

# Council of Governors

## SUMMARY REPORT

Meeting Date: 22 February 2024




Agenda Item: 06

<b>Report Title:</b>	<b>Board Update Report from the meeting held in January 2024</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 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:

	Effective use of Resources
	Transformation – Changing things that make a difference
	Delivering outstanding care



Ensuring our services are inclusive/Partnerships/Great Place to Work

**Recommendation for the Council of Governors to consider:**

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>		<b>Information</b>	<b>X</b>
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Below is the report from the Board meetings held in January 2024

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:**

Effective Use of Resources	Yes	<b>X</b>	No	
Deliver Outstanding Care	Yes	<b>X</b>	No	
Great Place to Work	Yes	<b>X</b>	No	
Ensuring our services are inclusive	Yes		No	

**Is this report relevant to compliance with any key standards ? State specific standard**

Care Quality Commission Fundamental Standards	Yes	<b>X</b>	No		<b>Good Governance</b>
Data Security Protection Toolkit	Yes		No	<b>X</b>	

**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	<b>X</b>	No	
Financial (revenue & capital)	Yes	<b>X</b>	No	
Organisational Development/Workforce	Yes	<b>X</b>	No	
Equality, Diversity & Inclusion	Yes	<b>X</b>	No	
Legal	Yes	<b>X</b>	No	
Sustainability	Yes	<b>X</b>	No	

*These areas are reflected in the various reports to the Board.*

### 1. Listening to service users



A service user receiving support from our Learning Disabilities services, and a staff member from our psychological therapies team shared feedback on the positive impact access to specialist music therapy support had on the service user. This story shone a light on having a strength-based person-centred approach our services are taking, and the impact this has on improving experience and outcomes. The Board also discussed the associated benefits which will be delivered through our new Community Learning Disability Transformation Programme, the importance of access to specialist arts therapies and how that might be extended to a wider range of service users, and the benefit of programmes of work in place through partnership working through organisations such as Flourish.

The Board agreed it would be helpful in due course to hear about work being undertaken by the University of Sheffield to look at the impact and value of new roles being put in place in healthcare settings such as specialist psychological therapies and this will be taken forward by the People Committee.

They also discussed the potential for the Trust to consider further how it might provide support in leading the way in South Yorkshire around use of creative health in supporting improvements around social inclusion. A paper will come back to the Board on this in the future.

### 2. Operational Resilience and Business Continuity



The following key updates were provided:

- Discharge work and winter planning is embedded.
- There has been an increase in the perinatal case load.
- There has been an increase in demand and presentations of those with Mental Health illness through A & E. The Trust is working with partners around improvements to the Urgent and Emergency Care Pathway. The Director of Operations will co-chair a city-wide group supporting this.
- The Trust is compliant with the principles of health command training and Emergency planning and a Tier II group has been established reporting into Audit and Risk Committee to provide additional oversight.
- Staff from Talking Therapies were commended for their response, in partnership with the Integrated Care Board, in providing support to those who witnessed the very sad death of an ice hockey player at Sheffield Ice Stadium.
- The Trust response to recent Industrial action has been effectively managed through our business continuity plans and there were no serious incidents as a result.
- The Trust is continuing with the flu vaccination programme with staff being encouraged to take up the vaccine and reminded of their responsibility to do so.
- There have been no major incidents or critical incidents declared since last the last public board.
- Future reports will include further detail on how the Trust is working as part of the wider system response to issues related to quality of care.

### 3. Items from the Chief Executive's report



- **Operational planning** - Trusts have been asked to continue to focus on Long Term Plan priorities as the national operational planning guidance is still awaited. The Council of Governors is receiving a separate update on our Annual Operating Plan for 2024/25 in advance of a discussion at the February Board strategy meeting and finalisation at the public board meeting in March.
- **The Integrated Care Board has identified 10 key actions to support people with serious mental health issues** - and the Trust is taking forward work in support of this. One of the case studies outlined by the ICB came from the Trust and was focussed on a joint project with primary care we have led around health checks.
- **Operational challenges** – day to day this remains challenging for our teams and staff have been thanked for their continued commitment and dedication.
- **Learning Disability Mortality Review (LeDeR)** – the Board will receive a report on the key findings at the March meeting. There has been an improvement in the median age of death for people with learning disabilities overall however there is more to do to improve this in relation to people from ethnically diverse communities which has not improved at the same rate.
- **Inequalities and deprivation** - The Board discussed work in train to improve capturing of data related to inequalities and deprivation. We have appointed an inequalities lead, and a public health specialist lead to support this work. We are developing a framework with associated tools to support staff to capture data in a proactive and coherent way and updates will be received twice a year at Quality Assurance Committee and Board.
- **Staff SHINE awards** – our staff awards have been re-launched with over 170 nominations received and a celebration event planned for 22 February.
- **Charitable fundraising** – the Trust has raised funds through a sponsored virtual cycle ride to Cleethorpes in response to a service user story received at the Board in November. This will provide support around provision of cultural care products on inpatient wards.
- **Awards** - Helena Fletcher from the Engagement and Experience team was congratulated on being awarded the Unison Eric Roberts award for young campaigners.
- **Board changes**– the Medical Director Mike Hunter will be leaving the Trust shortly on secondment to Greater Manchester Mental Health Trust as Executive lead on Quality Improvement. The Board wished him well with his new role and thanked him for his significant contribution to the Board. The Deputy Medical Director Helen Crimlisk will act up into the role during his secondment. James Drury was welcomed to the Trust as the new Director of Strategy. Recruitment is underway for the role of Director of Operations role. Governors are thanked for their involvement in the process.

#### 4. Financial Position and Cost Improvement Programme



- **Financial position (month 8)** – work is continuing to support delivery of the planned deficit position of £3.2m (with a recovery plan of £3.3m). Weekly Executive Management Team meetings are taking place to track progress and Finance and Performance Committee are holding additional pre-committee meetings to receive up to date data and assurance. A key area of risk at that time was delivery of the required level of out of area spend reduction which remained challenging.
- **Financial plan 2024/25** – is under development and budget setting is taking place. The Board will have a discussion on this at the strategy session in February. National guidance is awaited to provide clarity on the timeframe for delivering a reduction on the wider system deficit.



## 5. Learning Disability Transformation Progress Report

The Board received and discussed the Learning Disabilities Transformation progress report. The paper outlined next steps around organisational change, training requirements, policy changes under development and process. It was confirmed future reporting will come as part of the regular transformation report and will include detail on progress with implementation, and tangible benefits/impact. This programme has been commended by the Place Partnership Board as an example of good practice around involvement and engagement.

The Governors have since received a detailed presentation on this at a development session held on 30 January 2024.

## 6. Quality Improvement bi-annual progress report

The report outlined progress with our quality improvement (QI) work. To date over 250 people in the Trust have received some form of QI training with 70 new projects registered, including collaborative projects around waiting lists and flow (which include work with external colleagues) and evidence of a QI approach demonstrated in learning disability services. The Board were assured around progress made and the growing use of QI across the organisation.

## 7. Patient Carer Race Equality Framework (PCREF)

The Trust has been an early adopter of PCREF with updates received previously at the Board and the Council of Governors. Work is in train to develop a co-produced delivery plan. Further discussion is planned at the Board on next steps on engaging around the inequalities agenda and to look at future governance requirements. Updates on progress will be received every six months.

## 8. Lived Experience Report

The report (received for the first time at Board) included progress on delivery of the Carer and Young Carer Strategy and the Service User engagement bi-annual update as well as detail on progress with experience and partnership working and action planning around the Friends and Family test. The Board were encouraged about the success of the Tier II groups reporting into the Tier I Board assurance committees in demonstrating delegated leadership. The Board asked that detail be included in future reports around links with involvement from governors and members.

## 9. Other key items received:

- **Quality Assurance Report – Q2 and Q3 2023/24** – which outlined progress with quality assurance activity; assurance around fundamental standards of care; delivery of the milestones in the Quality Strategy; progress with delivery of outstanding Back to Good actions and work in place to respond to the new Care Quality Commission regime. It was confirmed an update on the outcome of the Patient Led Assessments of the Care Environment (PLACE) visits will come through Quality Assurance Committee and the Board in March.
- **NHS Equality and Diversity System Update** - An update was received on new requirements related to NHS Equality and Diversity system reporting. The aim is to develop closer system working around EDS focussed on key areas to support

making this clearer and more meaningful to the public in the future. The Board was assured about progress being made and recognised further work taking place to put in place a peer review process.

- **Systems and Partnerships briefings and updates** – a key area of focus at recent system meetings has been on planning. A number of key whole system strategies were received at the PLACE partnership Board which the Trust contributed to as a key partner. Future reports will provide more clarity on the ‘so what’ questions for this Trust and a table on responsibilities by organisation. An externally supported stakeholder review is underway and due for receipt at the April Board strategy session.
- **Transformation Portfolio Report** - Good progress has been made on the programmes for Community Mental Health and Learning Disability and Autism services and work continues on the remaining programmes including engagement with partners on the Primary and Community Mental Health Transformation; and in addressing delays with the Electronic Patient Record programme. The future approach to the Transformation Board and its governance arrangements is being reviewed and future reports will include strengthened detail on management of risks.
- **Board Assurance Framework and Corporate Risk Register** – received and discussed following discussion at the board assurance committees.
- **Sustainability and Green Plan Strategy (2022-26)** - receive and approved. Our approach to sustainability will continue to be refined and a new strategic risk has been added to the Board Assurance Framework.
- **Integrated Performance and Quality Report (IPQR)** – The Board received the regular performance report (key updates are covered elsewhere in this report) and it was noted since circulation the paper the Trust has been commended by NHSE for its use of the statistical process control tool to support tracking progress.

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

- Finance including updates on capital and the sale of the Fulwood site
- Electronic Patient Record
- Ward moves
- Systems and Partnerships including discussion on commissioning arrangements
- Embargoed staff survey results
- Summary trackers (complaints, serious incidents, safeguarding enquiries, CQC enquiries, claims, inquests and employment issues)

## 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 January 2024 is attached at **appendix 1**.

### Appendix 1 (Extracts from the discussion held on the Alert, Advise and Assure reports received at Board in January 2024)

#### Audit and Risk Committee (January 2024)

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

- Progress in train with delivery of the Annual Report and Accounts.
- Continued good progress with closure of Internal Audit actions.
- The committee have agreed to a reduction in the internal audit plan days in the current financial year due to impact of the delay to the Electronic Patient Record (EPR). This will be reflected in planning discussions for the Internal Audit plan for 20224/25.
- The committee noted continuous improvement with the Board Assurance Framework and were assured this is being used as a live tool. In February the Board will be

asked to consider strategic risks for inclusion in the BAF for 20224/25.

**Keeping an eye on:**

- The committee received an update on progress with delivery of the Emergency Preparedness Resilience and Response (EPRR) requirements. Future reports will include a clearer trajectory for achievement of each action.
- The committee received a report on breaches related to Standing Financial Instructions and Standing Orders – it was noted whilst this has been improving year on year, there remain processes which require tightening and the committee have asked for risks to quantified and actions clarified.
- The Board approved, at the recommendation of the committee that the Trust is remains a 'Going Concern' this is wording required to be approved at Board level. It was noted national guidance is awaited to support finalising wording in Annual Reports and therefore there may be changes required as that is finalised.

**Finance and Performance Committee (December 2023 and January 2024)**

**Keeping an eye on:**

- The committee received an update on progress with delivery of the end of year planned deficit of £3.2m. There is a gap to meeting this and a detailed plan has been developed to address this. A key risk remains around out of area expenditure (where the Trust is having to buy beds out of area for individuals it cannot place in its own facilities). The committee is looking to see progress reflected on the profit and loss balance sheet in order to have assurance around delivery of the recovery plans but progress was expected to be made by the end of January in readiness for reporting to committee in February.
- The committee is now receiving verbal updates in advance of the formal meetings on the financial position which has been helpful in increasing visibility of progress or in highlighting issues.
- The receipt for the sale of Fulwood will not be received the current financial year. Work is taking place to look at re-prioritisation of the capital programme as a result.
- Planning for the next financial year is underway alongside budget setting and is a key area of focus.
- The Sustainability strategy was received and agreed for submission to the Board. The committee noted a need to further embed sustainability in ways of working so this is not seen in isolation and for it to be embedded in governance processes including development of business cases. Whilst sustainability is an important area of focus it was recognised that decisions needed to be taken with a quality and safety focus first followed by finance and sustainability.

**Quality Assurance Committee (December 2023 and January 2024)**

**Good progress being made with:**

- The committee discussed processes in place to quality assure care received by individuals we have had to place into out of area beds for example around medicine safety, availability of translators, safeguarding and so on. Regular calls take place with individuals by the Trust experience and engagement team to gather their experiential feedback.
- The committee was encouraged by work taking place in the community teams to develop a more individual patient focussed outcome measures approach.
- There has been continued improvement in responses to complaints; use of restrictive practice and reduction in falls.

**Keeping an eye on:**

- Inappropriate use of out of area beds; repurposing of the Health Based Place of Safety and delayed discharges. The committee was concerned about a number of individuals who have been waiting for long periods. Positive work is taking place to look at ways of addressing use of out of area beds, and with partners around delayed



discharges.

- Whilst progress is being made on some waiting lists this remains a concern in a number of community services. Recovery plans are received and monitored with a focus on reducing waits and improving the quality of experience for those waiting.
- The committee has asked for more pace around delivery of the sexual safety work plan and improved mechanisms for gathering feedback from service users with a more detailed discussion at the committee to be planned.
- The committee has raised issues around the impact of the delay to implementation of the Electronic Patient Record (EPR).

### **Mental Health Legislation Committee (December 2023)**

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

- Recruitment to the role of Associate Mental Health Act Managers in the Trust which had previously been of concern in terms of the numbers in place. Successful recruitment has taken place with additional managers now in place. These roles have the power to discharge people detained under a section of the Mental Health Act or anyone on a Community Treatment Order and consider the appropriateness of these orders continuing. A watching brief will be kept on this to ensure sufficient resources continue to be in place.
- The committee received a paper which provided assurance around the legality of the Trust's use of the Health Based Place of Safety

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

- There is a concern around explanation of rights which appears to be a gap. A task and finish group has been established with improvements expected to be made in time for reporting to the next committee meeting. It was confirmed this is an issue which is explored through our fundamental standards visits to inpatient services and it was most likely to be a recording issue as the Trust had an expected number of individuals applying for tribunals and the Associate Mental Health Act Manager reviews are taking place at the expected rate.
- The committee was advised there were two legal directions received during Q2 related to failure by the Trust to submit reports in the required timeframe and in one case failure of a staff member to attend a tribunal. Issues have been discussed with teams and individuals concerned and addressed.

### **People Committee (December 2023 and January 2024)**

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

- The Allied Health Professionals plan was received demonstrating positive work taking place including peer support work. It was noted the value of this had come across in a recent Board visit and it was positive to see that work progressing.
- The committee discussed work taking place on workforce planning which should be completed by the end of the financial plan. It will be reported through Executive Management Team and People Committee.
- It is encouraging to see a reduction in staff turnover.

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

- Concern remains around staff sickness absence levels which remains high – the committee has asked for further segmentation of data to understand this in more detail.
- Levels of aggression and violence is of concern, and is being monitored by Health & Safety committee with updates provided to Quality Assurance and People committees.
- There will be a refreshed look at mandatory training and supervision in terms of outstanding actions required with an update on this to be received at the next committee meeting.



