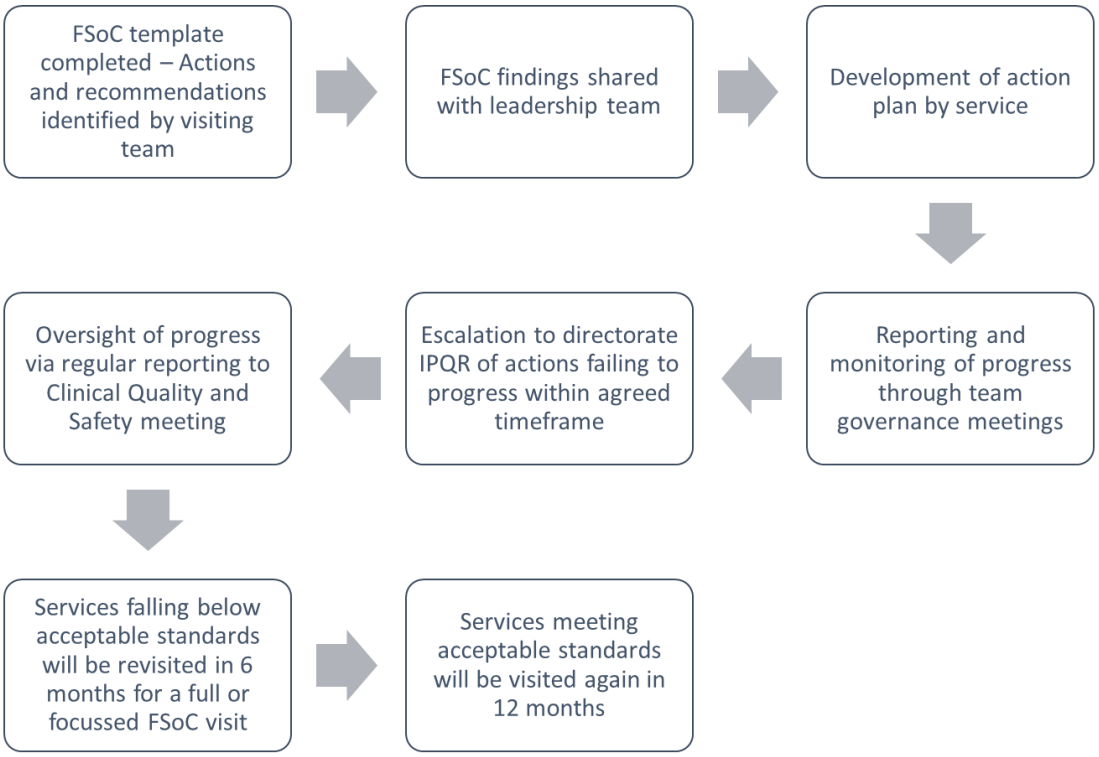
Again, completion of the FSoC visits has provided some assurance regarding staff's understanding and application of safeguarding processes particularly where safeguarding adults' concerns arise. In some areas, staff were unable to adequately respond to questions that tested out safeguarding children and MCA knowledge. In addition to action planning completed by service leadership teams, findings will be shared with subject leads (e.g. Head of Safeguarding and Head of Mental Health Legislation) for inclusion with audit and monitoring.

2.21 A number of Trust wide recommendations have been identified during the programme of visits. These are actions that would benefit a large proportion of services.

Recommendation	Proposed Lead
Information regarding compliments provided to services are predominantly held at service level. Service are unaware of the process for reporting at corporate level. Guidance to be issued.	Clinical Governance Team
There is varying practice across the Trust as to what should be included within safety huddles, handovers and team meetings. It would be beneficial to develop 'essential standards' based on the best practice across teams.	Patient Safety Specialist / Clinical Risk lead / Clinical Governance
Limited compliance in some areas regarding clinic room and	Pharmacy Team

drug fridge temperature monitoring. Not all areas have the required equipment	
Limited understanding regarding 'End of Life' processes and the use of advance statements within our older adults and care homes settings. Guidance to be developed.	Physical Health Team
Shared viewing access to rostering for all areas to help allocation and management of staffing	Health Roster Team
Standardisation of information displayed on notice boards in key areas	Engagement and Experience Team/Care Standards / Communications

2.22 The following process has been developed to ensure oversight and monitoring of actions identified as part of the FSoC visits.



2.23 The following services will receive a review visit before the annual review as they are noted to have 10 or more standards not met within the 'Safe' domain:

- Birch Avenue
- G1
- Maple
- Woodland view

Planning for 2024 / 25

2.24 Planning for the 2024 FSoC programme of visits is underway and work has commenced to:

- Review FSoC standards for care homes, older adults and rehabilitation settings
- Align with other Trust activity including PLACE visits and annual Ligature Anchor Point (LAP) reviews
- Development of FSoC service rating scheme
- Development of FSoC good practice compendium

2.25 During Q4 2023/24 the Care Standards team will be working to align our

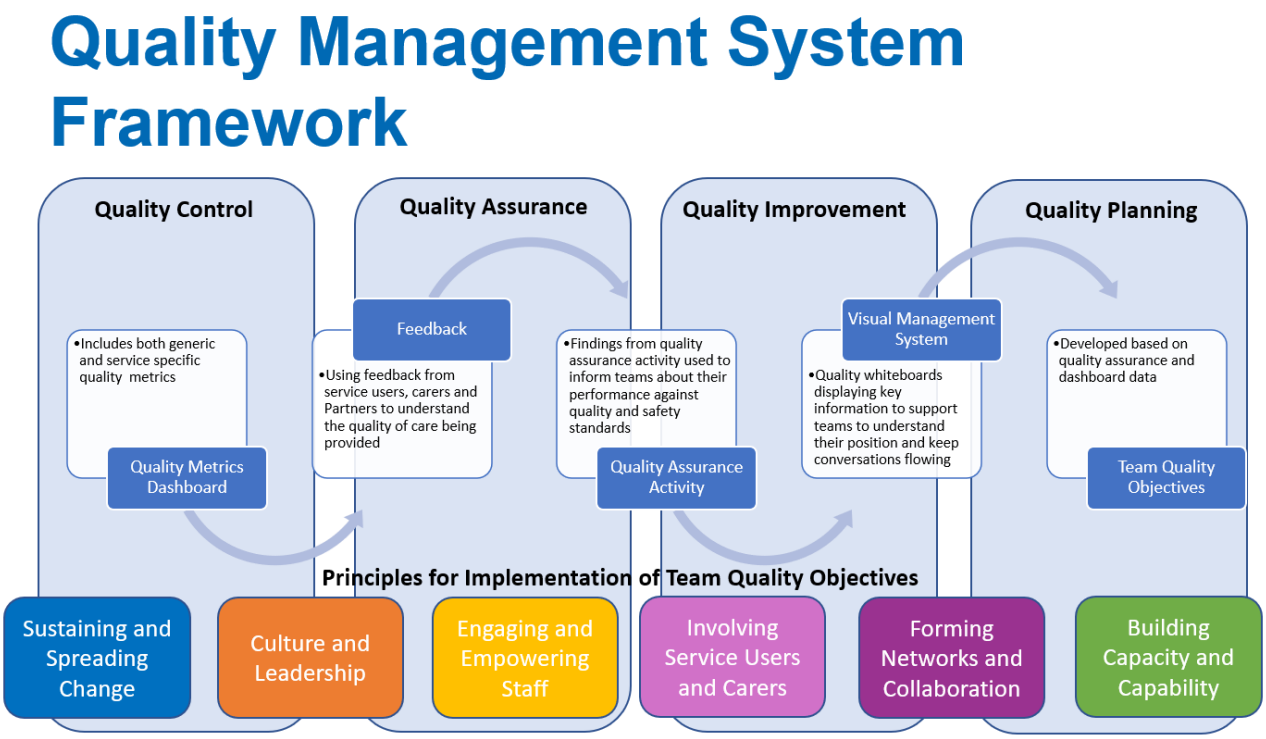
processes to the new CQC Quality Statements. We will be strengthening the way we seek assurance regarding our systems and processes though the range of committees and groups that have oversight and introducing a new self-assessment tool for services. The FSoC and Culture and Quality Visits will be used to triangulate what is declared by teams within their self-assessments. We will also be exploring how we can build on service user and carer engagement for FSoC that helps us to understand how well we are doing to meet the CQC 'I' statements. The committee are asked to receive a copy of the framework at the April Quality Assurance Committee once finalised.

Quality Management System

2.26 Work continues to develop the SHSC Quality Management System though progress has been limited whilst the FSoC visits have been taking place. Delays in the implementation of the RIO Electronic Patient Record system has continued to have an impact. Proposed timelines for reporting Quality and Safety data may be subject to further delays given there is no agreed go live date for tranche 2. In the meantime, we are progressing the development and trial of the Quality Boards in these areas. The 'Visual Management system' (Quality Boards) have been developed with staff and service users with input from the Expert by Experience supporting this piece of work.

2.27 In November 2023, we presented our QMS journey at the Royal College of Psychiatrists Quality Improvement Event. What was apparent from discussion points was that as a Trust, SHSC were in a more advanced position than other Trusts.

2.28 The working group continue to meet regularly and have agreed a QMS framework and principles for implementation of Team quality objectives. Below is a diagram which outlines the different components of the QMS framework.



2.29 We are currently in the process of determining what the offer to teams would be to support the development of robust and well-informed quality objectives. This would include:

- Support to improve data quality and literacy
- Care Standards and QI support to define clear and achievable quality objectives

- Support to develop outcome measures that help us to measure how well we are doing and whether we have been successful with implementation.

2.30 The working group have commenced work to map dependencies to identify where bottlenecks and risks to progressing implementation may occur. As a result of this, focus for Q4 2023/24 will be on development of the team quality objectives toolkit as part of the 2024/25 business planning cycle. Work continues to establish and confirm the quality metrics to be included in the team dashboards.

Back to Good Programme

2.31 In November 2023, Quality Assurance Committee received the Back to Good Closure report which outlined programme performance, progress made, assurances provided and what was learned overall regarding the approach taken. NHS England have requested our support, sharing our knowledge, skills, experience and programme controls with other Trusts with a rating of inadequate.

2.32 71 out of 75 requirements (musts and shoulds) were met. The unmet requirements pertain to mandatory training and supervision compliance and ward improvements. Monitoring and oversight is being provided by the People Committee and Tier II groups and the Therapeutic Environment Programme Board through to Finance and Performance Committee

CQC Quality Statements and Staff Readiness

2.33 Earlier this year, CQC outlined plans for a new approach to assessment and quality statements which will replace the Key Lines of Enquiry. In line with the CQC Staff Readiness Implementation plan shared with Trust Board at the end of October 2023 we have made the following progress against Q3 actions.

Action	Status
Link FSoC standards to Quality Statements	In Progress
Develop guide to help staff understand their roles in the process	In Progress
Implementation of quality whiteboards	In Progress
Sharing with staff of achievements and progress from Back to Good	Delayed
Development of improvement compendium	In Progress
Beginning to socialise the new CQC approach	In Progress
Understand staff perception of CQC and how we measure up	Delayed
CQC readiness page, ‘Showcase’ and ‘Prepare’ screensaver	In Progress

2.34 We have commenced briefing sessions with managers and clinical leadership teams to socialise teams with the new assessment framework and begun to consider how the quality statements will be used within teams and performance reviews. During Q4 we will determine which aspects of the quality statements sit with committees to provide assurance on and those that require an operational focus through a workshop-based approach.

2.35 We aim to develop some key questions to support us to self-assess our position, starting with the

'Safe' domain. We will use our core quality assurance activity to triangulate and test out what teams report about how they meet these standards and our committee structure to understand organisational assurances.

Section 3: Summary

3.1 The following risks / areas for improvement are key themes identified through the range of quality assurance activity completed and described within this report and required responses will be considered primarily through Clinical Quality and Safety meetings and relevant findings fed into other committees as appropriate.

- Failure of staff to adhere with SHSC policies for uniform / suitable work wear requirements
- Failure of staff to adhere to IPC standards for bare below the elbows practice
- Documentation and care planning – timely recording of events and ensuring that care plans reflect the current needs of service users
- Clinic room management – maintaining a well organised space and temperature recording
- Time out for teams to focus on team development and performance
- Medications management – administration and storage of medications
- Mandatory training and supervision compliance

3.2 Areas of assurance obtained across recent visits include:

- Good quality inductions for new starters
- Staff feeling proud of the work they do
- Improved use of advocacy services
- Improved staffing across a range of services
- Improved physical health monitoring post Rapid Tranquilisation administration

3.3 Oversight and monitoring arrangements of FSoC action plans occur through Clinical Quality and Safety Group and local governance arrangements. During 2024 we aim to improve cascade and triangulation through thematic reporting to subject based Tier 3 groups.