

# Council of Governors

## SUMMARY REPORT

**Meeting Date:** 19 April 2023 (deferred to 22 June 2023)

**Agenda Item:** 07 (April) 07 (June)




<b>Report Title:</b>	<b>Board Update Report</b>	
<b>Author(s):</b>	Deborah Lawrenson, Director of Corporate Governance and Non-Executive Directors	
<b>Accountable Director:</b>	Sharon Mays, Chair  Non-Executive Directors - Anne Dray; Olayinka Monisola Fadahunsi-Oluwole; Owen McLellan; Heather Smith; Mark Dundon  Associate Non-Executive Director, Brendan Stone	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	N/A
	<b>Date:</b>	N/A

### Summary of key points in report

This report is the deferred item from the Council of Governors meeting from the 19 April 2023.

This report 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:**

	Recover Services and Improve Efficiency
	Transformation – Changing things that make a difference
	Continuous Quality Improvement



<b>Recommendation for the Council of Governors to consider:</b>						
<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>		<b>Information</b> X
Below is the report from the Board meeting held in March 2023.						
Governors are asked to receive and note this feedback from the Board and to confirm if anything further is required in terms of future reporting.						

<b>Please identify which strategic priorities will be impacted by this report:</b>				
Recover services and improve efficiency	Yes	X	No	
Continuous Quality Improvement	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	

<b>Is this report relevant to compliance with any key standards ?</b>				<b>State specific standard</b>	
Care Quality Commission Fundamental Standards	Yes	X	No	<b>Good Governance</b>	
Data Security Protection Toolkit	Yes		No	X	

<b>Have these areas been considered ? YES/NO</b>				<b>If Yes, what are the implications or the impact? If no, please explain why</b>	
Service User and Carer Safety, Engagement and Experience	Yes	X	No	<i>These areas are reflected in the various reports to the Board.</i>	
Financial (revenue & capital)	Yes	X	No		
Organisational Development/Workforce	Yes	X	No		
Equality, Diversity & Inclusion	Yes	X	No		
Legal	Yes	X	No		
Environmental Sustainability	Yes	X	No		

### 1. Listening to service users



At the March 2023 meeting the board were joined by Lived Experience Practitioners who talked through their work on developing outcome measures around co-production; the importance of equality and equity and of having an open and engaged approach to communications in terms of involvement; of having a person centred approach and of the value of partnership working to support research in terms of having a positive impact on delivery and patient outcomes.

The board welcomed an offer to support SHSC in engaging with teams and sharing positive stories and to develop principles around co-production and the importance of avoiding use of jargon. Discussion took place on how best practically to make meetings accessible for people with lived experience and creating opportunities for informal and relaxed engagement.

### 2. Mental Health, Learning Disability and Autism Collaborative (MHLDA) governance



The board received and approved governance documents in respect of the collaborative which are being received at the boards of all the participating organisations. These provide a framework in which we will work with our partners for the benefit of the people of South Yorkshire. Each organisation will retain its own sovereignty in terms of decision making and responsibilities for running our organisations, but these new governance arrangements will enable us to work together to address common issues for the benefit of our patients, service users, carers and our local communities. Our Chief Executive Jan Ditheridge is currently the lead Chief Executive for the collaborative.

### 3. South Yorkshire Integrated Care Partnership Strategy



The board received the Integrated Care Board strategy which has been developed following wide ranging engagement activity. It was good to see mental health and well being referenced within the document elevating these issues with increased visibility at Integrated Care Board and Integrated Care Partnership level.

The strategy was due for discussion the following week at Health and Wellbeing boards and will be widely promoted to all of our staff.

The strategy will be delivered through the South Yorkshire joint 5 year forward plan which is developing well, and we will look for alignment between this and our own strategy, plans and enabling strategies and at what more we can do as an organisation to advocate on parity of esteem issues at system and strategy level.

[https://syics.co.uk/application/files/7816/7898/2247/South Yorkshire Integrated Care Partnership Strategy March 2023 Full.pdf](https://syics.co.uk/application/files/7816/7898/2247/South_Yorkshire_Integrated_Care_Partnership_Strategy_March_2023_Full.pdf)

### 4. Staff survey



The board received and discussed the staff survey results. This is a separate agenda item on the Council of Governors agenda led by the Deputy Chair, Heather Smith, Chair

of the People Committee and colleagues from our People directorate.

## 5. Financial Position and Cost Improvement Programme



The financial position remains challenging as we move into the new financial year. The Finance and Performance Committee have been continuing to look at a recovery plans in detail to address gaps on delivery of our cost improvement programme, with regular updates and additional sessions taking place with the board on financial planning, savings, budget setting and capital planning.

The position at the end of January 2023 as reported to the March Board was:

- A deficit of £3.256m with a forecast deficit at year-end of £2.733m. Our forecast deficit was reported as having improved [note these figures are subject to final movement at year-end]
- The deficit is mainly driven by pressure on agency spend, covering the pay award funding gap, pay overpend and the cost of out of area purchase of healthcare.
- Delivery of our recurrent efficiency savings has been significantly lower than our revised plan and work is underway to address the gap and put plans in place for 2023/24 and subsequent years.
- Cash balances remain healthy
- Capital was reported as forecast to achieve plan.

## 6. Nursing Plan 2023-2026



**The Nursing Plan 2023 -2026** was welcomed by the board. The plan has been published and very well received so far. It will support SHSC in its recruitment and will be supported with a range of materials including promotional videos. It was confirmed this well presented document will provide a template for creation of similar plans across other professional groups with work underway for similar plans for Allied Health Professions, Psychology, and Medical.

The Nursing Plan will be monitored at our Nursing Council with updates provided through the People and Quality Committees.

<https://www.shsc.nhs.uk/sites/default/files/2023-03/The%20Nursing%20Plan%202023-2026.pdf>

## 7. Alert – Advise – Assure Committee reports



Key alerts identified by the Chairs to draw to the attention of the Council of Governors from the AAA reports received at board in March 2023 are attached at **appendix 1**.

## 8. Revised Strategic Priorities



The Board received and approved updated strategic priorities. The final version is attached at **appendix 2**. The updated strategic priorities were shared with Governors in advance of receipt at the March meeting to provide an opportunity for any comments to be received and reflected in the discussion.

These will now be used across all of our papers, documents and materials

## 9. Strategies



### Freedom to Speak Up Strategy 2023-2026

The Board received and approved the Freedom to Speak Up (FTSU) strategy subject to some minor amendments. The strategy was presented by our FTSU Guardian Wendy Fowler and had been developed following wide ranging engagement with staff which included sessions with staff governors, front line staff, middle and senior leaders and the board.

Wendy also participates in our Induction welcome for new staff to support them in understanding how to reach out to her or her network of Champions when they need support and guidance.

Board members were asked to consider ways in which they can role model positive management of issues when things can and do go wrong; and in terms of engagement with our teams and leaders to enable better listening and reflection on issues raised.

The Board will also now reflect on the areas for action identified through the board self-assessment which took place in January to make sure these areas reflect the key areas of focus which have emerged through development of the strategy.

### People Strategy 2023-2026

The board approved a refreshed People Strategy subject to some final amendments to demonstrate linkages to other key strategies and reflection of our new strategic objectives. This strategy was also developed following significant engagement with colleagues from across the organisation. The new strategy including the 'plan on a page' will be widely communicated and progress on implementation around key performance areas such as absence management and prevention and working with experts by experience the aim being to develop more ambitious targets for the second year of the strategy. Progress will be monitored through the People Committee with quarterly updates provided to Board and an annual review at the March 2024 meeting.

## 10. Key issues discussed in the board confidential session



- The financial position and forward planning – A separate workshop is taking place at the end of the Council of Governors meeting led by Owen McLellan Chair of Finance and Performance Committee supported by the Director of Finance, Phill Easthope.
- Draft Operating Plan 2023/24 – This is a separate agenda item on the Council of Governors agenda.
- Well Led assessment – agreement on priority areas – progress will be monitored through the regular governance reports received at public board.

## Appendix 1

### Audit and Risk Committee (ARC)

This committee is due to meet next in April 2023 with the report due at the May Board.

### Remuneration Committee (March 2023)

- Updates were received on the recruitment process for board roles – the appointment to the Chief Executive role was approved and this recommendation was then presented to the Council of Governors Nomination and Remuneration Committee and finally the Council of Governors extraordinary meeting held on 4 April 2023 at which the recommendation to appoint was unanimously approved.

### Finance and Performance Committee (March 2023)

- Two emergency Finance and Performance Committees have been held between January and March to discuss the health-based place of safety business case which was approved and the adult substance misuse tender which was also agreed prior to submission

#### **Good progress being made with:**

- An improving out turn position for the financial year 2022/23 [Note we are able to confirm the trust ended the financial year having spent 100% of its capital spend allocation for the year which was a significant achievement]

#### **Keeping an eye on:**

- Planning for the 2023/24 financial plan, budgets, cost improvement and capital programme planning. The committee has asked that capital planning be clearly linked with SHSC's strategy to ensure the board are comfortable with decision making around priorities
- Recovery of outstanding debts
- Business planning processes and work taking place to improve the approach in 2023/24 and in improving confidence in the efficiency of approval and delegation processes.

### Quality Assurance Committee QAC (March 2023)

#### **Good progress being made with:**

- Improvement in waiting times in Single Point of Access (SPA)/Emotional Wellbeing Service (EWS) and Autism services has remained fairly consistent
- Our approach to restrictive practice – staff were commended on increasing focus on changing restrictive practice and noted a continuing trend in reduction of physical assaults on staff
- Increased assurance demonstrated in the clinical quality and safety report on lessons learned; changes put in place and improved quality of reporting.
- The board were assured by the committee that it remains very sighted on serious incidents. With regard to the Ockenden Report requirements around board being sufficiently sighted on serious incidents the board asked the Chair of QAC and the Executive leads to consider and advise on the level of information which should be received at committee and board both publicly and in confidential session and to consider what may be appropriate to share with the Council of Governors to support understanding and learning.

#### **Keeping an eye on:**

- Concerns around waiting times remain with a new, additional focus on the memory service and older adults community mental health services (CMHT). As reported previously new clinical models are being developed and the committee have asked for recovery plans to be received at their next meeting.
- Concerns about the number of Out of Area beds are continually monitored.
- An increase in falls – the committee noted that plans for adaptations on the wards will be included in future Integrated Performance and Quality reports.
- Concerns around issues raised in the clinical safety report around complaints, sexual safety and reporting of racial abuse towards staff. The committee will keep an eye on this along with progress with compliance on mandatory training and supervision.

### People Committee (March 2023)

#### **Good progress being made with:**

- Reduction of use of agency for unregistered nursing staff and increased use of bank staff, as planned
- Vacancy rates which have dropped below the Trust's target
- Positive management of employee relations casework with no grievances reported in March
- 100% achievement with e-roster implementation
- Reduction in turnover from 16% to 12%
- Reduction in the gender pay gap

#### **Keeping an eye on:**

- Supervision rates remain below the expected levels. In response to challenge at the board on this issue it was confirmed the committee are confident appropriate processes are in place with the main concern lying with the recovery plan for acute wards. The committee has asked for more detail on this and on other areas which are failing to meet the target. It was noted at board that discussion on this issue had also taken place at Quality Assurance Committee and operationally at the Back to Good Programme board with good challenge in evidence.
- Short term sickness levels remain high
- Whilst time to hire has improved we are not yet at the 43 day target and this needs to be addressed – the committee was assured there is a good understanding of the issues and the whole process is being tracked.
- There remain issues around some areas of mandatory training.
- Whilst staff survey results had not been received at the March committee meeting (in advance of board) pulse survey results had been received and these confirmed there remained low results in respect of recommending SHSC as a place to work and with regard to staff looking forward to coming into work.

#### **Mental Health Legislation Committee (MHLC) (March 2023)**

##### **Good progress being made with:**

- Approval of policies in line with the policy governance requirements

##### **Keeping an eye on:**

- Implementation of Electronic Patient Record planned for the summer of 2023 – the Mental Health Legislation Team are working with teams elsewhere who have successfully implemented it to learn from them to support implementation here.
- Gaps in compliance with Mental Capacity Act (MCA) training and human rights training; reporting from the least restrictive practice oversight group with regard to incident reviews (which has been referred to Quality Assurance Committee) and continuing issues with under representation of people from ethnically diverse groups. It was confirmed these are issues under close scrutiny as part of the Race Equality Framework work already underway.
- The committee was assured mandatory training had been set up on-line aligned to roles and will be monitored.
- The Annual Report from MHLC to the board had not progressed in time for receipt at the March meeting due to staff sickness absence and approval of this will be taken through e-governance in order to approve the document before the next MHLC meeting due to take place in May.

Consideration is being given as to the best way to capture cross referrals between board sub committees in the Annual Reports from the committees to the board.

## **Appendix 2 Strategic Priorities on a page**



# Working towards a culture that supports, enables and drives the delivery of our vision, strategic aims and annual priorities



**Sheffield Health and Social Care**  
NHS Foundation Trust

## Our Strategic Direction 2023/24 to 2025/26

### ► Our Vision

To improve the mental, physical and social wellbeing of the people in our communities.

### ► Strategic aims

Deliver outstanding care. Create a great place to work.  
Ensure effective use of resources. Ensure our services are inclusive.

### ► Strategic priorities 2023-2026

#### Recover Services & Improve Efficiency

#### Continuous Quality Improvement

#### Transformation - Changing things that will make a difference

#### Partnerships - Working together to have a bigger impact

- Increase CMHT activity by 5%
- Eliminate Out of Area placements
- Reduce use of agency staff
- Increase access to Community LD services
- Increase the number of older adults accessing IAPT
- Minimise delayed hospital care

- Quality Improvement Framework implemented
- Research and Innovation Strategy implemented
- Staff survey action plan delivered
- 3 year workforce plan developed
- Green Plan implemented
- Deliver our Patient Carer Race Equality Framework
- Embed Human Rights in our day to day practice
- Co-produce with service users

- Therapeutic Environments – acute and older adult wards refurbished and plan agreed for new facilities
- New Health Based Place of Safety service operational
- EPR implemented & benefits realised
- Learning disability service redesign implemented
- Community facilities implemented for: Assertive Outreach, Community Forensic, St Georges and IAPT
- Primary Care MH Teams developed for all Sheffield PCNs
- Community Recovery Service redesign implemented
- Fulwood site sale completed

- Perinatal service increased across SY MHLDA Collaborative
- Health Based Place of Safety developed with SY MHLDA Collaborative
- Eating Disorder service co-located with VSCE - PLACE
- Substance Misuse service safe transition to new provider - PLACE
- Staff bank increased through student recruitment from Sheffield Universities - PLACE
- Forensic service development across SY MHLDA Collaborative



Working together for service users

Respect and kindness

Everyone counts

Commitment to quality

Improving lives

Proud to care in Sheffield

Proud to care in Sheffield

