

Council of Governors

SUMMARY REPORT

Meeting Date: 19 December 2023




Agenda Item: 06

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| Report Title: | Board Update Report from the meeting held in November 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 |
|----------------------------|--|-----------------|--|------------------|--|--------------------|----------|

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



A service user and a staff member from Forest Close – shared their experiences outlining the importance of culturally appropriate hair care provision on in-patient wards and the negative impact not having this in place can have on mental health and recovery. They talked of collaboration on progressing understanding around cultural awareness and challenging assumptions about mental health recovery and what is important to the individual around this particular issue. Welcome packs are being developed for service users in inpatient settings, as well as learning, training and support sessions for staff to help service users to meet their hair care needs. The service user and the staff member were thanked for bringing this important issue to the attention of the Board and for their efforts in trying to improve the experience of service users.

Discussion took place on the value of this person centred approach and how important meeting an individual's needs around this, and similar issues can be to their mental health recovery journey. It was noted the Patient and Carer Race Equity Framework PCREF, Human Rights and the Clinical and Social Care Strategy updates on the Board agenda also speak to the importance of cultural awareness and responsiveness.

Actions are being taken forward to look at potential use of charitable funds to support further roll out of welcome packs and senior leaders will be encouraged to look at other opportunities which could be considered to find ways of making a difference around supporting cultural needs of those using our services.

2. Operational Resilience and Business Continuity



- Winter planning continues to mitigate patient safety risks through industrial action and to strengthen our collective capacity working with our partners.
- Good progress has been made on delayed discharges through partnership working with significant reduction in recent weeks.
- There has been some change in activity in terms of increased demand for crisis services but this is not unusual for the time of year and is being managed through our winter planning.
- Following feedback received we have resubmitted our self-assessment against Emergency Preparedness Resilience Response (EPRR) requirements this demonstrated an improved position but with more work to do. We are not an outlier in comparison to other mental health providers.
- Staff vaccination figures reported to Board were flu (40%) and COVID vaccination (34%). Mobile clinics are being put in place which should improve uptake. Vaccinations are being offered in the evenings to support staff doing night shifts with some targeted work for bank staff.
- There is some overstaffing in some clinical areas which is being addressed.
- Assurance was received the focus in our decision making remains safety focussed.

Items from the Chief Executive's report



- **Challenging political and financial environment** – There are three key areas of focus for the NHS:
 - focus on winter readiness and maximising capacity (to support this additional resources have been secured for mental health crisis pathways working with the voluntary sector and on delayed discharges),
 - working as part as part of an integrated system to deliver planned financial positions and
 - finding opportunities to work in partnership as systems with a strong emphasis on collaboration and partnership working.
- **Provider selection regime changes** – come into effect from January in terms of how services are procured. Board and Governors will be kept updated.
- **Electronic Patient Record (EPR) go-live** – the first phase went live at the end of October. Learning is being captured and action taken to support preparing for the launch of the second phase. Timing for this is to be confirmed.
- **New Director of Strategy** – James Drury has been appointed to the role and will join us from January 2024. His most recent role is Director of Partnership Development NHS West Yorkshire Integrated Care Board. He will take over executive leadership for strategy, transformation, estates and facilities.
- **Patient and Carer Race Equity Framework (PCREF)** – was launched in October with the Trust having been an early adopter of this imported new approach. A race equity dashboard will be developed and reflected in due course in the Integrated Performance and Quality Report (IPQR).
- **Mental Health Bill** – It was noted the updated proposed Bill did not feature in the recent King's speech in respect of the proposals to limit laws to detain people with Learning Disabilities and for measures to be put in place to provide tighter oversight of care plans for those under detention, which was disappointing. The Board were assured to hear work will take place to identify those measures the Trust should still take forward as part of its work in particular around Learning Disabilities and this will be reflected in reports to be received through Quality Assurance Committee and Board in January.

3. Financial Position and Cost Improvement Programme



The position for month 6 was reported to the Board as follows: the first set of bullets are as presented in the finance report.

- **Off plan with a year-to-date deficit of £2.692m which is £0.9m above plan.** There is a risk that the deficit will be significantly higher than the reported forecast deficit of £3.262m. NHS England & ICB rules require us to report breakeven.
- **Out of Area (OOA) cost will exceed plan** based on current spend levels.
- **Delivery of recurrent efficiency savings is off plan by £0.7m.** Non-recurrent interest receipts enable us to report breakeven. The OOA workstream is forecast to under-deliver by £1.5m. Mitigations must be found to prevent the deficit exceeding £3.262m.

- **Cash balances remain healthy but lower than planned** due to increased capital spend and the deficit. There are no current concerns regarding cash flow or material bad debt risks to highlight at present.
- **The revised capital plan is underspent by £1.82m Year to Date (YTD) due to timing of works. The total capital plan of £12.791m is forecast to be spent in full.** This assumes a £4m receipt from the sale of Fulwood. This funding uncertainty is a planned and managed risk, but it has significant operational. The situation is monitored very closely and will be reported promptly if the risk increases or materialises.

Further work is taking place with additional controls in place and weekly grip and control weekly meetings put in place by the Executive. Further discussions on revised plans are taking place during December with a revised plan due to be received at the Finance and Performance Committee.

There has been national and system escalation which is requiring all organisations to at a minimum deliver original financial plans with some organisations being asked to deliver more.

The Board have asked for increased headroom to be built in for cost improvement plans and for the way it is weighted across the year to be considered for future plans as well as consideration around potential use of further technology solutions to support the organisation to work more efficiently in future years.

4. Annual Equality and Human Rights report



- The report was approved for publication.
- the Board has asked for an easy read version to be developed with key messages shared with staff.
- Refreshed objectives will come to the March Board.
- The Nursing Plan provides detail on diversity at each level and demonstrates good representation up to band 6. Higher Education England funding is in place to support work around building confidence for nurses to develop into more senior roles.
- It is recognised broader strategic focus beyond nursing in this area needs more focus.

5. Systems and Partnerships



Mental Health Learning Disability and Autism Collaborative – update received.

Sheffield Health and Care Partnership Board meetings – update received.

- Consideration is being given to understanding around population health data and addressing inequalities with work in place and due for reporting through Executive Management Team and Board in the coming months. The collaborative is developing Key Performance Indicators around health inequalities and an annual report on impact and gaps against the priority areas agreed will be produced.
- Update provided on an Executive to Executive meeting with Primary Care Sheffield to share and discuss strategies and opportunities to work together around provision of care outside of hospital environments. A further meeting is planned in the new year to look at additional potential pathways for frailty and dementia.
- The Board sought assurance around maintenance of quality of care and impact on other services, following the move of the alcohol and substance misuse service outside of the Trust which will be picked up in discussions at Quality Assurance Committee.

6. Back to Good year 2 closure report



- This closure report confirmed all regulation matters from the CQC inspection were closed in early 2023 with the Trust moving out of what used to be termed 'special measures'. System oversight moved from national to PLACE based and is expected to move to Sheffield, local oversight from March.
- There are three outstanding areas to complete which are regularly discussed at Board assurance committees and Board and are related to training, supervision and estates. These are now being monitored through committees with onward reporting to take place through Alert Advise Assure (AAA) reports.
- Audits will take place around embeddedness of the actions put in place and assurance provided through the Quality Assurance Reports to the Board. This includes a planned update on the Fundamental Standards visits programme (which looks at ensuring care and treatment are appropriate and reflect the needs of service users) in January; and any learning is expected to be reflected through a review of governance arrangements for the priority transformation programmes.

7. Q2 Operating Plan report



- Key areas of concern for the Board were reported as:
 - risks to delivery of the capital plan for 2023/24 and risk associated with the Trust not having yet received the receipt for the sale of the Fulwood site which impacts on our ability to deliver plans scheduled for this year; and
 - progress with progressing our plans for the Maple ward move – which were due for more detailed discussion in the confidential session.
- It was noted whilst there were some areas where there was confidence activity could be recovered in our operational performance such as work in partnership to deliver improvements in delayed discharges and reduction in out of area placements as well as good work taking place around quality improvement projects the Board could not at this stage take full assurance the risks outlined in the report are being fully mitigated.

8. Patient Safety Incident Response Plan (PSIRF)



The PSIRF plan is a new national approach to responding to, and learning from, patient safety incidents. Our plan for doing so was approved following wide co-production and detailed discussion through Quality Assurance Committee and Board. The plan was commended for the inclusion of reference to learning and support for families received through engagement on its development which had been a specific request of the Board.

9. Other key items received:



The Board received and approved the following additional items:

- **Annual Health and Safety report 2022/23** – was approved following discussion at People and Quality and Assurance Committees, subject to inclusion of confirmation around Board level oversight of fire safety data and improvements made around this. The report for 2023/24 will be received in Q1 of the new financial year.

- **Risk Management Framework**

The Board also received and discussed:

- **Clinical and Social Care 2021-2026 Strategy annual review** – good progress made. An update was last received at the Council of Governors meeting in June and further updates on progress will be provided. The next update will include more detail on linkages with the other strategies and on benefits realisation and impact.
- **Transformation Portfolio Report** – it was confirmed
 - The development of the learning disability model received positive feedback from the Clinical Senate, recommendations are being followed through and an update will come to the Board in January and the Council of Governors in February.
 - Hand over from contractors of Stannage ward and the Health Based Place of Safety (HBPoS) is underway. Governors were provided with an opportunity to visit the HBPoS with colleagues joining the Chair on a visit in early December.
 - The Board asked that further detail be provided in the next report to Quality Assurance Committee and Board on mitigations in place to manage risks around patients moving back into primary care support.
 - The Board asked that the next report include reference to co-dependencies and impact across transformation programmes. This will also be highlighted in recovery plans.
- **Integrated Performance and Quality Report** – elements of this were reflected in discussions in other agenda items. Discussion took place on challenges with some areas some of which have been escalated at system level.
- **Mortality Report Q2 2023-24** – the Trust is compliant with requirements and latest data was received and noted.
- **Q2 Guardian of safe working report** – the Trust is compliant with requirements.
- **People Strategy (delivery plan Q2 progress report)** – the plan is largely on track to deliver actions by the end of the financial year. Discussion took place on turnover, health and wellbeing offer for staff (widely consulted upon) and an assessment completed to identify gaps and development of further actions. Reasons for departure of staff will be captured in future reports.
- **Corporate Governance Report** – covering process for development of Annual Report and Accounts 2023/24, gap analysis against the new Code of Governance completion of outstanding declarations of interest below board level with the call for 2023/24 declarations about to begin.
- **Corporate Risk Report** – at the time of writing 17 risks were on the Corporate Risk Register with the top risks remaining centred around demand, capacity and waiting lists for gender identity services and ADHD services; and risk of harm due to potential access to fixed anchor points on inpatient wards with mitigations in place and it was noted the risk related to delivery of the savings (cost improvement programme) had risen from 12 to 16 and had become a top risk. Progress at addressing risks of 12 and above not yet escalated onto the corporate risk register was given with good progress being made on those of 15 plus and an action plan due for receipt at EMT and Audit and Risk Committee to track progress with addressing those scoring 12 and outstanding.

10. Key issues discussed in the Board confidential session

- Update on external audit review work and options – an update will be provided separately to Council of Governors on latest position.
- Updates on – Finance; EPR; Fulwood; ward moves and Emergency Preparedness Resilience Response (EPRR) assurance framework update
- Summary trackers (complaints, serious incidents, safeguarding enquiries, CQC enquiries, claims, inquests and employment issues)
- Mid-year claims and litigation report

11. Alert – Advise – Assure Committee reports



Key areas identified by the NED Chairs to draw to the attention of the Council of Governors from the Alert, Advise and Assure (AAA) reports received at Board in November 2023 is attached at **appendix 1**.

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

Audit and Risk Committee – October 2023

Good progress being made with:

- Subject Access Request (SARs) and Freedom of Information (FOI) requests – significant progress has been made with the backlog as the Trust has been non-compliant with regulations. Progress is reflected in risk reporting with the risk score having reduced. Progress has been monitored by Executive Management Team and the position updated to the Information Commissioner's Office in line with requirements. Monitoring will continue to ensure the improved position is sustained.
- Risk Management Framework received and approved for onward endorsement by the Board.

Keeping an eye on:

- Emergency Preparedness Resilience Response (EPRR) new standards – the Trust submissions (as with other providers) have been challenged – an action plan will come to the board in December for approval and a further update provided in public board in January. It was noted some of the training required by providers on new areas in the standards is not yet available and this requires a system solution.
- Internal audit review cycle and analysis on gaps in core audit coverage. The committee and Finance and Performance committee have discussed this in detail, with core elements identified as being covered in other work, and with agreement of internal audit it has been agreed to continue with the current internal audit plan and to work to ensure any requirements are reflected in the plan for 2024/25. It was confirmed there should be no impact on Head of Internal Audit Opinion given the approach was agreed with auditors.

Finance and Performance Committee (October/November 2023)

Keeping an eye on:

- The month 4 and month 5 financial performance was as expected however the position became more challenging in month 6.
- Launch of electronic patient record (EPR/also known as Rio) – phase 1 has gone live in older adults services with work taking place to prepare for the final phase. Further discussion on progress with this planned for the confidential

meeting.

- The committee discussed capital planning and a need for a more strategic approach to this in future.
- The committee were advised on quality issues in terms of potential impact on the gender identity services waiting list following the closure of the Tavistock clinic (national impact) and had received some assurance on this and how patients are being supported whilst they wait.

Quality Assurance Committee (October/November 2023)

Good progress being made with:

- Work to support those on some waiting lists to 'wait well'
- Improvements continuing in some areas notably Single Point of Access and the Emotional Wellbeing services and the committee is considering the measures it needs to see in order to sign off their recovery plans.
- Reduction in falls monitored daily through safety huddles.
- Improvements have been made in reduction in restrictive practice on Burbage ward which has provided additional assurance in this area.
- The Freedom to Speak Up ambition and strategy update.
- The committee received the Patient Safety Incident Response Framework (PSIRF), Mortality report, Back to Good closure report and Clinical and Social Care Strategy updates in advance of receipt at the Board.

Keeping an eye on:

- The committee have asked how restrictive practice is monitored for those patients placed out of area and asked that this be raised at the Mental Health Legislation Committee.
- Continued focus on health inequalities which will be discussed in more detail at the next meeting.
- Out of area beds; discharge; flow and waiting lists; Attention Deficit Hyper Activity Disorder (ADHD) screening will remain under pressure but there is a plan for a tiered approach which appeared promising; and the committee has received a recovery plan from the Health Inclusion team recovery plan.
- Confirmation that safeguarding concerns are under control.
- Limited progress with volunteers – a request has been made for more information on action taking place to be received at a future meeting.
- The committee has looked at the new clinical model for acute inpatient services and given feedback. Further iterations will be received at the committee in the coming months and reported to Board through the Alert Advise Assure (AAA) reports.
- Further assurance has been sought around developing a more focussed plan on drug discrepancies.
- The committee have asked for more detail on the Quality Improvement framework and to see further pace and urgency around this.

People Committee (September 2023)

Good progress being made with:

- Annual Health and Safety report received and approved for presentation to Board. Discussed took place on why violence and aggression on staff is high as well as other forms of abuse experienced by staff. The committee was assured the levels we have, whilst not welcome, or acceptable are in line with other trusts and it was noted it was positive to have a high reporting culture, visibility and transparency but this issue remains a concern.
- Good work with international nurse recruitment. It was confirmed it is not financially viable to continue with further international nurse recruitment in isolation as a trust at this time, focus is taking place to ensure those recruited feel valued and supported. It may be possible to do further recruitment in future if we were to partner with others to reduce costs.
- Freedom to Speak Up ambition and strategy update – work is on track and being re-

assessed based on the Lucy Letby verdict to identify if any changes are required to the policy.

Keeping an eye on:

- Sickness levels which have been increasing particularly around mental health/stress/and anxiety and further reporting will come back to the committee on this in January.
- Health and wellbeing and actions being taken to market the health and wellbeing offer to staff so this is clearly understood.