

Council of Governors

SUMMARY REPORT

Meeting Date: 14 June 2022





Agenda Item: 10

Report Title:	Board Update Report	
Author(s):	Non-Executive Directors	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	Committee/Group:	N/A
	Date:	N/A

Summary of key points in report

This reported is presented to the Council of Governors following the most recent public Board meeting on the key issues the Board wished to bring to the attention of the Governors. Further detail is available in the Public Board papers and minutes <https://www.shsc.nhs.uk/about-us/board-directors/meeting-minutes-and-agendas>

Here's a key so you can see how each item relates to our strategic priorities:

	COVID-19 – Recovering effectively
	Transformation – Changing things that make a difference
	CQC – Continuing to improve
	Partnerships – Working together to have a bigger impact

Recommendation for the Council of Governors to consider:

Consider for Action		Approval		Assurance		Information	X
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The first report from the Board to the Council of Governors was received in April 2022. Governors welcomed the new format but asked for acronyms to be avoided and consideration to be given to improving accessibility though it was noted requirements in terms of level of information would differ across Governors. Governors were encouraged to give further feedback outside of the meeting to support ongoing development of the report.

In the discussions it was noted that the statutory role of a Governor, including 'holding to account' is a topic often discussed in the drop-in sessions with the Chair and similarly Governors carry a responsibility to feed into and back from their constituencies. It was agreed this will be a separate standing agenda item.

Below is the report from the Board meeting held in May 2022. Governors are asked to receive and note this feedback and confirm if anything further is required in terms of approach for future reporting. At each meeting there will be a focus on a specific sub-committee and this will be rotated for all five sub-committees.

The Council of Governors is asked to note the update from the Board report and provide comment on whether the approach is helpful, particularly in terms of level of information provided.

Please identify which strategic priorities will be impacted by this report:					
Covid-19 – Recovering Effectively			Yes	X	No
CQC – Getting Back to Good Continuous Improvement			Yes	X	No
Transformation – Changing things that will make a difference			Yes	X	No
Partnerships – working together to make a bigger impact			Yes		No
Is this report relevant to compliance with any key standards ?			State specific standard		
Care Quality Commission Fundamental Standards	Yes	X	No		Good Governance
Data Security Protection 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	
Service User and Carer Safety and Experience	Yes		No	X	<i>None directly apply to this decision</i>
Financial (revenue & capital)	Yes		No	X	
Organisational Development/Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	

Board Update Report to Council of Governors

Top messages to take away from the May Board meeting

1. Listening to service users

We were joined by a service user who relayed his experiences of accessing mental health services which had at times been very challenging, with some early mis-diagnosis, over medication and stereotypical approaches being used. He stressed how vital is to really 'hear what the person is saying' in finding the best ways to support them and to reduce stigma in communities. He also spoke movingly about his concerns for his son in terms of his experience of mental health services.

The Board was reminded of always having in mind what 'person centred' **really means** as we develop services; how important it is that we engage with the person and not the condition; and understanding that for the service user it is important to be in control whilst feeling that someone is walking alongside them on their journey.

In the post discussion reflections, the Board agreed to share work taking place through Flourish to engage with communities with the Governors.

The feedback we received resonated in our discussions.

2. Finances

Summary Financial Position at March 2022

- The Trust ended the year (March 2022) with a surplus of £1.8m. This was a better position than originally expected primarily due to a £443k gain on Local Authority pensions.
- The total spend in 2021-22 on the Mental Health Investment Standard (MHIS) was £3.3m against an investment of £5.7m. Assuming current staff in post values the forecast spend in 23-24 will be £4.5m. This suggests there remains approximately £1.2m vacancies associated with MHIS funds.
- Covid underspend was £4.7m as expected.
- Agency and Out of Area Costs remain high risk. Total spend for the year on these areas was £15m which equated to 11% of the total organisational spend.
- Capital of £8.2m was spent in 2021-22 which is in line with our capital expenditure expectations and this positive position was commended by the Board as a significant achievement in comparison with previous years

Summary Financial Plan 2022/23

- The Board formally approved the plan for 2022/23 of £2.7 m deficit. This requires delivery of a £3.5 m Cost Improvement Plan/Savings plan (Quality and equality impact assessments will take place on all proposals)
- The Board has a statutory duty to break even and achieving this would require minimum delivery of a savings plan of £6.2 m which would be a significant challenge and risk given we do not at this stage have sufficient quality and equality impact assessed plans to be assured this is deliverable
- It was acknowledged our current planned deficit and the system deficit of £85m will be scrutinised post submission and further work on this may be required

3. Transformation



[Leaving Fulwood](#) - The move of Headquarters has been delayed to July/August due to the incoming data line to the sites which is now planned for completion in June and to additional refurbishment work.

Locations for the clinical teams based at Fulwood House have been identified. The Programme Board has requested that a plan of dates for the move for these teams from Fulwood is provided to ensure that timescales are achieved in line with the disposal of Fulwood.

[Leadership Development](#) -The first cohort started on 28 February and ends on 11 July. The Board was assured on how this programme is engaging staff across the organisation and at a range of levels.

[Community Facilities Programme](#) – Work has not progressing as well expected following failure to progress options regarding the Local Improvement Finance Trust (LIFT) and NHS Property Services (NHSP) estate. This has resulted in SHSC having to look again within its own accommodation and we will need to reflect on this in our review of the estates strategy.

[Service user engagement](#) - engagement in transformation programmes was discussed following a request by the board for this detail be included - some examples are shared in **Appendix A**.

4. National/ System issues



[Queens Speech](#) - The Queens speech on 10 May 2022 talked to a range of legislative changes which will impact on work we do and in some cases how we deliver services and who to. Key points are below with further detail available in the paper.

[Mental Health Reform Bill](#) - There were immediate practice change announcements for SHSC in the speech. The main aims of the Bill are:

- People can no longer be detained because they have a learning disability or autism. This will be important in our discussions in the redesign of our learning disabilities pathways.
- Criteria are changing making it clearer that people can only be detained if there is a genuine safety risk to self or others and where there is clear therapeutic benefit. This is timely as we redesign our Acute Inpatient services and echoes our clinical strategy principles.
- To increase advocacy opportunities and more choice on who should be involved in their detention if required replacing nearest relative with nominated person.
- The introduction of a new form of supervised community discharge – which we will consider as the community teams redesign.
- To increase opportunities for Appeals to Tribunals.
- All detained patients will have statutory care and treatment plan written with the patient setting out a clear agreed pathway for discharge.

[Conversion Therapy Bill](#) - The Bill will ban Conversion Therapy practices intended to change sexual orientation. The Board formally confirmed for the record that we do not practice Conversion Therapy in SHSC.

[Health and Care Bill](#) - The move to new structures within the NHS as defined in the Health and Care Bill will become effective from 1 July 2022.

5. Partnership working



[The Alliance](#) - Linda Wilkinson, SHSC's Director of Psychological Services, has been appointed to the role of Clinical Director to the South Yorkshire Mental Health, Learning

Disability & Autism Alliance on a secondment basis. This is really good news and should support acceleration of the work of the Alliance now both the Managing Director, Marie Purdue, and Linda have been appointed.

6. COVID

Covid – The latest guidance on Covid 19 infection prevention and control requirements in healthcare settings was discussed.

Visiting - visiting arrangements will revert to pre-Covid in approach.

Face-to-Face/virtual appointments - Work is taking place to understand where face to face consultations need to resume and where virtual appointments will continue some of which will be driven by service user preferences.

It was confirmed the approach would be bespoke by service and individual need. A briefing has been commissioned and shared with governors at their request on IAPT (Improving Access to Psychological Therapies) services.

Data - Work will take place to capture more detail on what the data is telling us, and how we are meeting the expectations of patients and service users. This will support mapping back to what the data pre Covid told us given the data sets are not directly comparable. Advice on the best approach for doing so will be brought back from the Executive to the Board and consideration will be given as to how future reporting can be mapped against strategic priorities and the operating plan.

Demand for services - Discussion took place on demand and the fact nationally it is being reported there has been a significant increase in demand for mental health services as a result of Covid - at SHSC we have not seen as much demand in substance misuse services but have seen demand going back up in IAPT services. An area which will be explored to see if there is an unmet need is around family group activity.

7. Staff



Engagement events - A series of Away Days (that all Board members have been involved in) have been taking place to engage with staff face to face, as we emerge from Covid, in an attempt to improve our two-way communication, focusing on “making sense of our strategy” and to discuss the results of the staff survey. More are planned for the Summer.

Staff survey - The Board received a further report on the staff survey following discussions at the Board and the Council of Governors and discussed the detailed work underway to engage with staff to understand and address issues raised.

A further detailed discussion on progress will be added to the Board Development Programme and updates will continue to be received via the People Committee reports.

In the confidential session the Board received and discussed anonymous detailed information sitting beneath the data shared in public board. The Board sought and was provided with assurance around work underway to continue to engage with staff on the findings.

Reduction in long term sickness for staff - Short term sickness has increased however there has been a reduction in long term sickness. The Alert Assure Advise (AAA) report from the People committee confirmed clear narrative of data and actions taken has been requested at future meetings so that members have a full understanding of the issue.



8. Quality



[Board Committee Activity Reports](#) – The Alert-Assure-Advise (AAA) reports from the committees was moved up on the agenda to support informing later discussion papers and triangulation. Specific examples where the reports had prompted further Board sessions were cited- for example most recently on flow, use of out of area beds and urgent care pathways raised through committees and then discussed at the April Board Development/Workshop session.

[Eliminating Mixed Sex Accommodation \(EMSA\)](#) - NHS hospitals are required to make an annual declaration of compliance on eliminating mixed sex accommodation standards and to publish this. The Board was assured there were no breaches and that SHSC was compliant with the Department of Health Guidance outlined in 2019 and the Mental Health Code of Practice (2015) during the reporting period April 2021 to March 2022.

[Q4 Mortality Review](#) - The Q4 update was discussed and it was noted the Annual Mortality Report will be received at the Board in July 2022.

The Board was informed the rapid review of the deaths of those with an open episode of care with the Homeless Assessment and Support Team should be re-visited in order to extract more detailed learning in relation to specific demographics of the deceased; and a more precise date for the launch of the new mortality dashboard should be agreed with the Better Tomorrow project team.

Following on from the Service User story received at Board it was agreed more detail will be included in future reports on communication with families.

[Guardian of Safe Working](#) - The Board received the Annual Report from the Guardian of Safe Working who assured the Board trainee doctors in SHSC keep safe working hours and all legal requirements are complied with. The exception reporting process continues to support safe working and enable the appropriate compensation of additional hours worked.

[Hygiene PLACE lite report](#) – the 2021 assessment did not require involvement of service users due to Covid. If a full PLACE assessment starts again in 2022 there will be full involvement. The Board noted whilst service user involvement was not required in 2021 it would have been helpful to ask questions of them given feedback continued to be taken through the pandemic so views could have been captured. Governors may wish to view the action plan attached to the report. Most areas for improvement identified were minor - some work identified requires resource discussion and allocation.

9. Key issues discussed in the confidential session



[Preventing Future Deaths \(PFD\) reports](#) - Since 2014 the Trust has received 8 PFDs., it was noted reports are not often received in the same year in which the death occurred. Two specific cases were discussed in the meeting and the Board sought detail on, and was assured about, work underway to improve and strengthen our learning around PFDs and Serious Incident (SI) Investigations.

This includes looking at how teams work together to manage risks, how we have oversight of the reports and actions needed at all levels, and how we communicate with families in the lead up to discharge.

As noted earlier it was agreed we should include more information in our Mortality Reviews on how we engage with families and how we capture key messages.

The Board were assured that there are weekly SI review meetings taking place which receive feedback from coroners hearings and which discuss learning but that more is needed to close the learning loop and an update will be shared with the Board between Board meetings to outline the process and next steps.

Appendix A

Service User engagement in Transformation programmes



Service user engagement in transformation programmes was discussed following a request by the board for this detail be included in the reports - some examples are shared below:

Community Mental Health Transformation Project

- Service user engagement has increased, however it should be noted that there has been involvement throughout the project.
- A web page to support co-production is being developed, along with a video showing various users experience of the services.
- A meeting has taken place with Rethink, a mental health charity, who have confirmed that they have service users who wish to contribute to the design of the Recovery Teams.

Ward Improvements and removal of ligature anchor points

- Service users on Dovedale 2 reviewed their environment in categories including décor and furniture. This was undertaken through community meetings and questionnaires. The outcome of this review was fed into the planning of the projects for Burbage and Stanage wards. It has influenced choice of furniture and décor.
- Service users were actively involved in the sign-off of the plans for the new Stanage ward
- Service users were asked to help make sure the changes to the way the dispensary was accessed were appropriate to their needs
- Service users were involved in the production of art work which is displayed on Dovedale 2 ward, Burbage and Stanage wards.
- Future service user involvement activities will include a walk-through of the new Burbage ward during the commissioning phase. Service users will also be invited to review designs for Maple ward.

New build for adult acute and older persons services

- During the work with healthcare planners to assess what accommodation is needed for these new builds, service users by experience were invited to review the pathways and accommodation specification, which staff had previously developed. This was really detailed work and very important to the process.
- Going forward there are multiple opportunities for service user and wider stakeholder involvement in this project once the strategic outline case is developed.
- The programme team are producing a schedule of opportunities for this involvement which will be presented to our networks and service users by experience for their feedback. Opportunities will range from a few hours of involvement to longer term support. There is an ambition to have consistent input from a service user by experience for this project

Electronic Patient Record (EPR)

- Service users have contributed to the evaluation of the output-based specification and involvement in the presentation to the Executive Team.
- The programme team have presented to the Sun:Rise service user group throughout the procurement stage and once during initiation.
- The team have offered to attend to give a quarterly update.
- Throughout implementation the EPR team will engage with service users in the configuration of the system, for example, the development of the patient portal.

Clinical and Social Care Strategy

- Service users have been involved in the definition of the strategy and the implementation plan.
- A co-production consultant has commenced in post and a service user group is currently being refreshed and its membership extended.
- Work has commenced on applying the 4PI's within the strategy implementation, it is a framework to help create meaningful involvement with service users and carers and has been developed within a mental health context.

Learning Disabilities Programme

- The programme is on track with the plan being to define the new model by the end of June 2022 for implementation during July-September 2022. A risk was raised regarding achieving these timelines due to the engagement required with staff, service users and carers, as further involvement is required to define the model.
- However, it should be noted that the programme has some engagement with service users and carers, and in the main takes the same approach as the Community Mental Health Team (CMHT) project in this regard, namely:
 - A co-production group is in place, whose role it is to identify ways to engage with service users. The group includes a co-production expert and people with lived experience.
 - A web page and video are being developed to support co-production. There is voluntary group and expert by experience representation at the monthly Programme Board and Delivery Group meetings.
 - There is regular two-way communication with a carer group supporting service users who have complex needs, in line with their preferred approach of communication, (rather than attending regular meetings).
 - We are also working with Rethink to identify service users to be involved in the programme.
 - A commitment has been made at a system level regarding Learning Disability provision as a strategic priority. Each organisation has been asked to consider how an excellent community service could be delivered which will then help to determine the inpatient offer. This is a positive step forward and will support direction and decision making within the programme.