Sheffield Health and Social Care NHS Foundation Trust

Board of Directors – Public

Date:	10 March 2021	Item Ref:	09

TITLE OF PAPER	**Board Member Visits to Services**
TO BE PRESENTED BY	Beverley Murphy Executive Director of Nursing, Professions and Operations
ACTION REQUIRED	To receive for information and note the revisions to the Board member visit reporting template.

OUTCOME	The Board is asked to receive this report as an update on the Board member visits to services and provide assurance to the Trust Board.
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	Listening into Action increasing Board visibility across the Trust CQC Inspection Reports 30th April 2020 and 22nd October 2020 Board Visibility Update to the Trust Board 11th November 2020
STRATEGIC AIM **STRATEGIC OBJECTIVE** **BAF RISK NUMBER & DESCRIPTION**	Strategic Aim: Create a great place to work CQC: Getting back to Good BAF Risk Number: 0002 BAF Risk Description: There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.
LINKS TO NHS CONSTITUTION / OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Provider Licence Annual Governance Statement NHS Foundation Trust Code of Governance
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Implications of individual risks outlined on the register.
CONSIDERATION OF LEGAL ISSUES	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement Governance regulations and Provider Licence.

Author of Report	Julie Walton
Designation	Head of Care Standards
Date of Report	14 January 2021

Proud to care in Sheffield

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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The report's purpose is to update and assure the Board of progress with Board member visits to services and revisions to the Board member visit template and process.						

2. Summary

Board member visits to services has now been established since June 2020. This has enabled conversations to take place between the senior team and staff who deliver services, and where possible with service users across the trust. There have been open and honest discussions, giving insight into staff and where possible service user experiences. The visits continue to strengthen and support floor to Board reporting and assurance. Visits have remained on a virtual basis through MS Teams/Skype, whilst restrictions are in place in line with the COVID-19 pandemic national guidance.

The principals for the visits are:

- Listen – to listen directly to staff and service users in services to hear their views and experiences
- Ask – ask questions and see the visit as an opportunity to learn more about the service, for example, good practice for sharing and any key issues of concern.
- Assure – the information from the visit will support assurance at Board and service level.

A review has been undertaken on Board member visits to identify where further improvements can be made. The outcome to this has centred on two main areas: the visit reporting template and the follow-up process for ascertaining progress with any identified actions from the visit. (See Appendix A for a copy of the revised visit template)

Proposed changes have been made to the template to improve timely communication of feedback, including suggestions to services and an update to the Board of Directors (the Board) listing any potential actions for consideration. To enable a more timely and appropriate update to be shared with services and the Board, the revised reporting template has been divided into two parts:

- Part A - Service level feedback to the manager and the senior management team.
- Part B - Board level feedback to the Board

The purpose to the revisions is to ensure clearer messaging that can be shared to the Board and services simultaneously, thereby improving timeliness and effective communication. Going forward the Quality Team will be working with the Corporate Governance Team to further establish and embed scheduling arrangements and obtaining progress updates on actions both at service and Board level.

Board Member Visits Update

Between 11th September and 11th December 2020 there were 10 Board member visits to services as follows:

- Specialist Services – Community Enhancing Recovery Team (CERT), Neuro case Management (NCM), Early Intervention in Psychosis (EIP), Eating Disorders Service, Specialist Psychotherapy Services, Short Term Educational Programme (STEP), the Health Inclusion Team and the Homeless and Support Team (HAST)
- Forensic Services – Forest Lodge
- Crisis – Crisis Assessment Centre and Crisis House
- Adult Social Care – Wainwright Crescent

Most visits undertaken were to specialist services or services with a specific purpose outside the main core service areas. This has given focus on the less visible services across the Trust, with their unique service offers and challenges.

General themes from visits were:

- Despite challenges staff demonstrated enthusiasm, positivity and a passion for their services.
- Service users were at the heart of service delivery, with staff championing different aspects of care and treatment, which may sometimes attract little attention, for example the needs of homeless people and the role of social care within the Trust.
- Staff wellbeing and support, including through supervision was a frequent topic within conversations around how to further support staff.
- A need to celebrate successes, including the positive and pro-active provision of bespoke and specialist services, which are often unique and/or delivered by small teams.

Areas frequently raised for support were:

- COVID-19 – there continues to be challenges faced with the pandemic, particularly impacting on specialist services.
- The importance of effective digital connectivity as this negatively impacts on delivery and on staff wellbeing.
- Estates, the need to better provide privacy, some areas were not fit for purpose and/or lacked therapeutic space.
- Staffing challenges with recruitment and the impact of increasing demand, particularly in relation to the impact of COVID-19, for example for services caring for university students.

In addition to Board members giving feedback to the Board about their visit for discussion and action where appropriate, local senior managers have been working with the services to address any concerns and support improvement. Appendix B shows services visited and summarises progress updates on actions arising out of visits.

3. Next Steps

- Share the proposed revision to the Board member visit template and process with the Board for consideration of approval.
- Further develop and embed the feedback and follow-up system so that timely feedback to services and the Board is enabled and any identified actions are appropriately communicated.
- Embed the changes to the visit reporting template and establish ‘You said, we did’ posters.

4. Required Actions

The Board is asked to receive this report for information and assurance.

5. Monitoring Arrangements

The progress with Board member visits will be monitored through:

- The Board of Directors meeting

6. Contact Details

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Appendix A

Sheffield Health and Social Care NHS Foundation Trust

Sheffield Health and Social Care NHS Foundation Trust

Board Members' Visit: Visit Template

Directorate:	
Name of Service/Team:	
Date:	
Time:	
Virtual or In Person:	
Name of Board member: (Non-Executive)	
Name of Board member: (Executive)	
Names and Titles of Staff at the visit:	
Location Address:	
Service Description:	

Context

Board members visit services throughout the year to listen to our staff and service users' views and experiences directly. Visits are based on three principles:

Listen, Learn, and Act

- Listen – to listen to the views and experiences of our staff and service users.
- Ask – ask questions and see the visit as an opportunity to learn more about the service, for example good practice for sharing and any key issues of concern.
- Assure – the information from the visit will support assurance at Board and service level.

Purpose of visits:

Enable direct engagement with staff and service users to develop a better understanding about services we deliver to support Board assurance.

- Ensure that where there are areas of good practice these are appropriately communicated, shared and recognised.
- Ensure that staff are able raise concerns or issues directly with Board members to enable support with timely responses and resolution.
- For on site visits to the areas - observation of the environments our staff work in and service users are cared for in.

- Contribute to Trust assurance on quality of services by triangulating what is seen and heard with other information received.

Board visits contribute assurance towards:

The SHSC Vision

- To improve the mental, physical and social well-being of the people in our communities.

Strategic Priorities

- COVID 19: getting through safely.
- Care Quality Commission: getting back to good.
- Transformation: changing things that will make a difference.

Visits should include the following, where appropriate:

1. A discussion with the team leader or lead clinician
2. Discussions with a range of staff from different disciplines and grades
3. Discussions with service users and any visitors if possible
4. When visiting the ward/unit a tour of the area, including any external facilities i.e. gardens
5. Brief feedback to the person in charge and/or others as appropriate at the end of the visit.

Preparation Pack:

A pack has been provided comprising of a briefing from the service/team on their purpose and an opportunity to report their experience and a basic background data brief.

How to use this template:

The template is divided into 3 sections as follows:

Part A – Service level – a brief summary of what was heard and seen.

Part B – Board level – a brief feedback on the visit to share at the next Board meeting with 2 key areas for potential action to inform the 'You said, we did' response.

Appendix A – Aide Memoire to support discussions and environment observations

Please note:

Part A will be sent directly to the service, including the senior management team.

Part B will be sent to the Director of Corporate Governance, copying in the Board members who undertook the visit for information.

Please complete Part A and Part B of the template and return to the Quality Team and Executive Administration Team by email to:

Sheffield Health and Social Care NHS Foundation Trust

Part A

Board Members' Visit: Visit Template

Service level Feedback and suggestions for consideration from the visit

Directorate:	
Service/Team name	
Board Members	
Date of Visit	

What was heard and seen during the visit:
Suggestions for the local leadership team arising from the visit and actions taken away:

Sheffield Health and Social Care NHS Foundation Trust

Part B

Board Members' Visit: Visit Template

Board Level Feedback and Actions

Directorate:	
Service/Team name	
Board Members	
Date of Visit	

General feedback of the visit and a reflection of how the things seen and heard triangulate with reporting and discussion at Board and Committee:
Issues / actions to take to the Board for consideration:

Appendix A

Aide Memoire

Below is a short reference to areas relating to the Care Quality Commission's five Key Questions that you may find useful to explore with staff and service users. It may also be useful to consider how what you hear and see triangulates with what you hear at Board and other committees and discussions.

Key Question – is it safe? By safe, CQC mean people are protected from abuse and avoidable harm.

Do staff feel safe at work, if not why. Do staff feel supported and feel able to raise concerns if they had any? Is there anything staff would like to share about service user safety, including any safeguarding concerns. Is the service staffed and equipped to meet their needs? Has any good practice been discussed that could be celebrated and shared?

Do services users feel safe and are they able to raise concerns with staff if they are worried or anxious about their safety. If they have raised any concerns have these been responded to and have staff been supportive? Are there any aspects of their care, for example access to medication and the environment that they are concerned about or would like to see improvements in. Is there any good practice spoken of?

Key Question – is it effective? By effective, CQC mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

What support mechanisms are in place to support staff health, well-being and professional development, e.g. supervision and access to training. Do staff feel supported and able to assess, plan and meet service users' needs – are there any issues with this, for example IT, equipment access to records and up-to -date policies and guidance? Is there sufficient support, training and guidance available to meet best practice standards, ensuring that service user's human rights are protected, such as with mental capacity?

Do service users understand what their treatments is and have they been consulted with, including given consent to their care and treatment plans. Is there confidence that their personal information is treated confidentially? Is there sufficient information available, in an accessible form to support understanding of treatments. Do service users feel supported that their care and treatment plans will help them recover and help them to achieve a good quality of life? Is there any good practice spoken of?

Key Question – is it caring? By caring, CQC mean that the service involves and treats people with compassion, kindness, dignity and respect.

Do staff feel able to support their service users in a person-centred way, ensuring that dignity and privacy are respected? Are there any barriers to involving and collaborating with service users in decisions about the care, including opportunities to consult for their views? If observing practice at an actual visit, how compassionate are staff, do staff act as advocates for their service users, do service users look well-cared for and able to participate in their own care.

Do service users feel that staff are kind and empathetic to their needs? Do service users feel they are a partner in their own care and that they and their carers/advocates (where appropriate) are consulted with. Are there any concerns around privacy, dignity and confidentiality? Do service users feel listened to and their views matter? Are there any concerns raised? Is there any good practice spoken of?

Key Question – is it Responsive? By responsive, CQC mean that services meet people's needs.

What are staff views on being able to respond to their service user's needs, such as a therapeutic and accessible environment. Have there been any issues, for example, staffing/COVID 19 that has impacted on how quickly the service can meet service users' needs, possibly resulting in a backlog. How are staff learning from feedback, including complaints to improve practice?

Do service users feel that their needs are met in a timely way and if they have any specific support needs such as interpreters or aids with mobility, that these are provided. Are service users happy with the information they receive and understand how they could complain if there was a concern. Is there any good practice spoken of?

Key Question – is it Well Led? By well-led, CQC mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

Do managers and staff feels supported by their line managers, including enough timely information on the service. Are staff confident they know what is happening in their service and across the trust and can report concerns when needed. Are there opportunities for learning lessons and shared learning from other services internal and external? Are senior managers accessible?
How are service users/carers/advocates views and feedback on experience used to inform service development. Is there consultation and co-production with service improvements or changes?

When observing wards and other areas where care is delivered consider the following:

- A tour of the area, including any external areas
- Starting observation from entering the building (what impression are you getting from the approach, is it welcoming, well maintained, accessible with good signage, clean and tidy or littered with debris and evidence of smoking)?
- Continue to observe the environment around you throughout your visit (does it look clean, well-organised, are notice boards tidy with up to date information, state of décor etc.)?
- Are staff and/or service users reporting any issues over the environment, facilities or equipment when you have been speaking with them?

Appendix B

NHS
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Board Service Visits

6th June – 30th November 2020

Julie Walton

Head of Care Standards

BACK TO GOOD

Completed Visits 6th June to 30th November 2020

Specialist	Forensic & Rehabilitation	Crisis Services	Older Adult Services	Community (Working Age) Services	Acute Services	Learning Disabilities & Autism
Improving Access to Psychological Therapies (IAPT)	Forest Lodge	Single Point of Access and Emotional Well-being Service (SPA)	Memory Service	Emotional Well-being Service (EWS)	Burbage Ward	Firshill Rise Assessment & Treatment Service (ATS) & Case Register
Chronic Fatigue Syndrome/Myalgia Encephalomyelitis (CFS/ME)	Forest Close Long Stay Rehabilitation	North Home Treatment Team	Birch Avenue	Recovery Team South	Endcliffe Ward	Sheffield Adult Autism and Neurodevelopmental Service (SAANS)
Perinatal Services		Recovery Services South	Community Mental Health Team Older People	Community Enhancing Recovery Team (CERT)	Wainwright Crescent	
Neuro Case Management (NCM)		Psychiatric Decisions Unit	Grenoside 1 Ward			

Community and Acute Services

Services/Teams	You said	We did
Acute Care (Inpatient)		
Burbage Ward	You were concerned about capacity, acuity and the length of experience of nursing staff. You asked if we had the right bed numbers for the acute pathway capacity.	• We recruited to a full complement of Band 6 nurses. • We are looking at developing a Band 6 senior nurse role. • We appointed a supernumerary ward manager to work across the service. • We ensured there is good medical and substantive psychology and OT cover. • All dormitory beds have been removed to reduce numbers. • Burbage will be moving to Dovedale 2 in March, which will further reduce bed numbers to enable the improvement work on Burbage Ward.
Endcliffe Ward	There was a lack of engagement between ward and senior leaders, particularly over decisions	• We increased meetings between managers and senior managers in addition to the monthly supervision. • We ensured there are now regular meetings with the team with weekly staff support meetings, which are well attended, where staff contribute to decision-making regarding the ward and the way it is run. • We introduced a fortnightly Inpatients Management meeting, chaired by the General Manager.
Wainwright Crescent	Concerned about environment and the available service budget.	• A business case/model has been presented to the Finance Team. Once the funding and model has been agreed the operational policy and supportive material will be developed.

Community and Acute Services

Services/Teams	You said	We did
Community		
Recovery South	• To explore issues raised of the capacity and access to services.	• We have supported the service to start to implement the 'Attend Anywhere software at East Glade. This is being trialled for Psychiatrist's clinics by working towards offering at least one clinic using Attend Anywhere software. • Care Co-ordinators also know of the Attend Anywhere software and are able to discuss it with their service users, to see initially if it would be of interest.
Older Adults (Inpatient & Community)		
Grenoside 1 Ward	You were concerned over the funded staffing establishment levels. Wanted further development of talent management. Concerned over the lack of equipment including syringe drivers and tablets for observations. You needed a governance officer in place.	• We are introducing the MHOST tool to evaluate staffing requirements – it is anticipated that this will commence during the current quarter. • Staff have access to the Mary Seacole leadership course. • Medical equipment is now on the ward and managed through the Trust's Medical Engineering contract. Tablets have been in place since July; problems with the loss of Wi-Fi signal are now resolved. • We have provided a governance officer, who is shared with Dovedale Ward. This arrangement is for the next 6 months and will be reviewed.
Birch Avenue	You wanted improvements in developing nurse leadership training and opportunities. Improvements in the speed of recruitment processes. More measures to ensure service users are better informed. Support staff who have been self-isolating	• We have supported the development of a local system of nurse champions for key issues such as bereavement and infection control. Due to Covid-19 outbreaks and clusters in the service are looking at how we can promote training and learning for staff using other mediums such as Skype, Zoom and Microsoft teams. • We have improved communications between the service and the HR team . Four more staff nurses have been recruited and we have had a support worker recruitment drive. • We have improved service user information by using a memory wall, the use of Skype with relatives and individualised cards/ and a monthly newsletter sent to relatives and carers • The service is working with HR to support staff who are shielding and allocate appropriate work tasks.

Rehabilitation and Specialist Services

Services/Teams	You said	We did
Learning Disability		
Sheffield Adult Autism and Neurodevelopmental Service (SAANS)	You would like involvement in recruitment, including medical staff. Want progress on ADHD business case to promote a nurse-led service	• We have recruited to two ACP training posts who have commenced their ACP training and will start to work on addressing the excessive waiting lists. • The business case is going to the Transformation Operations Group for approval and an interim adapted clinical model version has been sent to both Sheffield and Derbyshire Clinical Commissioners, to ensure the provision not only meets the appropriate clinical guidelines, but also meets commissioner need.
Forensic and Rehabilitation		
Forest Close	You were concerned about personal protective equipment, including exceptions to mask wearing. You wanted further support and information on BAME risk assessments. You wanted support for shielding staff was requested.	• We supported the BAME risk assessments and risk assessments in relation to a Covid-19 safe workplace – all were completed. • We supported with Risk assessments on staff return to work – all were completed and documented in supervision notes. • We ensured that staff was given support when shielding.
Forest Lodge	Wanted support with local options to use the estate differently. More support with IT issues.	• There is a meeting with an architect scheduled in the New Year to review the whole environment including how Forest Lodge and Forest Close can work together differently to free up space at Forest Lodge. • We have improved the communication between the IT team and the governance to enable better support with IT problems.

Rehabilitation and Specialist Services

Services/Teams	You said	We did
Highly Specialised Services		
Chronic Fatigue Syndrome/Myalgia Encephalomyelitis (CFS/ME)	You were concerned about the impact of Covid-19 on demand and wanted to connect leadership with IMST to explore the range of digital options available. You wanted better connection with estates to clarify communication over building works.	• Links have been made with the CCG and STH led Covid Hub, with 6 months funds made available to ME/CFS to employ an OT and more sessions of GPs with Specialist Interest to cope with the demand. Digital options have been explored, but the internet connection is limited in its capacity at the Michael Carlisle Centre. • There is improved communication and working relationships with Estates over the management of the Sewage Drains and work schedules.
Perinatal (PNMH)	Wanted support to expedite the accommodation issues. Examine the process for under 18 years and work proactivity with CAMHS in linking in with the service. Clarify the financial position in light of commissioning uncertainties in the wider system	• PNMH are now based out of Argyll House. This remains a temporary measure for 12-18 months until an Estates Community Strategy is implemented. • The Clinical Commissioning Group (CCG) have released the investment to reinstate the Long Term Plan for workforce and pathway development. Current work is being undertaken to review the workforce and demand/capacity modelling, which will be taken to the CCG to establish the service focus over the rest of the year and into 2021/22. • The Integrated Care System is currently awaiting an independent Service Review to inform the next steps of commissioning including Finance, Contracts and Recruitment plans.
Neuro Case Management	You wanted to connect the team's lead psychologist with SHSC's clinical digital leadership. Promote the team's work and identity within SHSC.	• Consultant Psychologist now connected with the digital strategy. • A close working relationship is established with the communications team and work continues on inter and intranet sites.