Board of Directors

SUMMARY REPORT	Meeting Date:	26th January 2022
	Agenda Item:	8

Report Title:	**Back to Good Board Reporting**	
Author(s):	Salli Midgley, Director of Quality / Zoe Sibeko, Head of PMO	
Accountable Director:	Dr Mike Hunter, Medical Director	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	Quality Assurance Committee
	Date:	12th January 2022
Key Points recommendations to or previously agreed at:		

Summary of key points in report

The main current risk to delivery of the Back to Good Programme is the immediate impact of the omicron wave on internal staffing and external contractors. As a result, some ligature anchor point (LAP) removal work was paused by one week in early January 2022. The net impact is that the next phase of LAP removal is now estimated to complete in March 2022 rather than February 2022. High levels of absence due to Covid-19 also has the potential to impact on achieving mandatory training and supervision trajectories. At present, supervision is being maintained but it is anticipated that mandatory training trajectories will be delayed. This report describes the plans and mitigation in place.

In other areas, the Back to Good Programme remains broadly on track. Where there are areas of delay, plans are in place to ensure completion of delayed actions by Q4 21/22.

The main risks relate to the impact on patient care due to challenges with staffing, training, supervision and the environment. The report details mitigation of these risks and outlines where assurance is necessarily limited.

The report also provides updates on:

1. Progress against the Section 29a Warning Notice received in relation to acute wards and PICU, including an update on CQC reinspection of these services on 7th – 9th December 2021.

2. Governance arrangements for redesign in SHSC's Learning Disabilities and Autism Services following the CQC inspection of Firshill Rise in 2021.

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 Getting through safely	*Yes*	***X***	*No*	
CQC Getting Back to Good	*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	*Yes*	***X***	*No*		***The Regulations of the Health and Social Care Act***
IG Governance Toolkit	*Yes*		*No*	***X***	

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Patient 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.***
OD/Workforce	*Yes*	***X***	*No*		***The workforce impact on quality of care is highlighted in the paper.***
Equality, Diversity & Inclusion	*Yes*		*No*	***X***	***The explicit EDI impacts are not discussed in this paper.***
Legal	*Yes*	***X***	*No*		***Failure to achieve compliance is a breach of the requirements of the Health and Social Care Act.***

Section 1: Analysis and supporting detail

Highlight: Risk Assessment of Omicron Impact

Omicron is the latest variant of Covid-19 that is impacting on services across the NHS, primarily through its effect on staff absence. Due to the scale of potential absence, within the NHS and more broadly (e.g., building contractors), it is possible that progress with the Back to Good Programme could be impacted. Learning from previous variants and outbreaks, and our current experience with omicron, suggests the following themes for impact:

- Staffing levels are affected across many, if not all, teams due to sickness and isolation rules. While isolation rules are not as extensive as during previous surges, omicron has a higher transmission rate that offsets any effect of shorter isolation requirements or less severe illness. However, there is also evidence that omicron rates are now falling in the UK.
- Contractor absence has impacted on the achievement of Back to Good actions where work on site or transport/goods are required. Specifically, the completion of the next phase of ligature anchor point (LAP) removal works has been delayed from February 2022 to March 2022 (see mitigation in relation to LAP Removal Policy, page 5 of this report).
- Achievement of training and supervision targets: when staffing levels in teams are depleted through sickness absence it is necessary to support minimum staffing through the relocation of staff from other services or other duties. Managers make every effort to not request cancellation of training or supervision. At present, supervision remains on track but mandatory training has been adversely impacted by Covid-related absence. The Directorates are working on revised trajectories and anticipate that completion against the required standards may be delayed in the order of two months (see section on mandatory training, page 4 of this report).
- Managers of services and team members from across all SHSC services are impacted by direct absence or caring responsibilities due to omicron. This may affect the delivery of wider strategic or corporate actions aligned with Back to Good, including policy development.

Therefore, a new corporate risk was adopted by Quality Assurance Committee on 12th January 2022, to align to the primary BAF risk (0024) concerning failure to make essential improvements to quality of care:

> *There is a risk that Back to Good progress will be impacted during the omicron variant wave resulting in missed delivery dates of required actions.*

Controls include monitoring and management through the monthly Back to Good delivery group and Back to Good Programme Board, and the SHSC Command Structure, which reviews and manages daily impact on staffing. Gold Command has overall responsibility for maintaining performance in the face of Covid-19 challenges, including maintaining training, supervision and environmental improvements. The Board of Directors is sighted on these key areas via the monthly IPQR, Transformation Report and Back to Good Report.

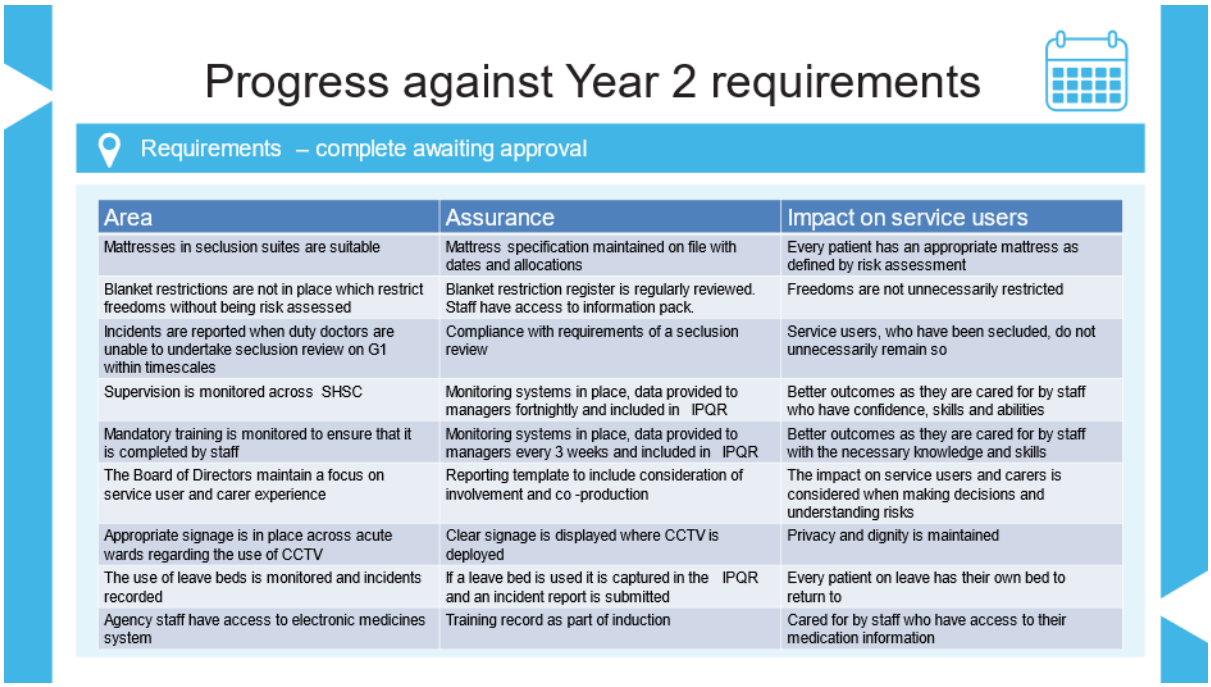
Summary Overview

There are 55 requirements in total that must be met in connection with the CQC report published in August 2020. Of these 55 requirements, 20 were due for completion by 30th November 2020. The current position is:

1. Completed = 11
2. Open = 34
3. Open with an approved extension = 5
4. Requirements in exception = 4
5. Yet to commence = 1

The report will now consider those actions which are completed, in exception and those with approved extensions. This report also provides an update in relation to progress against the Section 29a Warning Notice received for our acute wards and PICU, and an update in relation to the Assessment and Treatment Service at Firshill Rise.

Summary of actions completed by 30th November 2021



Progress against Year 2 requirements

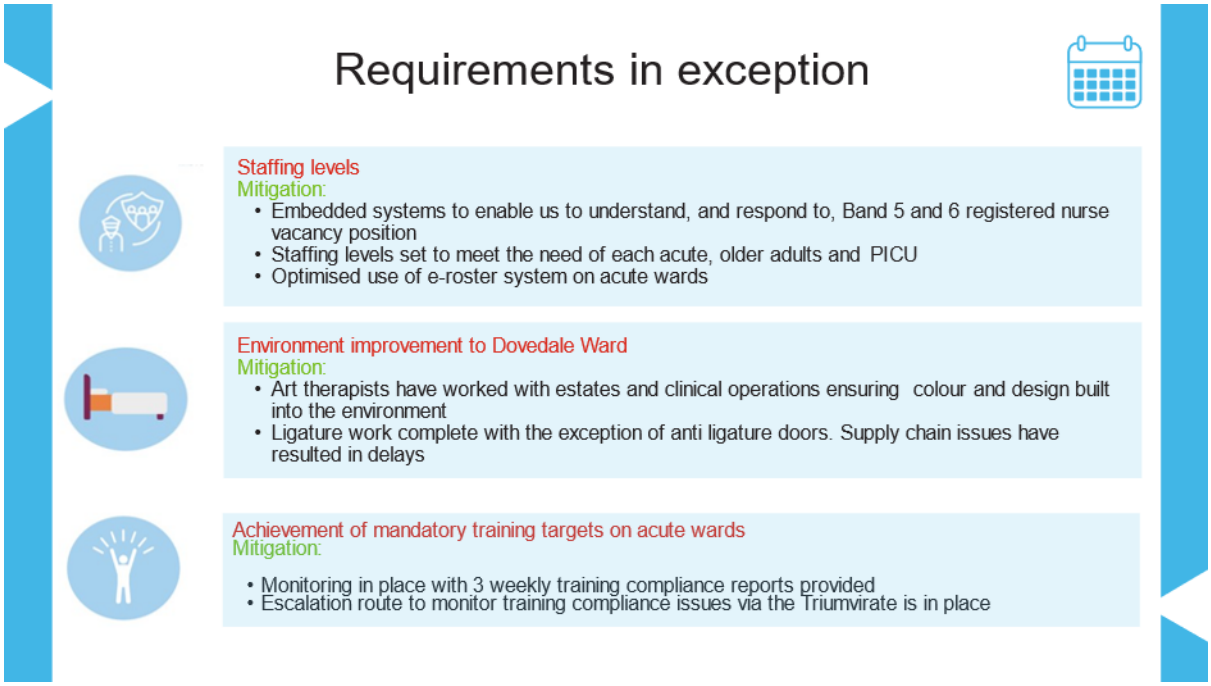
Requirements – complete awaiting approval

Area	Assurance	Impact on service users
Mattresses in seclusion suites are suitable	Mattress specification maintained on file with dates and allocations	Every patient has an appropriate mattress as defined by risk assessment
Blanket restrictions are not in place which restrict freedoms without being risk assessed	Blanket restriction register is regularly reviewed. Staff have access to information pack.	Freedoms are not unnecessarily restricted
Incidents are reported when duty doctors are unable to undertake seclusion review on G1 within timescales	Compliance with requirements of a seclusion review	Service users, who have been secluded, do not unnecessarily remain so
Supervision is monitored across SHSC	Monitoring systems in place, data provided to managers fortnightly and included in IPQR	Better outcomes as they are cared for by staff who have confidence, skills and abilities
Mandatory training is monitored to ensure that it is completed by staff	Monitoring systems in place, data provided to managers every 3 weeks and included in IPQR	Better outcomes as they are cared for by staff with the necessary knowledge and skills
The Board of Directors maintain a focus on service user and carer experience	Reporting template to include consideration of involvement and co -production	The impact on service users and carers is considered when making decisions and understanding risks
Appropriate signage is in place across acute wards regarding the use of CCTV	Clear signage is displayed where CCTV is deployed	Privacy and dignity is maintained
The use of leave beds is monitored and incidents recorded	If a leave bed is used it is captured in the IPQR and an incident report is submitted	Every patient on leave has their own bed to return to
Agency staff have access to electronic medicines system	Training record as part of induction	Cared for by staff who have access to their medication information

Eleven actions have been completed aligned to the required timescales and are being audited by the Clinical Quality Standards team, examining evidence submitted by the action leads.

This process will also identify the mechanism for embedding and maintaining the improvements. It is critical that once actions have been achieved, the organisation utilises robust governance and assurance processes to ensure there is ongoing compliance. Future Back to Good reports will demonstrate how that assurance will be gathered and where it will report via Business-as-Usual channels in order to provide oversight and scrutiny of continued compliance with regulatory actions.

Actions in exception at 30th November 2021



There are three themes of requirements in exception:

1. **Requirement Actions for staffing**

Carried forward from CQC Action Plan 2020:

The Trust must ensure that all services have the required amount of experienced and specialist staff including pharmacy services.

The Trust must ensure 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.

The outstanding action is to complete the clinical establishment reviews using the MHOST tool. **UPDATE:** The action was completed by submission of the MHOST tool to the Director of Nursing in January 2022 and evidence for its completion will be audited by the Clinical Quality Standards team.

CQC Action Plan 2021:

The Trust must ensure that staffing levels are adequate for the service being provided

The outstanding action is to complete the roll-out of the e-roster across the acute wards and PICU. **UPDATE:** This was completed by 31st December 2021.

Limited Assurance

Whilst the completion of these actions provides data to inform the staffing requirements of the wards, this does not necessarily deliver the requirement to ensure that all services have the required staffing in place. The escalation process is in place and operates well but there remains a significant risk that on occasions, due to sickness or last-minute absence or changes in patient presentation, that demand / requirement for particular staff groups is not met by our supply. This is an issue that is monitored via the IPQR, through a range of escalation and incident reporting mechanisms.

It is likely that staffing will remain our biggest risk, as indicated in the Board Assurance Framework and continue to feature in regulatory and contractual meetings for some months, aligned to national staffing shortages.

2. **Requirement for Dovedale 2 Environment**

This action will close when the new doors are installed, commencing January 2022. This is in exception due to supply chain issues outside our control. Mitigation is via clinical risk assessment and management with respect to ligature anchor points.

3. **Requirement for Mandatory Training**

This is a requirement to ensure that compliance with training achieves the SHSC target in all mandatory training courses including Immediate Life Support and RESPECT, which are particularly challenging during the continued pandemic as these courses can only be delivered face-to-face.

This requirement went into exception because the Back to Good Programme Board was concerned that trajectories to deliver training were imprecise.

Initial trajectories were subsequently established to deliver 80% compliance (90% for Safeguarding) by March 31st 2022, with most subject areas anticipated to achieve compliance sooner in January 2022. **UPDATE:** This area has been adversely impacted by staff absence related to the omicron wave. The operational teams are working through revised trajectories and anticipate an overall delay in the order of two months.

Limited Assurance

As with staffing requirements, maintaining training levels to the agreed targets requires active management. The new reporting systems and dashboards will support managers to identify staff coming up to renewal dates but omicron impacts on ability to both provide and attend training.

The Clinical Directorates' monthly performance and quality reviews ensure that this is monitored at team level and compliance with mandated training is a feature of all staff supervision to ensure everyone understands the need for a fully trained workforce across all services.

Actions with extensions agreed at 30th November 2021

There are five requirements which have had extensions approved to support delivery.

1. **Supervision compliance**

Progress against revised trajectories is overseen by the Clinical Directorates' monthly performance and quality reviews. Plans are in place which are monitored to ensure the target is met by February 2022.

Limited Assurance

As is noted for the training compliance, supervision compliance will require ongoing scrutiny as there is learning in the organisation that when wards are busy and patients need support and care, supervision is sometimes cancelled. The supervision policy recognises the many formats supervision takes and that the importance of recording supervision must be recognised by every staff member. This will be monitored through the directorate performance reviews and in supervision with team managers to detect early warning signs of supervision slipping.

2. Medicines Competency Framework

An extension was initially approved for the inpatient medicines competency framework in order to support roll out by March 2022. The framework has been piloted and feedback has suggested some final changes to the framework, which is now going through approval with Nursing Council and Medicines Optimisation Group.

Following constructive challenge at the Back to Good Programme Board, roll out has been brought forward and commences in January 2022. The framework will apply to inpatient nurses and aims to reduce the number of nursing administration errors. This will be monitored through Medicines Optimisation Group and ultimately Quality Assurance Committee over the year.

3. Restraint training for Agency Staff

An extension was approved to complete the work on the standard operating procedure for the use of agency staff who are not RESPECT trained. There is a significant risk to patient safety if use of force (within the meaning of the Use of Force Act) is not consistent and is not applied in line with SHSC policy. Where agency staff are not RESPECT trained, they are not permitted to use restraint or use of force, except for very exceptional circumstances when the overriding duty of care may be applicable. The standard operating procedure will be approved by January 2022. When utilising agency staff, ward establishments are flexed to ensure the minimum number of RESPECT trained staff are present.

4. Duty of Candour

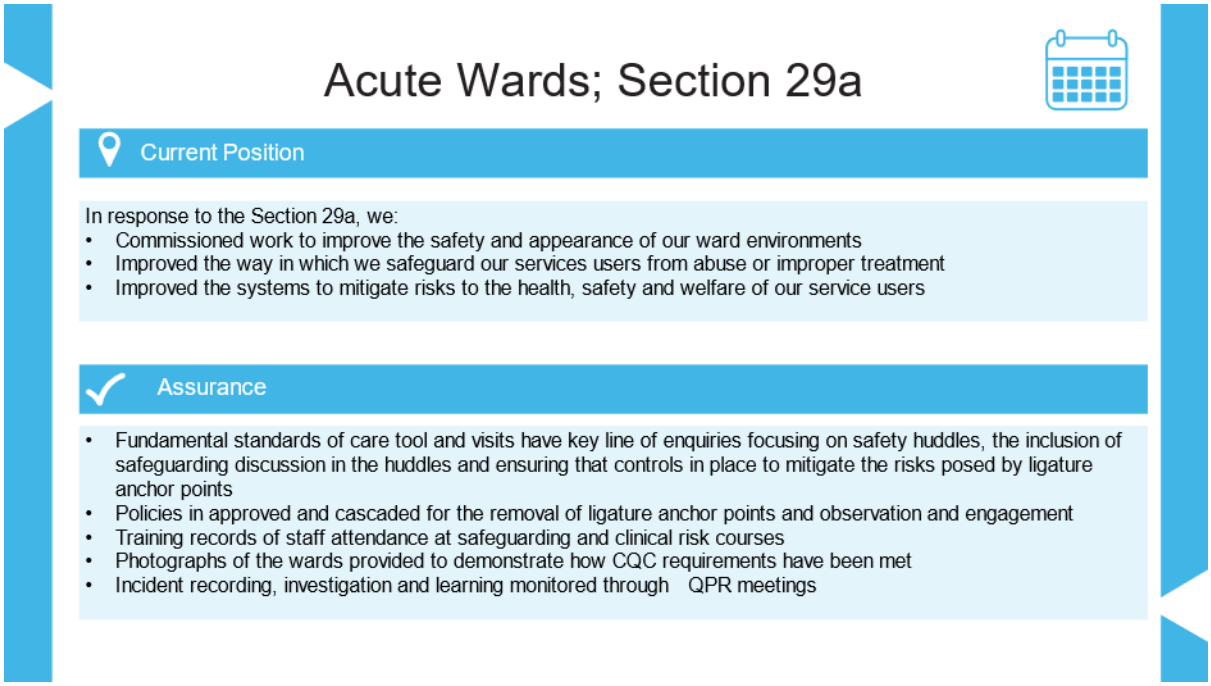
The duty of candour training requirement was extended to provide training to staff across the wards and to enable a review of the Duty of Candour policy aligned to the feedback from training. **UPDATE:** This action was completed in December 2021 and it is expected that videos of the training will be made available to support ongoing training, which will sit with the incident reporting training that is in development.

5. Ligature Anchor Point Policy

An action to complete a Ligature Anchor Point Policy was completed by approval of the policy at Policy Governance Group in December 2021.

Note that approval of the policy does not in and of itself reduce the risk, rather it provides the framework within which risk is assessed, managed and mitigated. This includes the overall environmental work programme, daily safety huddles, individual risk assessments and ward-by-ward heat maps of ligature risks. Assurance is garnered through the check and challenge of regular fundamental standards of care visits led by the directorates and the quality team.

Section 29A Warning: Acute Wards and PICU



All actions for the Section 29A were met by the due delivery date in September 2021. The challenge to the services and the organisation is to maintain the improvements and deliver good care every day.

The challenges to sustained delivery are highlighted earlier in this report and are impacted on by key themes of staffing, supervision, training and environmental risks.

CQC Re-inspection

The CQC reinspected the wards on 7th – 9th December 2021. Initial feedback reported that the inspectors had seen evidence of reduced risks across the wards. A draft report is currently awaited.

Firshill Rise: Service Redesign

The service at Firshill Rise is currently paused. A Programme Board has been established to oversee redesign in learning disability and autism services. The Programme Board is co-chaired by the Director of Operations and an Expert-by-Experience, and also includes service users, carers, partner organisations, a range of professionals and an external consultant. The Programme Board is overseen by the SHSC Transformation Board, and also provides reports to the Quality Assurance Committee. The Programme Board is presenting a paper to support strategic discussion at the Board of Directors in January 2022.