

## Board of Directors - Open

Date: 9 September 2020

Item Ref:

06

<b>TITLE OF PAPER</b>	Chief Executive's Report
<b>TO BE PRESENTED BY</b>	Jan Ditheridge
<b>ACTION REQUIRED</b>	<p>The Board are asked to consider the Board responsibilities outlined in the Care Quality Commission Update letter for NHS Mental Health Trusts from Dr. Kevin Cleary and consider confidence levels responding to them.</p> <p>The Board are asked to consider the information shared in this report and any impact on our strategic objectives or key risks.</p> <p>The Board formally acknowledge Clive Clarke's contribution to mental health services in Sheffield over the span of his career and wish him every success for the future and his next ventures.</p> <p>The Board are asked to formally welcome Beverley Murphy as Executive Director of Nursing, Professions &amp; Operations and offer support to this important role at a very important time in our development.</p>

<b>OUTCOME</b>	To update the Board on key policies, issues and events and to stimulate debate regarding potential impact on our strategy and levels of assurance.
<b>TIMETABLE FOR DECISION</b>	September 2020 Board of Directors meeting.
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	CoVid19 Report Strategic Priorities 2020/21 Care Quality Commission Update
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	CQC - Getting Back to Good CoVid19 – Getting through safely Transformation Priorities – Changing things that will make a difference

<b>LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	
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<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	
<b>CONSIDERATION OF LEGAL ISSUES</b>	

<b>Author of Report</b>	Jan Ditheridge
<b>Designation</b>	Chief Executive
<b>Date of Report</b>	1 September 2020

# Chief Executive's Report

## 1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	X		X	X	X	See below

The purpose of this report is to inform the Board of current national, regional and local (system) policy and current issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks.

## 2. National Issues

There have been limited policy changes or publications since my last report at our August Board.

2.1 There have, however, been a number of updates and additions to guidance on phase three planning and a small number of updates to current policies, activities and appointments, including:

- NHS Race & Health Observatory

Dr. Habib Naqui, MBE, has been appointed as Director, so we can expect to see more from this new research body in the near future.

Marie Gabriel, CBE, was appointed as Chair in May 2020.

- New Infection Prevention & Control (IPC) Recommendations

This guidance supports Phase Three of the NHS response to CoVid19. It is particularly targeted at areas of service which are restarting, in our case, for example where face to face interventions are now required.

The IPC Team are working with operational staff to implement the recommendations.

- Staff Survey

Guidance has been issued to support organisations to optimise their approach to the staff survey, which launches in the Autumn.

We had a relatively low update of our staff survey in the last few years, and I know the Board are as keen as I am to reverse that trend, so the Staff Survey leads will use the guidance to do that.

Rita Evans, our Director of Organisational Development, is leading on this work.

2.2 Learning Disability Mortality Review (LeDeR) Programme Action from Learning Report 2019/20

This report, published in July 2020, contains information and examples of good practice from across England, taken from reviews of deaths of people with a learning disability and/or autism.

The report can be used as a learning resource by organisations, as well as multi-agency groups at place and system level.

The examples in this report provide insights for the Board into a range of ways in which improvements can be made to support the health and wellbeing of people with a learning disability and/or autism.

Our mortality review group consider this report, as do our Learning Disability Services, to ensure where appropriate we are implementing learning and sharing best practice.

This is an area where physical and mental health are inextricably linked. There is more to do to ensure all services consider this learning.

### 2.3 Update for NHS Mental Health Trusts - Dr. Kevin Cleary, August 2020

Dr. Kevin Cleary, Deputy Chief Inspector Mental Health & Community Services, wrote to all NHS organisations providing mental health services, updating a previous communication concerning the physical condition of inpatient ward areas and organisations' understanding of estates risks and responsibilities.

The Board are acutely aware of our challenges in relation to our estate and some of our inpatient areas, which are central to our Getting Back to Good Programme.

Recent reviews of our plans in respect of our risks relating to sexual safety and ligatures have resulted in a refresh of our immediate and longer-term estate plans.

The letter points to a number of actions the Care Quality Commission (CQC) will take in relation to their Well-Led Inspections, which will include:

- Look at the Capital Projects Allocation for each organisation and the prioritisation of the allocation.
- Explore the non-executive directors' understanding of the estates' risks and how these impact on the safety and quality of care.
- Consider the degree to which the quality and finance sub-committees of the board have considered individual notified estates risks e.g. ligature points and the actions that they have subsequently taken.
- Look at the pathway from ward to board of risk information about estates.
- Critically assess the transparency and openness of board papers dealing with quality and safety that are in the public domain.
- Seek confirmation that trusts have environmental risk assessment policies that comply with the alerts listed above and the wider guidance summarised in our brief guide for inspection teams.

This will be an area the CQC will look at when they reinspect our Well Led domain.

We can expect the CQC teams on our wards to:

- Discuss concerns about patient safety with staff and people using the service.
- Assess the degree to which concerns raised about safety and quality are listened to and acted upon.
- Determine the effectiveness of ligature audits and **their mitigations**, including an assessment of the human factors involved in their mitigations and their impact upon staff. By this we mean the relationship between staff, the equipment they use in the workplace, and the environment in which they work.

The full letter can be found here:

<https://content.govdelivery.com/accounts/UKCQC/bulletins/299b123>

**The Board are asked to consider the Board responsibilities outlined in the letter from Dr Kevin Cleary and consider confidence levels responding to them.**

### 3. Local/Trust Issues

#### 3.1 System & Place

##### 3.1.1 Planning

We are involved in a range of activities to support the requirements of phase three planning, which include specific plans for mental health and health inequalities. This work will ensure that the priorities set out in the Mental Health Investment Standard (MHIS) are progressed.

At organisation level, plans are being refreshed to meet the requirements of phase three planning, the MHIS, learning from the CQC review and CoVid19.

##### 3.1.2 Flu Planning

Locally we continue to progress plans to ensure we vaccinate 100% of eligible staff through this flu season, with planned trajectories to vaccinate as many staff as possible within the first two months of receiving the flu vaccine.

#### 3.3 Discharge Planning

Effective and safe discharge planning has a national focus in preparation for winter and a potential for a surge of CoVid infections. While much of this focus is on adult acute hospital discharges, there is also national and regional work to support local mental health discharges and to prevent unnecessary delays.

The board are aware of the pressure on our acute beds and rise in out of area placements so this is an important area of focus for us, led by Beverley Murphy.

#### 3.2 Local

##### 3.2.1 Care Quality Commission (CQC) Inspection

The CQC undertook an unannounced inspection of our acute services starting on 25<sup>th</sup> August.

The focus of this visit was to triangulate information regarding progress against the requirements set out in the Section 29a Warning Notice.

At the time of writing, the inspection is still in progress, so hopefully there will be an opportunity to share more feedback by the time of the Board meeting.

However, it can be noted that our staff took the visit seriously, acted professionally and proudly wanted to demonstrate improvements where they have been made and importantly show where we still have work to do.

There is no doubt that our staff at all levels are determined to address the shortcomings of our CQC report received earlier this year.

The CQC findings and any learning or actions will be incorporated into our "Back to Good" improvement plan.

##### 3.2.2 Healthier Communities and Adult Social Care Scrutiny Committee – Mental Health

Members of the Executive Team were invited to join Clinical Commissioning Group colleagues at the meeting of the Healthier Communities and Adult Social Care Scrutiny Committee – Mental Health on 19<sup>th</sup> August to report progress on our CQC Improvement Plan and special measures status.

I have included, as an appendix, the questions asked by members of the public shared with us before the meeting, which we were able to respond to.

The Committee asked that we return in six months time and requested that we help them understand better how the achievement of our action plan will improve outcomes for patients/ service users, which we agreed to do.

**The Board are asked to consider the information shared in this report and any impact on our strategic objectives or key risks.**

### 3.2.3 Board Changes

Further to my update in August, the following changes have now progressed:

#### *Chief Operating Officer/Deputy Chief Executive*

Clive Clarke is leaving the Trust in September. During his notice period he will be undertaking a six-month secondment at NHS England and NHS Improvement as Director of Inclusion.

#### *Director of Nursing, Professions & Operations*

With effect from 1<sup>st</sup> September, Beverley Murphy, who is already acting into the role of Executive Director of Nursing & Professions, will also pick up the role of Chief Operating Officer on an extended temporary basis.

**I would ask that the Board formally acknowledge Clive's contribution to mental health services in Sheffield over the span of his career and wish him every success for the future and his next ventures.**

**I would also ask that the Board welcome Beverley and offer support to this important role at a critical time in our development.**

JD/jch/September 2020

**Questions to Scrutiny Committee on mental health services  
19<sup>th</sup> August 2020**

**1. CQC Report on Sheffield Health and Social Care Trust**

- a) The CQC report on the Trust in April found the Trust to be inadequate overall and requiring special measures. To date we have seen no apology from the Trust leadership to either users or staff who have suffered because of mismanagement. Does the Scrutiny Committee think it appropriate to ask for such an apology?
- b) The CQC found 47 breaches of legal requirements across 8 regulations. How many of these have been rectified to date?
- c) In *Involve*, the Trust's magazine for members, it was stated that 'you can check on our progress at [www.shsc.nhs.uk](http://www.shsc.nhs.uk). However, there has been no update since an initial post on 29<sup>th</sup> April outlining 5 general areas for action. Although information is available buried in dense Board papers, why has the Trust posted no accessible update on its web-site for over 3 months during this critical period?
- d) From the August Board meeting papers, it appears progress is being made in some areas, even in these there are problems with inadequate reporting systems. Specifically, what action has been taken to:
  - i. End mixed-sex accommodation to ensure safety
  - ii. Provide an adequate number of inpatient beds (particularly with regard to expected increase in demand)
  - iii. Ensure all staff are aware of whistle-blowing procedures and the Speak Up Guardian
  - iv. Ensure mandatory training will be carried out in the future
  - v. Ensure adequate experienced staff are in post rather than relying on agency staff
- e) Will the Council establish an independent inquiry including trade unions and users to investigate the running of the Trust?