Sheffield Health and Social Care NHS Foundation Trust

Board of Directors - Public

Date:	10th March 2021	Item Ref:	08

TITLE OF PAPER	**Back to Good Report**
TO BE PRESENTED BY	Dr Mike Hunter, Executive Medical Director
ACTION REQUIRED	To update on progress with the 'Back to Good Board' and Improvement Plan. To receive assurance that a robust process is in place in response to the Care Quality Commission (CQC) report and requirements.

OUTCOME	Members are assured of the progress with 'Back to Good Programme'.
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	CQC Inspection Reports 30th April 2020 and 22nd October 2020 CQC updates to the Quality Committee 25th January 2021 CQC updates to the Trust Board 13th January 2021
STRATEGIC AIM STRATEGIC OBJECTIVE **BAF RISK NUMBER & DESCRIPTION**	Deliver outstanding care; Create a great place to work CQC Getting Back to Good A101i Failure to meet regulatory standards (registration and compliance).
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Health and Social Care Act 2008 (Regulated Activities) Care Quality Commissions Fundamental Standards Care Quality Commissions Enforcement Policy Mental Health Act 1983
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Failure to comply with CQC Regulatory Standards could affect the Trusts registration, negatively affect care delivery and require additional funding to address.
CONSIDERATION OF LEGAL ISSUES	Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, could leave the Trust exposed to regulatory action by the CQC, with a potential financial and reputational impact.

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Designation	Head of Programme Management Office
Date of Report	1st March 2021

Proud to care in Sheffield

Sheffield Health and Social Care NHS Foundation Trust

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
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To update the Board on progress with the Back to Good Board Programme and the latest meetings of the Back to Good Programme Board held on 12th and 24th February 2021						

2. Summary

a) Risks to delivery of the Back to Good Programme

The main risks to the programme relate to IMST, Estates and Staffing:

IMST

The key IMST improvement requirement 'The Trust should continue to seek improvements to its telephony and information technology systems' was presented to the Programme Board as complete in accordance with local assurance processes. This action had previously been in exception and it is a significant step forward for this to be completed. The Care Standards Team and the Assistant Director, Data and Informatics will work together to provide final assurance and confirm completion of the action by the end of March.

Other improvement actions which require the involvement of IMST to ensure completion relate to Physical Health, specifically the implementation of NEWS2, the digital physical health "vital signs" monitoring system. Progress had slowed due to a lack of a Clinical Safety Case. This is now complete and will be issued for approval on 2nd March. When approved the solution will be rolled out across wards during March.
Mitigation: The Programme Board have advised that a paper based solution would also be adequate to meet the CQC requirement. In addition, daily SITREP calls are in place to track physical health monitoring.

Estates

The risk to the quality and safety of care in inpatient areas due to the complexity of estates changes has reduced as:

The eradication of dormitories and the improvement of seclusion rooms continues, and are now part of the Acute Care Modernisation Programme, reporting in to the Transformation Board.
Mitigation: A revised plan is in place with improved monitoring and oversight, the expected completion date for the dormitory and seclusion room work is January 2022.

The ligature anchor points audits have been completed for inpatient areas. A policy and process are going through relevant governance channels for approval. This will be in place during March.
Mitigation: To address the remedial estates work an approach has been agreed, with the approach being finalised during March.

Staffing

Improvements have been made in recruitment and the Trust benchmark as the highest Trust nationally for adult acute registered nurses per bed. SHSC has 12.5 nurses per 10 beds and the national average is 7.4. However, due to the success of recruiting to Band 6 and 7 positions the Trust does have a significant number of Band 5 vacancies and a lag in recruitment, and therefore staffing remains a significant risk despite the benchmarking.

Mitigation: A rolling programme of recruitment is in place for 2021. We are exploring the potential for a partnership with Trusts in the region to look at international recruitment and participating with other Trusts in the Newly Qualified Nursing Unified Recruitment Programme. Also, NHS England and NHS Improvement are providing support as part of a project to improve the recruitment of Health Care Support Workers.

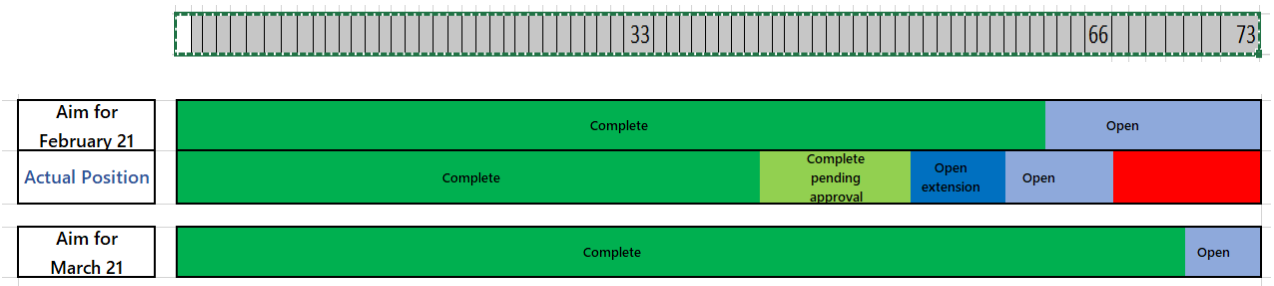
b) Progress

A lack of progress was reported at the Back to Good Programme Board meeting on the 15th February. Therefore an additional Board meeting was arranged for the 24th. Between these dates focus was placed on demonstrating progress and where necessary agreeing revised plans to achieve the deadline of the end of March 2021

The aim by February 2021 was to have completed 62 actions. As of 20th February, the position per action was;

- 41 complete (57%)
- 11 complete awaiting approval by Care Standards (15%)
- 8 in exception (11%)
- 4 open (5%)
- 8 open with exception approved (11%)
- 1 reopened (1%)

Fig 1 – Table of improvement actions by status



Reopened action

For the first time in the programme, an action was reopened after it had been assured by Care Standards as further checks and information were provided. Trust Wide 2 – The Trust must monitor the number of child safeguarding referrals made by staff.

The Board were provided with two options:
Option 1 to reopen the action and for the action owner to complete further work to ensure the challenges in regards to the robustness of approach were addressed and for this to be overseen and monitored by the Back to Good Programme Board.

Option 2 for the action to be addressed as part of the Rapid Improvement Safeguarding Development work currently being undertaken and for it to be monitored via business as usual governance processes

The Board chose option 1 to retain oversight. A plan is in place to ensure the action can be completed by the end of March 2021

Fig 2 Requests for extensions February 2021

Improvement Actions	Number/type of Requests	Outcome
Community Mental Health Services 20 (CMWA20) - The Trust must ensure that staff fully assess, manage and mitigate the risks to the health and safety of patients and this is evidenced in all risk management plans.	Extension to timescale from December 2020 to February 2021, with further request to March. Sub action: Review risk documentation of individuals open to the recovery service and update as appropriate. Progress at 23rd February: • 97% Early Intervention • 82% North Recovery • 90% South Recovery The target is 95% in all teams. The delay is due to the level of staff turnover and vacancies in both services therefore completing the action its taking more time. Targeted work with staff and agreeing protected time will continue.	**Decision** Action to remain in exception, however the programme board acknowledged the progress made
Trust-wide 67 (TW67) - The trust must ensure safety of the premises by ensuring staff have access to up to date ligature risk assessments and that environmental risks such as ligature points and blind spots are mitigated.	Extension to timescale from December 2020 to January 2021, with further request to March A consistent process has been implemented, risks have been identified and a plan is being acted for remedial action. The extension is to allow for the process to follow governance channels in line with agreed meeting dates.	**Decision** Action to remain in exception
Acute and Psychiatric Care Unit 70 (A&PICU70) - The Trust should ensure that clinic rooms have the appropriate checks in place	Extension to timescale from January 2021 to February Sub action: Introduce a clear standard on the frequency and recording of clinic room checks with means of oversight and escalation. Clinic room checks are taking place. A SOP has been developed to ensure consistency. This is being implemented	**Decision** Extension approved

Trust-wide 7 (TW7) - 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.	Extension to timescale from September 2020 to January 2021 and further request for extension to February 2021 Extension pertaining to: Revision of Physical Health Policy, Implementation of NEWS2 Detox and Diabetes training Physical Health Policy A policy and SOP's have been drafted for review. The aim is to have it approved at March Quality Committee meeting NEWS2 There is a dependency on the completion of the clinical safety case for the roll out of NEWS2. If it is approved, NEWS2 will be rolled out to wards during March. If it is not approved a paper based solution will be implemented. Diabetes Training The diabetes monitoring chart was approved by Medicines Optimisation Committee. It is to cascaded for use by the Heads of Nursing during March. Detox Training The Detox protocol was not approved by Medicines Optimisation Committee. The aim is for it to be approved by Chairs action on 3rd March for training to be rolled out.	**Decision** Action remains in exception
Acute and Psychiatric Care Unit 26 (A&PICU26) - 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.	Discussion points related to TW7	**Decision** Action remains in exception

Trust-wide 1 (TW1) - The Trust must ensure that effective governance systems are in place to assess monitor and improve the quality and safety of services.	Exception pertaining to request to remove sub action 1: Undertake a trust-wide self-assessment of the well-led question taking into account service level inspection findings The approach taken has changed and a self-assessment will not be completed. The programme board was assured that progress had been made and the removal of the sub action was appropriate	**Decision** To remove sub action
Acute and Psychiatric Care Unit 27 (A&PICU27) The Trust must ensure that it addresses the fire risk associated with patients smoking inside the wards	Extension to timescale to March 2021 Pertaining to sub action: Make completion of identified training modules to support smoke free implementation and reducing harm from tobacco mandatory for targeted staff groups It has been confirmed by the Director of Quality that the regulation had been met by the completion of the other sub actions and that training was over and above what was required	**Decision** Complete awaiting approval
Acute and Psychiatric Care Unit 71 and Trust-wide 72 (A&PICU71 & TW72) - Some abusive behaviour remained unchallenged and escalated to assaults on patients and staff. There are concerns around how racist incidents are addressed.	Extension to timescales from January to March Progress has been made in terms of the action however it has been requested that further time is allowed to create a group to pull together all the work which is being undertaken across the Trust in this area	**Decision** Extension approved
Acute and Psychiatric Care Unit 30 (A&PICU30) - The Trust must ensure that staff maintain an accurate and contemporaneous record of patient care including seclusion records in line with the Mental Health Act Code of Practice	Extension to timescale from December 2020 to February 2021, with request to March Contemporaneous note keeping takes place however to make it easier for staff to do so, initially improvements to the electronic system was specified. However, this has implications on devices, network, system development, therefore the approach will be	**Decision** Action remains in exception

	phased. Phase 1, paper based improvements which will meet regulatory requirements. Phase 2 includes IT developments, these are being progressed with the relevant licences and laptop being procured	
Trust-wide 8 (TW8) - The Trust must ensure that all services have the required amount of experienced and specialist staff, including pharmacy services.	Extension request from March 2021 to June Progress has been made with increasing staffing across the Trust. The Chief Pharmacist, Head of Service, Head of Nursing and Clinical Director have worked to coordinate adequate pharmacy support for wards pending further recruitment. E-rostering training is taking place across the inpatient wards during January and February Extension pertaining to the transfer of management of the 136 suite to the Decisions Unit The Decisions Unit is operational for part of the week, therefore the management of the 136 suite is run jointly with Maple Ward until the Decisions Unit is appropriately staffed The 136 suite will continue to run Decisions Unit jointly with Maple Ward extension requested to June to allow for Band 5 recruitment for the DU	**Decision** Remains in exception as June 2021 is outside of the current CQC inspection cycle
Acute and Psychiatric Care Unit 33 (A&PICU33) - The Trust must that sufficient numbers of experienced and suitably qualified staff are available on all shifts, and that staff are able to manage the high acuity of the ward	Same discussion as TW8	**Decision** Remains in exception as June 2021 is outside of the current CQC inspection cycle
Mental Health Ward Older People (MHWOP41) – The Trust must ensure there are enough staff deployed	Same discussion as TW8	**Decision** Remains in exception as June 2021 is outside of the current CQC inspection cycle

Actions completed during February 2021

5 actions were completed resulting in the following outcomes which all lead to quality and safety improvements.

- Improved engagement with LGBTQ+ networks
- Provided Mental Health Act training
- Improved systems and processes for assessing, monitoring and improving quality and safety of services across Older Adults wards
- Improved access to our Emotional Wellbeing Service
- Improved reporting of incidents, including Rapid Tranquilisation

Emphasis at the Back to Good Board meeting was placed on the need to ensure that progress was made with completing the quality assurance process required to sign off improvement actions, which had been impacted by the lack of available capacity for the Head of Care Standards, and the quality and timely submission of evidence. The completion of the quality assurance process and evidence submission remains a priority action and although we have seen increasing actions completed and assured since January 2021 further focus is required.

CQC Inspection Preparation

Proposed preparations for the next Care Quality Commission (CQC) inspection place an emphasis on support and asking services 'how are you doing?' The preparations include looking at the achievements and improvements within services over the last year, building colleagues confidence so they can own the narrative, to articulate in their own words the great work that has been completed and also the challenges. A Task and Finish group has been formed to work with services to support preparation activity, for example, providing brief information packs, organising peer reviews and consideration of mentoring from Senior Leaders, not only in preparation for the inspection but over the coming months to support the improvements being embedded.

Quality Assurance Committee

At February's Quality Assurance Committee meeting, the Chair noted that the committee was assured by the activities within the programme and that they were sighted on the risks and evidence of progression.

3 Next Steps

Continue to focus on completing improvement actions, by ensuring quality evidence is provided and assurance completed.

Support to be given to leads for improvement actions that remain in exception and have previously had the target timescale extended.

4 Required Actions

Board Members are asked to receive this report for information and assurance. Please note the following.

a) There are 41 improvement actions completed and assured

b) Steps are being taken to prioritise the completion and assuring of improvement actions, which includes additional support.

c) The main risks identified to the Back to Good Board Programme relate to staffing, estates and IMST

5 Monitoring Arrangements

Monthly progress reports to Quality Assurance Committee and Trust Board.

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