

Council of Governors

SUMMARY REPORT

Meeting Date: 18 October 2023




Agenda Item: 06

Report Title:	Board Update Report from the meetings held in July and September 2023	
Author(s):	Deborah Lawrenson, Director of Corporate Governance and Non-Executive Directors	
Accountable Director:	Sharon Mays, Chair Non-Executive Directors - Anne Dray; Olayinka Monisola Fadahunsi-Oluwole; Owen McLellan; Heather Smith; Mark Dundon Associate Non-Executive Director, Brendan Stone	
Other Meetings presented to or previously agreed at:	Committee/Group:	N/A
	Date:	N/A

Summary of key points in report

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



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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Below is the report from the Board meetings held in July and September 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.

Please identify which strategic priorities will be impacted by this report:

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		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, 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		
Sustainability	Yes	X	No		

1. Listening to service users



The Board received a story from a service user with eating disorders and autism, and their carer on the challenges they have experienced in receiving appropriate support for a long-standing condition from a range of service providers including the Trust. The aim being to support change and improvements in providing more equitable pathways.

The Trust has commissioned work through its engagement team to understand more broadly the service user experience and specific training around eating disorders has been commissioned.

Broader system work is underway to look at issues and take learning forward including an event on eating disorders organised by the Mental Health Learning Disability and Autism collaborative which has eating disorders as one of their key priorities.

2. Operational Resilience and Business Continuity



- Services are generally returning to pre-Covid demand however there continues to be increased demand for Sheffield Autism and Neurodevelopmental Service; Community Learning Disability Team and the Short-Term Education Team associated with service transformation. Recovery plans are in place, reported through Quality Assurance Committee.
- There has been some re-purposing of our section 136 suite (Health Based Place of Safety) due to needing to meet demand for urgent inpatient beds. This is subject to close review and monitoring.
- Productive work is taking place in the Trust and working with partners to address delayed discharge from our wards., Mental Health discharges will be central to the work of the Emergency Care Committee in Sheffield.
- Learning is taking place as a system to support winter planning for this year.
- As reported through Alert, Advise, Assure (AAA) reports from Quality Assurance Committee and Audit and Risk Committee– our emergency planning response core standards are subject to a new review process run by the Integrated Care Board.
- The Board asked for discussion to take place at People Committee on how re-deployment of staff within the trust when changes are made to services is being managed.

3. Items from the Chief Executive's report

Staff were thanked for their focus on operational issues during what had been a time of change and transition with continued pressures on services. Work is continuing with our partners to address waits and delays some of which continue to be exacerbated through industrial action.

Our Research team and Dementia services were commended for recognition of their work in support for people experiencing early onset dementia in the National Institute of Health Research Clinical Research Awards in Yorkshire and Humber.

Discussion took place on the national 'Right Care Right Person' work across organisations including health, social care and police. The Board will keep an eye on this work as it develops to support understanding impact on our service users.

4. Financial Position and Cost Improvement Programme



The position for Month 2 reported to the July Board was as follows:

- Cost Improvement Programme (savings) is progressing well and in line with plans however it will become more challenging later in the financial year.
- The year-to-date deficit position was £0.640m with a forecast deficit of £3.262m which is on plan.
- Variances relate to pay award pressures, emerging cost pressures for Microsoft licences assumed funded but nationally negotiated.
- Emerging pressures are off set by over achievement of interest receivable due to higher interest rates.
- Capital plan prioritisation will be key for managing risks later in the year.

5. Annual Complaints Report 2022-23



The Board received and approved this annual report. We received significant assurance in the internal audit on complaints which is a positive reflection on improvements made. Updates on learning are received through our learning lessons report received at Quality Assurance Committee and Board.

Discussion took place on improving presentation of split of data by protected characteristics to ensure an equality focus; It was agreed consideration would be given as to how to reflect inclusion of unconscious bias in all investigations and it was confirmed complaints and incident trackers will be received at Executive Management team formally to improve oversight.

6. Q4 Patient Safety Report



Key themes were discussed around violence and aggression, self-harm and sexual safety. Learning is reflected in the regular learning lessons report received at Quality Assurance Committee and Board. The Trust will be participating in a national review looking at new learning from patient safety incidents and how we look at psychological harm. A Patient Safety Incident Reporting Framework (PSIRF) is being put in place in the autumn and will be approved by the Board.

7. Alert – Advise – Assure Committee reports



Key alerts identified by the Chairs to draw to the attention of the Council of Governors from the Alert, Advise and Assure reports received at Board in July and September 2023 are attached at **appendix 1**.

8. Other key items received:



The Board received:

- a new **Quality Assurance Report** – this is a bi-annual report closely linked to our

reports on service user and carer engagement. The Board asked for a closure report to be provided to Quality Assurance Committee and the Board on status of all actions put in place as a result of the CQC visits (reported to date through the Back to Good report) and detail on monitoring arrangements for remaining actions. This will be received in November. The Board will receive an update on our readiness to receive a full CQC visit at our workshop session in October.

- **Quality Improvement bi-annual report** – we are seeing an improving data driven, evidence based Quality Improvement culture in the organisation with a wide range of projects and programmes underway. Tackling inequalities maps across these. At the request of the Board future reports will include further detail on impact measures and examples.
- **Transformation Portfolio report** – this regular report provides an update on progress with our major transformation programmes. At this stage the Electronic Patient Record (EPR programme) was rated as red and had been delayed. Post Board (and reported to September Board) a deep dive took place with additional governance arrangements put in place and new go live dates agreed for October/November 2023. These are on track.
- **South Yorkshire Integrated Care Board – joint forward plan** – the integrated care plan for South Yorkshire was published in March 2023. SHSC has aligned its priorities with this. Updates on progress with our priorities are received through our annual operating plan updates. The Board asked for tackling of health inequalities to be made more explicit in future board papers and further strategic discussions will be planned through our board development programme.
- **Controlled Drugs Accountable Officer (CDAO) Annual Report 2022-23** – the report demonstrated assurance that key risks and concerns related to management of controlled drugs are known and being managed. There have been no critical incidents and no adverse impact on service users. Future reports will include examples of learning in practice and positive changes made.
- **People Strategy Quarter 1 progress report** – good progress being made in general with significant progress made around health and wellbeing and underway around workforce planning and development of a workforce dashboard. Sickness absence remains above target.
- **Estates strategy 2021 -26 annual review and progress update** – we have made considerable progress around improving environments to support wellbeing across inpatient, community and corporate settings. These programmes and backlog maintenance and capital prioritisation challenges are overseen at Finance and Performance Committee. Safety is our priority and the Board will be alerted if any safety issues arise which are in danger of not being addressed due to financial issues or limits on capital budget.
- **Receipt of auditors report for 2022/23** – the Head of Internal Audit Opinion was 'significant assurance' and no material issues were identified in the External Auditors report.

The Board received and approved:

- Modern Anti-Slavery Statement required retrospectively for 2022/23
- Board Assurance Framework for 2023/24
- Annual Reports from the Board Assurance Committees and updated Terms of Reference
- Changes to the Constitution post receipt at COG and Audit and Risk Committee prior to presentation to the Annual Members Meeting
- Compliance with Declarations of Interest and Fit and Proper Persons Test
- Medical re-validation report 2022/23 statement of compliance

- Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports – approved for publication. Discussions are taking place at our equality diversity and inclusion group and the People Committee around

innovative recruitment approaches, feedback around potential discrimination experienced by some staff, and use of a ‘just and learning approach’– with work underway to support development of key messages.

Inclusivity was a theme across the discussions in July with a continuing focus on identifying and addressing unconscious bias, population health and health inequalities, disability.

There was challenge around use of language in this area in our patient safety report and the need to consider how we include socio and economic status in the discussions around inclusivity as this can be overlooked.

Getting the basics right such as having good clinical record systems and work we have underway across a range of equality, diversity and inclusion initiatives are also key.

A strategic approach to health inequalities will be explored looking through the lens of those who live in underserved areas and around ethnicity in a systematic way.

9. Key issues discussed in the Board confidential session

- Charity Options on future approach – the initial focus will be on strengthening governance arrangements and reporting to Board.
- Maple Ward Project Outline Business Case. Full business case will go through our governance processes October - December.
- An update on progress with the Therapeutic Environments Programme.
- An update on Primary and Community Mental Health Transformation.

Board Update Report to Council of Governors - September 2023

1. Listening to service users



The Board received an inspiring story from a Patient Safety Partner who following an acquired brain injury now volunteers as a patient safety specialist with lived experience. We discussed her input into our co-production work, which was greatly appreciated, including the development of the new Patient Safety Investigation Reporting processes. It was stressed there are challenges with carrying out genuinely effective co-production which work best when developed from within rather than through externally imposed programmes of change; and successful outcomes are dependent upon people giving time, focus and energy which is often challenging for people with lived experience.

When reflecting on the story the Board suggested the Executive give consideration as to next steps around embedding the excellent examples of co-production underway within the Trust and through its partnership work and celebrating this.

2. Operational Resilience and Business Continuity



We have:

- Increased demand for our short term education programme due to increased accessibility through our Primary and Community Mental Health Transformation.
- Quality Assurance Committee is receiving regular reports on management of waiting lists and work in place to support people whilst they wait.
- We are working with our partners to look at ways to collectively improve access to social care placements and improve mental health hospital discharges.
- We have received funding through the Better Care Fund which will support our

continued work with our voluntary, community and social enterprise partners to improve service delivery.

- Our flu and Covid vaccination programme is underway.
- We have responded well to industrial action and there have been no serious incidents as a result. In 2023 247 appointments were rescheduled, 18 of these were in response to the Junior doctor and consultant strikes in August. This is a lower number than expected because of the timing of our junior doctor rotation.
- We responded appropriately to an internal critical incident in August after routine water sampling found presumptive high levels of Legionella bacteria in the water at the Lightwood site.
- Winter planning is underway to mitigate patient safety risks through industrial action and to strengthen our collective capacity working with our partners.

3. Items from the Chief Executive's report



Verdict in Trial of Lucy Letby - We have paused and reflected on the outcome of the verdict and its findings to further deepen our resolve in having an open transparent culture. Briefings have been provided to Board, Governors and our staff. A paper was received in our confidential board session and discussion took place with our Freedom to Speak Up Guardian to consider the various systems and processes we have in place and to consider if any further action is needed at this time to strengthen these which we will be reflecting further on.

Fit and Proper Persons Test - A new approach has been launched effective from the end of September 2023. This provides for more comprehensive requirements around board appointments and our annual review processes and in due course a new leadership and appraisal framework will be put in place for boards. The Director of Corporate Governance is leading our response to this with the Executive Director of People.

Domestic Abuse and Sexual Violence (launch of the NHS Sexual Safety Charter and Sexual Safety in Healthcare Organisational Charter) - The Board agreed to sign up to this important charter which requires a zero tolerance approach. Our leads for driving the work forward internally will be our Executive Director of People and our Executive Director of Nursing, Professions and Quality.

NHS South Yorkshire Integrated Care System Equality, Diversity and Inclusion Board - This new board is being established to support a joint system commitment to tackling systemic discrimination with a focus on anti-racism. Our Director of Operations and Transformation will be our representative on this important new forum.

Mental Health Learning Disability and Autism Collaborative - Work is progressing well with our collaborative. The Chair has taken over as the lead Chair for the Collaborative. This is continuing to meet as a Board and will move to a committee in common (sub committee of the participating boards) in 2024.

PLACE and System - The scale of the challenge for all organisations and at system level is very significant. We are ensuring we play our full part across PLACE and the system to influence how our approach develops and to ensure we continue to raise the profile of our services as we collectively commit to a much more transformative agenda at a time when there will very limited additional funding available.

4. Financial Position and Cost Improvement Programme



The national, regional and local context and financial landscape is increasingly challenging with increasing pay pressures, capacity challenges as a result of on-going industrial action and expected winter pressures.

The position for Month 4 reported to the September Board was as follows:

- The year-to-date deficit position is £1.182 m with the forecast deficit remaining as £3.262m and on plan.
- Our delivery of recurrent efficient savings is on plan.
- Cash balances remain healthy
- Our revised capital plan is underspent by £0.28 m year to date due to timing of works. Our forecast spend for the financial year remains £12.791 m and is forecast to be spent in full however this is dependent upon the next stage of the sale of our Fulwood site.
- Within South Yorkshire Integrated Care System (ICS) the system is £2.4 m behind plan driven mainly by provider overspends.

5. Patient Safety – learning and safety report Q1

- We continue to have good reporting of patient safety incidents – the majority are low or no-harm.
- Key themes in the quarter where we continue to need to focus on improvement and learning are around:
 - Self-harm, falls prevention and sexual safety
 - Communication systems and processes
 - Risk assessment and documentation
- Quality improvement plans, developments and projects are taking place to support improving patient safety and experience.

6. Systems and Partnerships

Mental Health Learning Disability and Autism Collaborative – briefings from the meetings held in July and September were received

Sheffield Health and Care Partnership Board meetings - briefings from the meetings held in recent months

Some of our key partnerships are set out in a set of slides attached at **appendix 3**

7. Q1 Mortality Report 2023/24 and the Annual report for 2022/23

The Board received this report which outlined learning and plans underway. The Trust reviews all deaths reported via our incident reporting system and a significant proportion of deaths which occur once individuals have been discharged but who die within 6 months of their last contact with the Trust.

8. Safe Staffing bi annual report

The Board received assurance around our arrangements for monitoring our safe staffing arrangements ;and where numbers have not been achieved and there has been reduced quality, how this is being addressed.

9. Guardian of safe working Q1 report

This report provides assurance around our arrangements for ensuring trainee doctors are working safe hours and that exception reports are produced and result in timely and satisfactory resolution. The Board was assured around the arrangements in place for this.

10. Alert – Advise – Assure Committee reports



Key alerts identified by the Chairs to draw to the attention of the Council of Governors from the Alert, Advise and Assure (AAA) reports received at Board in September 2023 is attached at **appendix 2**.

11. Other key items received:



The Board received and approved:

- **Safeguarding Annual Reports** – assurance was received around ongoing scrutiny and oversight of our statutory functions. Safeguarding Adult Level 3 training is at over 80% compliance which closes our Back to Good action related to this issue. Compliance of 90% against the NHS intercollegiate document will be monitored via our Safeguarding Assurance committee. Safeguarding supervision compliance remains low and is a key priority this year. 6 staff have completed training which will support delivery of the Safeguarding Supervision policy.
- **Use of Annual Force Annual Report 2022/23** - The Trust has met its legal duties and good progress has been made in delivering our Least Restrictive Practice strategy.
- **The Q1 Operating Plan progress report**
- **Board Assurance Framework**

The Board received and discussed:

- **Transformation Portfolio Report**
- **Annual review of progress against our Finance Strategy**
- **Date and Information Governance Annual report for 2022/23 (including annual Senior Information Risk Owner (SIRO) and Caldicott Guardian reports)**
- **Annual Mental Health Act scheme of delegation** – no amendments needed at the current time.
- **Board annual review of effectiveness** – overall feedback was extremely positive that arrangements in place are appropriate and effective.
- **Integrated performance and quality report**
- **Corporate Risk Register** – current top risks relate to demand for some specialist services outweighing capacity and resources; waiting times for single point of access services and risk of harm as a result; and risk of harm due to access to potential ligature anchor points. Risks are monitored at our assurance committees monthly.

12. Key issues discussed in the Board confidential session

- A report on our serious incidents, complaints, safeguarding enquiries, CQC enquiries, claims, inquests and employment issues.
- The Lucy Letby case which included discussion with our Freedom to Speak Up Guardian
- Operational briefings and
- An outline of new Emergency Planning Core standards and plans to respond to these – a report will be received at public board in November.

Appendix 1 (Extracts from the Alert, Advise and Assure reports received at Board in July 2023)

Audit and Risk Committee – June and July 2023

Good progress being made with:

- Signed off the Annual Report and Accounts 2022/23 for submission to June Board.
- Annual reports from the assurance committees were received together with updated Terms of Reference for approval at Board.
- Board Assurance Framework 2023/24 updated for approval at Board.

Keeping an eye on:

- Inter dependencies of the Electronic Patient Record delay
- Freedom of Information and Subject Access Requests – backlog
- Audit and Risk Committee asked Finance and Performance committee to receive a and consider a report on how core elements of the Internal Audit plan are being captured through other assurance reporting where not referenced in the Internal Audit Plan for onward reporting and final decision making through Audit committee in October.
- Emergency Planning and Preparedness Reporting – core standards and reporting requirements have been changed by the Integrated Care Board. Further updates to be received in the autumn.

Finance and Performance Committee (June and July 2023)

Good progress being made with:

- Financial position is in line with plan but expected to become more challenging in terms of the Cost Improvements required later in the financial year although good progress is being made.
- Committee approved release of funds to support the design phase of the Maple Ward business case development – this is not without risk. Further discussion took place on this in the private session – Final Business Case will go through governance processes October – December 2023.

Keeping an eye on:

- Electronic Patient Record progress currently delayed – additional scrutiny being put in place [an additional meeting was put in for early August to support decision making on a new timeline]
- Maple ward
- Capital prioritisation planning
- Cost Improvement planning mid-longer term

Quality Assurance Committee (June and July 2023)

Good progress being made with:

- Reduction in waiting times and referrals for Community Learning Disability service
- Improvement in recruitment of Registered Nurses and Healthcare Support workers leading to reduction in agency usage
- Continued improvement and learning around use of restrictive practice
- Trajectory for May related to reduction of out of area bed usage remains on plan.
- Complaints improvements demonstrated in the Complaints Annual Report
- Evidence of improvement in medicines safety report; and complaints annual report
- Safeguarding annual report compliant with statutory requirements – improvements made in year and more transparency.
- Evidence that Quality and Equality impact assessment process is operating effectively.

Keeping an eye on:

- There is a risk to monitor around hand over of delegated authority on safeguarding.
- Operational pressures and waiting times in some services (health inclusion, community eating disorder and concerns about whole pathway), memory service and older adults. Recovery plans are in place and improvements in some areas continue but waiting lists remain an area for scrutiny and concern..
- Use of Health Based Place of Safety (section 136 suite) through re-purposing of the beds for acute/crisis care.
- Committee have asked for future reports to include more detail on impact on service users related to waiting times and on re-purposing.
- Committee have asked for more clinical engagement in the QUIT smoking cessation programme to improve take up.
- Committee asked for consideration to be given to inclusion of emerging quality risks around sexual safety in the quality objectives for 2024/25
- Concerns around the impact of the delay of Electronic Patient Record being put in place on other projects such as the development of the Race Equity Indicator.

People Committee (May 2023)

Good progress being made with:

- Reduction in vacancies and agency usage
- Time to hire on track for new system target of 60 days
- Time taken to complete casework and staff grievances remains well managed with no open grievances.
- Improvements on e-rostering – 100% roll out.

Keeping an eye on:

- Sickness absence and in particular the level related to stress/anxiety/mental health at 33% - future reports to include more detail to support understanding underlying issues.
- Medical appraisal rates which is below target at 80% but is cyclical and 100% therefore not achievable which will be made clearer in future reports.
- Compliance with supervision which is below target at 73.72% - recovery plan in place – future reports to include detail on potential quality impact.
- Percentage of staff in the last pulse staff survey showed 16% of responders felt they had experienced discrimination from their line manager

Mental Health Legislation Committee (MHLIC) June 2023

Good progress being made with:

- Reduction in the proportion of people identifying as Black, African, Caribbean being subject to seclusion
- Positive response to the Associate Mental Health Act Manager recruitment
- Care Quality Care Mental Health Act monitoring visit to trust services in Quarter 4 to Forest Close and Forest Lodge. Positive feedback no actions required.
- Trust participation in a national collaborative around Mental Health Legislation through a Quality Improvement approach – a new escalation process is being put in place.

Keeping an eye on:

- Re-purposing of Health based Place of Safety (noted being monitored at Quality Assurance Committee)
- Legal direction placed on Trust by Mental Health Review Tribunal due to the non-attendance of a patient's care co-ordinator at tribunal meeting. Written response including apology provided. Steps taken to mitigate this happening in future.
- Inconsistency in approach to providing information to detained patients on their rights.
- Any changes which may come through around national mental Health Act related legislation.

Appendix 2 (Extracts from the Alert, Advise and Assure reports received at Board in September 2023)

Finance and Performance Committee (September 2023)

Good progress being made with:

- Following up on debt owed to the Trust overdue by more than 30 days - there was assurance around the expectation this will be paid with an update to come in the next report
- Delivery of the Cost Improvement Plan is on plan overall and the agency reduction forecast is expected to exceed plan.

Keeping an eye on:

- Some slippage with the out of area cost improvement programme – mitigations will be re-evaluated to ensure delivery by the end of March
- Approval of the planning application for Fulwood. This needs to be completed by 31 December to meet requirements of the contracts of the sale. We are following this up with the Local Authority to seek assurance this timetable will be met.
- The business case for Learning Disability Transformation Programme was approved for submission to the Board
- The Capital expenditure plan has been re-prioritised - close monitoring is taking place on delivery. Committee have asked for individual ranking to take place on capital schemes.

Quality Assurance Committee QAC (September 2023)

Good progress being made with:

- Meeting safer staffing requirements overall. Safer staffing dashboard will be received as part of the Integrated Performance Report.
- The Learning Disability Transformation – positive feedback received from clinical senate on the plans.
- Reporting arrangements around mortality data in terms of process and capturing learning
- The learning lessons report and processes around capturing learning which continues to improve.

Keeping an eye on:

- Mitigations in place to support those on waiting lists – with elevated demand in some services. Committee asked for feedback from service users about the support they were receiving. In addition, committee asked that future recovery plans for waiting lists take account of the approach elsewhere and that actions are realistic actions noting some issues reside outside the Trust with funding and commissioning.
- Work with partners to address delayed discharges. Currently 20% of our beds are occupied by inpatients who do not need inpatient services.
- Increased use of re-purposing of the Health Based Place of Safety beds.
- Emerging quality risks at Woodland View. Action plan in place and being monitored.
- Supervision rates remain an issue – Quality Assurance Committee recommended to People Committee that recovery plans be closely monitored and for a paper to be received there on retention of staff post preceptorship.

People Committee (September 2023)

Good progress being made with:

- Uplifting of band 2 support workers to band 3 roles and providing support in this to access maths and english training to support this progression. This has been positively received by staff
- Development of the workforce dashboard. Managers are finding this extremely beneficial.
- Development of 3-year workforce plans and planning to support safer staffing and financial planning

- The Health Education England (HEE) contract self-assessment which will go through Executive scrutiny before final submission at the end of October.

Keeping an eye on:

- Supervision and mandatory training have moved from the Back to Good reporting to be monitored at People Committee
- Impact of reduction in vacancies as impact of this is not yet being seen in feedback from staff in staff people pulse surveys– the committee have asked for a report on action being taken to address stress related absence as part of the health and wellbeing report at the next meeting. They also asked for further thought to be given to innovative approaches to recruitment.
- Although mandatory training is over 80% the committee are seeking further assurance on subjects below that level which remain of concern. The committee asked that the Trust ensures access to sufficient IT equipment to support staff in doing their mandatory training.
- Further detail has been requested on how headroom is allocated to support undertaking mandatory training and detail on underperforming subjects to be included in the next report.
- The committee have asked to see more detail on actions being taken in response to the staff pulse survey.
- The committee has some concern around issues related to equality diversity and inclusion and asked for more consideration to be given to having stretching targets in the action plan.
- Detail on the reasons for a reduction in medical appraisal rates are to be included in the next report to the committee as there is a rationale for this which was not sufficiently clear.
- The committee have asked for more detail to be provided in future reports on dismissals and employment tribunals (*at an appropriate level of anonymity*)

Chairing of this committee moved from Heather Smith to Mark Dundon from September 2023.

Mental Health Legislation Committee MHLIC (September 2023)

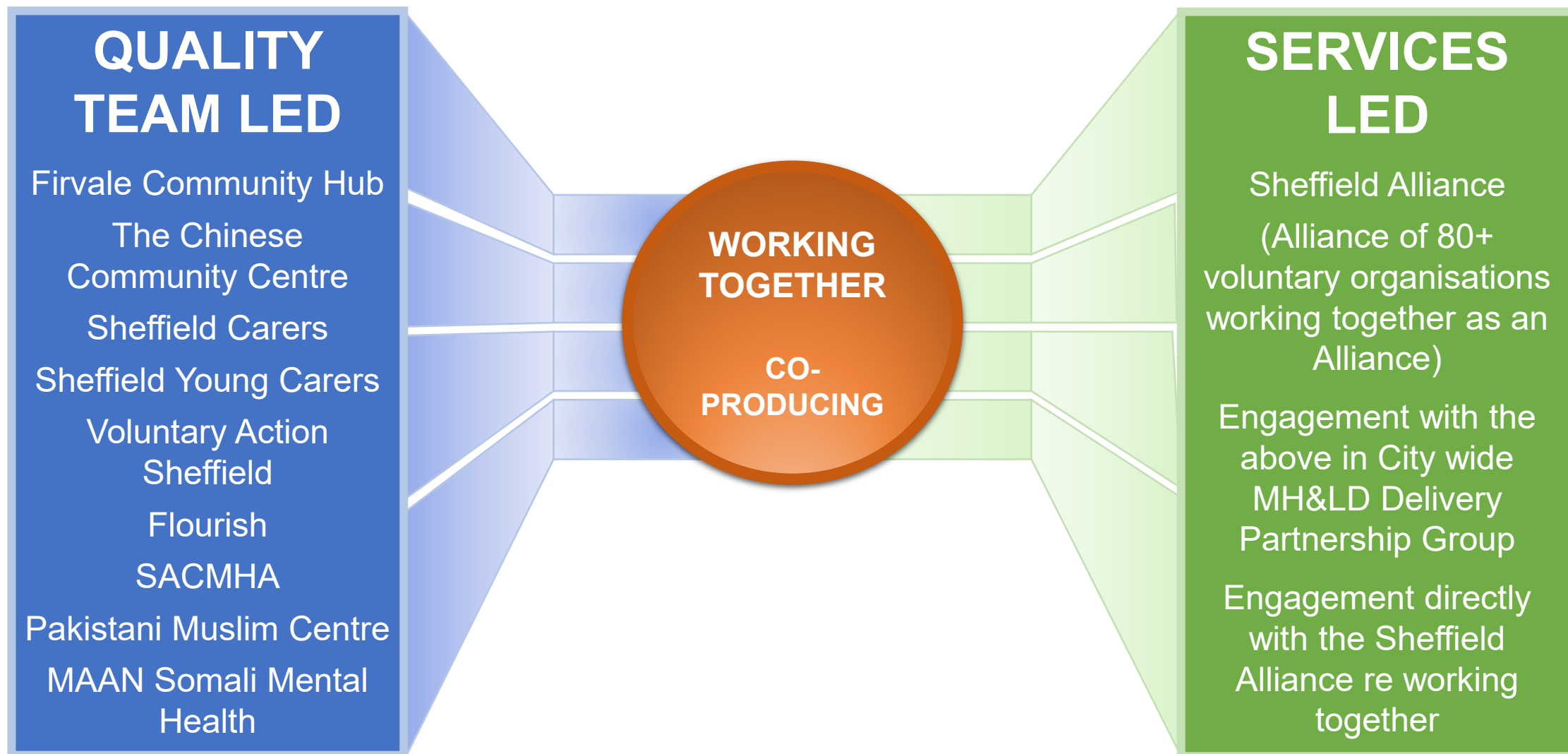
Good progress being made with:

- The Use of Force Annual Report and the impact of the approach put in place – positively impacting on service users and staff. An easy read version will be developed particularly to support our service users with learning disabilities.
- Participation by the Trust in a national Quality Improvement project related to the Mental Health Act – this will support us in learning from others and identifying potential new approaches.
- Seclusion reviews with only 1 breach in the last 3 months
- Positive work taking place on data collation on G1 ward – data to be checked to ensure care home data has not been included.
- Progress made in a number of areas around Human Rights including national profile and plans to develop a Human Rights leaflet through co-production.

Keeping an eye on:

- Use of Health Based Place of Safety (section 136 suite) through re-purposing.
- Risks - the committee have agreed to escalate 3 risks from the Mental Health Legislation risk report to the Corporate Risk Register related to availability of Associate Mental Health Act Managers; Deprivation of Liberty standards and Mental Capacity Act compliance and have asked for further work to take place on identifying risks to achieving least restrictive practice.
- Whilst progress has been made with recruiting Associate Mental Health Act Managers, attendance at tribunals has worsened because of their lack of availability and this will be kept under review.
- Lack of CAT 1 forms being completed for Mental Capacity Act in informal admissions (to a psychiatric facility) – further information has been requested on mitigations and actions being put into place.
- Nursing leaders are being asked to work with Allied Health Professional colleagues to address issues around availability of access to advocacy support on wards.

► Partnership mapping: Working together SHSC wide



► Partnership mapping: In services

Service	Relationships/ engaging	Delivering together	Formal arrangements
IAPT		Equality Outreach Team delivering clinics with SOAR, Sheffield Carers Centre, Zest	
COMMUNITY MH: ACCESS & CRISIS SERVICES	Sheffield VCSE Alliance	Rethink + Mind + Primary Care Sheffield (PCMH)	Rethink (Crisis House), Space to Breathe, Sheffield Mind, SODIT, No Panic Sheffield, SACMHA, SOHAS, Manor & Castle Development Trust, Grow (Access & Waiting)
RECOVERY SERVICES	Sheffield VCSE Alliance	South Yorkshire Housing (IPS)	SACMHA, Firvale Community Hub, Aspiring Communities Together, Manor & Castle Development Trust, Sheffield Occupational Health Advisory Services, Grow Sheffield (Access & Waiting)
ACUTE INPATIENT CARE	Sheffield VCSE Alliance		Citizens Advice (Advocacy) South Yorkshire Housing (DToC) Elysium & Cygnet (Independent - OaP)
OLDER PEOPLES MENTAL HEALTH	Sheffield VCSE Alliance	Alzheimer's Society (MMS)	
FORENSIC & REHAB SERVICES	South Yorkshire Housing, SACMHA	Flourish	SY Provider Collaborative South Yorkshire Housing, SACMHA
HIGHLY SPECIALIST MH SERVICES	Sheffield Rape and Sexual Abuse Counselling Service, Saffron, Vida	SYEDA, SCH (EDS) Riverdale Grange (EDS - Independent)	Light (Perinatal)
SPECIALISED COMMUNITY SERVICES	Rainbow Project/ Alliance (GIS), Autism Partnership Board, MS Society, Headway, Motor-Neuro Disease Association, Injury & Homeless Research Group, SOHAS	Saffron (R&S), SYH, Shelter, Project 6, Bens Place (Haste), Huntingdon's Disease Association, Ataxia UK, MS Trust and St Luke's Hospice	Leger Clinic (Independent - R&S) Gendered Intelligence (GIS)
LEARNING DISABILITY SERVICES	Sheffield Voices, MENCAP, SACHMA, SADCCA, Burton Street.		Guinness Northern Counties
SUBSTANCE MISUSE	Shelter, Framework, HEP C Trust	Project 6 (Recovery), STH (for BBV)	

▶ Future: Partnerships with purpose

We need to focus on building our partnership skillsets

Better together: working with someone else to join up our offers, making it easier and benefitting the service users

Community Services in general: Integrated/ joint working offers in place across housing, financial support, exercise, neighbourhood resources

Eating Disorders: Partnership working with SCH & SYEDA to deliver integrated service pathway and model

Perinatal Services: Partnership working across maternity and VSCE partners

Dual Diagnosis: working across our care pathways

Crisis Pathway: Safe Spaces, crisis café

System is better: where challenges are best addressed at a bigger scale to deliver something different that is required to meet needs

Forensic Provider Collaborative

Health Based Place of Safety

Neuro-diversity service model and capacity

Learning Disability services and crisis support and pathways

Bringing in: asking someone else to work with us to do what we don't need to do or can no longer do

CMHTs: Care Navigation across Community Mental Health Services provided by VCSE as part of a sub-contract

Step Down Services: Capacity provided by Rethink

Memory Services: Monitoring and follow up support provided by a partner

Nursing home: Aligning to best provider arrangements

Contingent: partnerships for critical things we need others to do so we can function or make the changes we need to make

Sheffield Council/ Social Care: Integrated and shared working arrangements re mental health support across health and social care

UEC Pathway working: Police, Ambulance, UEC, SCH/CAMHs

University: Building and realising benefits of Research Strategy