

Council of Governors: Summary Sheet

Title of Paper: Chief Executive's Report

Presented By: Clive Clarke, Interim Chief Executive

Action Required:

For Information	<input checked="" type="checkbox"/>	For Ratification	<input type="checkbox"/>	For a decision	<input type="checkbox"/>
For Feedback	<input type="checkbox"/>	Vote required	<input type="checkbox"/>	For Receipt	<input type="checkbox"/>

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the Trust's auditor	
Approving or not the appointment of the Trust's chief executive	
Receiving the annual report and accounts and Auditor's report	
Representing the interests of members and the public	
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not significant transactions including acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the Trust's constitution with the Board	
Expressing a view on the Trust's operational (forward) plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution	X
Monitoring the Trust's performance against its targets and strategic aims	X

How does this item support the functioning of the Council of Governors?

Governors will be able to question the Interim Chief Executive about the Trust's activities and performance in meetings its targets and strategic aims.

Author of Report: Clive Clarke

Designation: Interim Chief Executive

Date: February 2020

Council of Governors

Date: 27 February 2020
Subject: Chief Executive's Report
From: Clive Clarke, Interim Chief Executive

1. Purpose

<i>For approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information/assurance</i>	<i>Other (Please state below)</i>
				X	

2. Summary

Care Quality Commission Update

- PIR request received November 2019
- Document Review 7-9th January 2020 with accompanying requests for data/information – areas covered were safeguarding, complaints, freedom to speak up, guardian of safe working hours, grievances & disciplinary, DBS and professional validation (nursing), equality & inclusion, serious incidents and risk registers
- Service inspections 7-14th January 2020
- Observation of Board meeting December, Mortality Review meeting, QAC & Audit Committee meeting, Mental Health Legislation meeting and QIF
- Focus groups held across all professions and support personnel, carers/service users, and
- included specific sites – Forest Lodge/Forest Close, ATS, Michael Carlisle and Longley Centre
- Services inspected:
 - o Crisis & Health Based Place of Safety (136 Suite)
 - o Acute & PICU – all inpatient ward areas
 - o Forensic Low Secure – Forest Lodge
 - o CMHT Recovery Working Age South
 - o Home Treatment
 - o Wards for older people with mental health problems – G1 & Dovedale Wards
 - o Mental Health Act visits to above and included ATS (Firshill Rise)

Primary and Community Mental Health Trailblazer

Recruitment is taking place this week for senior clinical psychology and psychological therapy posts to support the complex trauma/ personality disorder element of the programme and also 4 primary care mental health workers to work with GPs. There has been considerable interest from outside Sheffield in the programme which is very positive – and we are working with HR to ensure that any strong but unsuccessful candidates are positively signposted to suitable trust vacancies.

Workshops taking place in the 4 primary care networks to develop and shape the voluntary sector offer (MIND are leading this on behalf of the voluntary sector). Next phase of recruitment will focus on pharmacy, physical health checks and health promotion.

Communications we are developing internal comms to ensure clarity and timely sharing about the programme reminding staff that this trailblazer is testing new ways of working with the primary and voluntary sectors not replacing our current community mental team offer.

New Care Model/Provider Collaborative Programme

A progress report on the New Care Model/Provider Collaborative Programme was received by the Executive Directors Group and the Finance and Performance Committee in January. As outlined in the NHS Long Term Plan Implementation Framework, NHS-led provider collaboratives will become the vehicle for the future commissioning and provision of specialist inpatient and community forensic care. The programme aims to improve the experience and outcomes of people using secure mental health services, substantially reduce the number of people sent 'out of area' for care, and reduce the dependency on hospital beds through increased community provision.

In December 2019 a Clinical Director (Dr Vinaya Bhagat) and Programme Director (Chris Knight) were appointed to Lead the programme forward initially to submission of a business case and then, beyond that, operationalising the Provider Collaborative. A rapid review of the existing programme is being undertaken and will be completed through February with a revised programme and programme structure in place to oversee and direct the on-going work. The next gateway review with NHS England is scheduled for April 2020. The timeline for the programme going forward is still being finalised and an assessment of when we will be ready to produce the business case will be made through February. Current assessments indicate that the next stage business case will be ready for review after the next gateway of April 2020.

Further development time with the Executive Team and the Board of Directors relating to key features of the developing Provider Collaborative (aims, benefits, responsibilities, challenges and risks) will be scheduled as part of the next stage of development.

To support the development of the Provider Collaborative Programme NHS England Transformation money has been awarded to Sheffield to pilot and develop a new Specialist Community Forensic Team. This will involve additional investment of £623,000 in 2020-21 to develop and evaluate the impact of the service as part of a national evaluation programme.

This will see the development and evaluation of an intensive community team model as an alternative to prolonged inpatient care.

Coronavirus (WN-CoV Update

The Coronavirus outbreak in China has, as of figures published on 3 February, 2020 resulted in 326 people being tested for the virus in the UK, of which 2 have been positive and are receiving treatment in Newcastle. The two positive cases had been staying in the Staycity Hotel in York, having travelled to the UK from Wuhan, the epicentre of the outbreak.

NHS England and NHS Improvement are taking the lead on behalf of Public Health England (PHE) in co-ordinating a reasonable and proportional response.

PHE are currently operating three teams in the Yorkshire Humber region:

- Acute Response Unit for new cases (who also operate a dedicated phone line for GP's/Health Professionals).
- York team investigating the 2 positive cases.
- Business as usual team for all non-coronavirus activity.

All screening is presently being conducted at hospitals only, although the aim is to manage as many people as possible outside the hospital/Emergency Department/Urgent Treatment Centre setting by encouraging the use of the NHS111 that is running an enhanced service to manage this. To reduce the risk of this service being overwhelmed with calls, they have a facility to divert Coronavirus calls from the mainstream.

An instruction was given to all NHS Trusts having an Emergency Department or Urgent Treatment Centre to have in place an Isolation Pod by Friday 7 February 2020. There has been widespread resistance to this from affected Trusts who have already put suitable measures in place without the necessity for yet another layer. It is not yet known whether this instruction will be revised.

Trust Preparations

- a) PHE advice together with a flow chart on action to take was sent out to all medical staff on Friday 23 January 2020 and to all staff via the Connect weekly communications bulletin on 30 January 2020.
- b) A protocol for isolating service users suspected of having the virus or persons presenting at any Trust site has been cascaded to services/teams, together with actions to take.
- c) Posters and advice concerning Coronavirus is displayed at the entrances to all Trust sites.
- d) Trust Business Continuity Plans have provisions in place for managing high staff absentee rates in the event of infectious diseases e.g. Pandemic Flu.
- e) Service leads have been signposted to the Trust's Pandemic Flu Plan should this virus escalate to a point where this would be invoked and CBRN Plan which contains procedures for recognising and isolating persons suspected of being exposed to a virus etc.
- f) The Trust have in stock and available some of the Personal Protective Equipment (PPE) recommended by PHE, e.g. long-sleeved fluid repellent disposable gowns, gloves with long tight-fitting cuffs and eye protection but not FFP3 respirator masks. It is recognised that at this stage the need for PPE for our staff is low however, FFP3 respirator masks is one of the NHS England EPRR core standards for this year and our Emergency Planning Manager has already taken steps towards achieving compliance by ordering a quantity of masks, testing kits and identified an external trainer to provide a Train the Trainer course to suitable nominated staff. The arrangement of this course is being expedited in order to be able to equip our staff should the need arise.

The Trust were advised by NHS England and NHS Improvement that the Sustainability and Transformation Partnership (STP) would be in contact with all Trusts to discuss further local readiness plans. There has been no contact with our

Trust to date. We have however been in close contact with Sheffield CCG and placed an order on their behalf for some PPE to be distributed to Primary Care.

We are presently working on a protocol for our community/home visits staff in accordance with isolation guidance issued by PHE and a process to record and notify PHE of any staff who potentially have been in contact with WN-CoV.

Advice and developments are being continually monitored by the Trust's Emergency Planning Manager and Infection Prevention and Control lead Nurse who liaise with the Executive Director of Nursing and Profession and Medical Director to ensure published advice and action is timely, proportionate and appropriate.

Staff Engagement

Listening into Action (LiA) Year 2

The LiA lead Dr Jane Barton has feedback to Board through Staff Experience, the continued development of LiA within the Trust. The Trust will be going into Year 2 with the launch of LiA 7 Steps event on 11 February 2020.

Trust Leadership Forum

The event took place at the end of January 2020, updates included Care Quality Commission, LiA and questions from the floor. The forum is scheduled quarterly.

Executive Site Visits

A number of site visits have taken place during December and January, both structured and non-structured. As part of LiA the Executive have listened and responded to staff feedback. I have also visited the Community Mental Health Teams and Single Point of Access regularly at Northlands and Eastglade.

The EDG continue to hold one meeting per month off Fulwood site, the January meeting was held at President Park.

Additional Investment

Pleased to report the Trust was awarded the following contracts: Substance Misuse Services for Sheffield and Community Forensic Services.

South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS) The SY&B ICS Strategic Plan has now been published on their website [SY&B ICS Strategic Plan](#)

3. Contact Details

For further information, please contact:

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