

Board of Directors

Date: 11th November 2020

Item Ref: 09

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| TITLE OF PAPER | Board Visibility |
| TO BE PRESENTED BY | Beverley Murphy, Executive Director of Nursing, Professions and Operations |
| ACTION REQUIRED | To receive the report for information. |

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| OUTCOME | Members are informed of progress with Board visits to services. |
| TIMETABLE FOR DECISION | N/A |
| LINKS TO OTHER KEY REPORTS / DECISIONS | Listening into Action increasing Board visibility across the Trust CQC Inspection Reports |
| STRATEGIC AIM STRATEGIC OBJECTIVE | Create a great place to work CQC: Getting back to Good |
| BAF RISK NUMBER & DESCRIPTION | BAF Risk Number: 0002 BAF Risk Description: There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence. |
| LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC | Provider Licence Annual Governance Statement NHS Foundation Trust Code of Governance |
| IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT | Implications of individual risks outlined on the register. |
| CONSIDERATION OF LEGAL ISSUES | Breach of SHSC Constitution Standing Orders Breach of NHS Improvement Governance regulations and Provider Licence. |

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| Author of Report | Julie Walton |
| Designation | Head of Care Standards |
| Date of Report | 28 th October 2020 |

Summary Report

1. Purpose

| For approval | For assurance | For collective decision | To seek input | To report progress | For information | Other (Please state) |
|--|---------------|-------------------------|---------------|--------------------|-----------------|----------------------|
| | | | | √ | | |
| To update and inform members of progress with non-executive and executive visits to services to support improved Board visibility. | | | | | | |

2. Summary

Non-executive and executive visits to services, teams and sites across the trust have now been taking place since June 2020, and has enabled direct engagement between staff and Board members. This strengthens and supports floor to Board reporting and assurance by giving non-executive and executive directors the opportunity to hear directly from staff and where appropriate service users, what is working well in our services and highlighting any areas for development. These visits have been welcomed by staff, and across all the sessions held there has been evident open and honest conversations taking place. However, due to continued challenges with Covid-19, virtual visits through MS Teams/Skype have been the main vehicle for these exchanges. Following each visit Board members feedback directly to the Board and to services, with specific issues/actions to take forward.

A system has been established, which ensures that there is appropriate scheduling of visits across a range of services and that an intelligence pack is provided prior to each visit to brief Board members on the service to help support engagement.

Between 5th June and 9th September there were 16 Board member visits:

- Inpatient Services – Burbage Ward, Endcliffe Ward, G1 and Forest Close (Long stay rehabilitation unit)
- Learning Disability and Autism – Firshill Assessment and Treatment Service (ATS)
- Community Non-core Primary Care Services – Sheffield Adult Autism and Neurodevelopmental Service (SAANS), Perinatal Services, Chronic Fatigue Syndrome/Myalgia Encephalomyelitis (CFS/ME) and Improving Access to Psychological Therapies (IAPT)
- Crisis Hub – Single Point of Access (SPA) and Emotional Wellbeing Service (EWS)
- Adult Social Care – Wainwright Crescent and Birch Avenue
- Community Mental Health Services – Community Mental Health Services for Older people, Recovery Team South, Home Treatment Team North and the Memory Service.

Themes from visits were:

- Relationship with managers and senior leadership
- Staffing, funding, recruitment and experience
- Engagement with staff in decision making including recruitment
- IT – access to equipment and connection
- Talent management & nurse leadership development
- Impact of patient/service user acuity on capacity
- Impact on services performing well
- Covid-19 PPE, Impact BAME staff, staff support
- Bed numbers, acute and integrated pathways & plans/impact of 24/7 working
- Staff involvement/engagement in strategy i.e. Citywide Dementia Strategy and long-term plans
- Concerns over future commissioning

In addition to Board members giving feedback to the Board about their visit for discussion and action where appropriate, local senior managers have been working with the services to address concerns and support improvement. The attached document lists the individual services visited and summarises the main issues from each visit, with an update on the local actions taken, where available.

Going forward, we will be providing a summary of issues/actions raised from the visits and the response to these in the form of 'You said, we did' posters to share with ward/team staff.

3 Next Steps

- Continue to embed the monthly visit schedule populated for the remaining 2020-21 financial year
- Further develop the feedback and follow-up system so that timely feedback to services is completed and any identified actions are appropriately communicated
- Embed the monitoring process for actions identified and follow up on progress
- Identify and report any themes on a quarterly basis for information and action if required
- Produce 'You said, we did' posters to make the outcome to visits more accessible for staff

4 Required Actions

Board Members are asked to receive this report for information.

5 Monitoring Arrangements

The progress with Board member visits will be monitored through:

- The Board of Directors meeting

6 Contact Details

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Board Service Visits

6th June – 9th September 2020

Julie Walton
Head of Care Standards





Completed Visits 6th June to 9th September 2020

| Specialist | Crisis Services | Older Adult Services | Community (Working Age) Services | Acute Services | Learning Disabilities & Autism |
|---|---|---|----------------------------------|---------------------|--|
| Improving Access to Psychological Therapies (IAPT) | Single Point of Access and Emotional Well-being Service | Memory Service | Emotional Well-being Service | Burbage Ward | Firshill Rise Assessment & Treatment Service (ATS) & Case Register |
| Chronic Fatigue Syndrome/Myalgia Encephalomyelitis (CFS/ME) | North Home Treatment Team | Birch Avenue | Recovery Team South | Endcliffe Ward | |
| Perinatal | Recovery Services | Community Mental Health Team Older People | | Wainwright Crescent | Sheffield Adult Autism and Neurodevelopmental Service (SAANS) |
| | Forest Close Long Stay Rehabilitation | Grenoside 1 Ward | | | |

Staff Issues Raised

Problems with staff establishment funding, recruitment & experience

The need for improved talent management & nurse leadership development

Impact of increased patient/service user acuity on capacity

Lack of staff involvement/engagement in strategy i.e. Citywide Dementia Strategy and long term plans

Lack of access to IT equipment & connection

Negative impact on services performing well of the focus on CQC inspected areas needing improvement

Concerns over future commissioning

Improvement needed in relationship with managers and senior leadership

Lack of engagement with staff in decision making including recruitment

Concerns over Covid-19, PPE and the impact on BAME staff

Worries about the future impact over bed numbers, acute and integrated pathways & plans for 24/7 working

| Specialist | Progress/Outcome |
|--|---|
| <p>CFS/ME</p> <ul style="list-style-type: none"> • Impact of Covid-19 on demand • Connect leadership with IMST to explore the range of digital options available • Connect leadership with estates to clarify communication re building works • Communication with in the Scheduled and Planned Care Network re buildings, safe Covid – 19 practice | <ul style="list-style-type: none"> • The service is proactively engaged with the Health and Wellbeing IAPT service in order to prepare for the anticipated increase in referrals post pandemic. This is monitored through senior and governance meetings. • Connections with IMST are in place • There is a plan in place to implement a personalised card access system to the CFS/ME part of the building at Michael Carlisle Centre • Staff are working with estates in liaison over estates noise issues and Covid19. |
| <p>Perinatal</p> <p>Expedite the accommodation issue</p> <ul style="list-style-type: none"> • The process for under 18 years and proactivity of CANHS in linking in with the service • The financial position in light of commissioning uncertainties in the wider system | <ul style="list-style-type: none"> • PNMH are now based out of Argyll House following a period of consultation with the Team, IAPT and Argyll Building Manager. Estates have informed the team that this remains a temporary measure for 12-18 months until an Estates Community Strategy is developed • The SCCG have just recently released the investment (pro rata for the year) to reinstate the Long Term Plan investment monies for workforce and pathway development. Current work is being undertaken by SOM and Service Manager to review the workforce and demand / capacity modelling which will be taken to the CCG (Via Contracting Dept.) to establish the service focus over the rest of the year and into 2021/22. • The Integrated Care System is currently awaiting an independent Service Review to inform the next steps of commissioning including Finance, Contracts and Recruitment plans. |

Crisis Services

Progress/Outcomes

SPA & EWS

- CMHT review, to pick up SPA leadership question and ensure wide engagement
- Need to pick up leadership points and culture; there is a silo mentality with a focus on service users meeting criteria, rather than person focussed and teams working in collaboration. Services are seen as fragmented, lack of flow around the system.
- Needs to be targeted, additional resource to deal with the present waiting list.
- Demand is overwhelming, but many referrals are sometimes inappropriate. Need to acknowledge resource required to develop GP understanding and provide support. Possible attention to SHSC website re self-referrals.
- The hub works as a call centre and is not conducive to staff wellbeing. Estates attention needed re: carpet, noise and possible break out areas should be examined.

- Work is in progress.

North Home Treatment Team

- Wanted clarity over next steps and timeline for 24/7 service provision
- Support for strengthening of working between local leaders in SPA and HTT to create crisis resolution options requested
- Building solutions – the team would like engagement in options for a city-wide base

- Work is in progress and details of follow up will be for next report.

Recovery Services

Progress/Outcome

Forest Close

- Staff raised concerns over the wearing of face masks in relation to exceptions.
- Support and information on BAME risk assessments were requested
- Support for shielding staff was requested

- All BAME risk assessments have been completed and risk assessments in relation to a Covid-19 safe workplace.
- There are no shielding staff this time. Risk assessments were completed on staff return to work which was documented in supervision notes.
- Highly positive feedback given about support from senior managers and the wider trust.
- The service has reported that things have improved significantly in terms of the overall links with executives, the information that is shared is excellent with a number of discussions with the Director of Nursing, Professions and Chief Operating Officer whose support has been appreciated.

Older Adult Services

Progress/Outcome

Memory Service

- Positive feedback was given to the service and its senior leaders on the service
- Concerns were raised on the perception of silo-thinking (only focussing on services in need of improvement from CQC inspection) resulting in higher performing service/teams feeling distant from organisation's problems
- Issues with recruitment of staff
- Keen to keep the positive outcomes arising out of Covid-19 and that these must not be lost in the 'new normal'

- Work is in progress and details of follow up will be available for next report.

Birch Avenue

- Improve the development of nurse leadership training and opportunities
- Improve the speed of recruitment and process, including a faster response from HR
- Measures to ensure service users are informed, memory wall, use of Skype visits and sending photos
- Engage service with Citywide Dementia Strategy in relation to long-term future/sustainability of Birch Avenue
- Support staff who have been self-isolating

- New in-house opportunities have commenced with new nurse champions taking forward training and supporting the wider staff team in regards to physical care, react to red, end of life, and DOLS alongside EMAR leads supporting reimplementation of this system as part of their own leadership development.
- The memory wall continues to be updated to reflect world occasions and residents own memories, alongside this regular updates and communications via photos and video calls and manager update letters have been sent to the residents carers and relatives whilst visiting has been restricted as part of the services COVID response .
- The Citywide Dementia Strategy has been impacted on by Sheffield's COVID response and as such engagement in regards to Birch Avenue's sustainability will recommence and we await further communication.
- The whole management and staff team worked extremely hard during the recent COVID outbreak and due to the long term health conditions of some staff homeworking was needed as a result of shielding. The ability to provide work tasks for support staff was difficult. Further support from HR service leads in case of any further outbreak scenarios would be beneficial.

Older Adult Services

Progress/Outcome

Community – Older people with mental health problems

- Senior practitioner role changes
- The team wants to spend more time thinking about the psychological offer to older people and the families
- Determination of support needs to move forward with the older adult integrated care pathways

- Practitioner roles, trainee lack of engagement and improving psychological offer have now been resolved.
- The main issue is around the integrated pathways and the teams have made significant progress that we feel it would be helpful to give board a detailed summary of this work. The other issues were hot topics at the time of the visits around a number of isolated issues that have now been resolved. Further update will be available for the next report.

Grenoside 1 Ward

Taken to the senior leadership team:

- Concerns were raised over the funded staffing establishment levels as not being sufficient to meet capacity
- Further development of talent management requested
- Concerns over the lack of equipment such as syringe drivers
- There is no governance officer in place which would help support governance on the ward
- Awaiting tablets for recording observations – are having to use paper based system at present

- There are plans for the MHOST tool to be used to evaluate staffing requirements – awaiting date for the to take place.
- Staff have access to the Mary Seacole leadership course, but it is recognised that there is still more to do.
- Equipment has been ordered; the service is awaiting delivery
- The service now has access to a governance officer, who is shared with Dovedale Ward. This arrangement is for the next 6 months.
- Tablets have been in place since July; problems being experienced is loss of Wi-Fi signal so staff used office laptops, causing delay in recording.

| Community (Working Age) Services | Progress/Outcome |
|--|---|
| <p data-bbox="122 289 504 329">Recovery Team South</p> <ul data-bbox="122 361 1294 846" style="list-style-type: none"><li data-bbox="122 361 1294 489">• Consider review of bed management and delayed discharges meetings – perception of being more administrative focussed than clinical<li data-bbox="122 521 1294 609">• Issues raised on the lack of engagement with staff on the Service Model Review who are not part of the union<li data-bbox="122 641 1294 769">• To explore issues raised of the capacity of wider professional groups such as medical staff, in relation to job plans not being workable<li data-bbox="122 801 1294 846">• Inability to use Zoom for group work | <ul data-bbox="1345 289 2440 584" style="list-style-type: none"><li data-bbox="1345 289 2440 386">• In terms of technology, the team utilise MS Teams and can facilitate 1:1 work and group sessions using this software.<li data-bbox="1345 389 2440 584">• The service has also also requested ‘Attend Anywhere’ from IT to be implemented at East Glade. Attend Anywhere was initially being trialled by the Psychology Team, with great success. |

| Acute Care | Progress/Outcome |
|---|--|
| <p>Burbage Ward</p> <p>Taken to the senior leadership team:</p> <ul style="list-style-type: none"> • Issues were raised over capacity, acuity and length of experience of nursing staff to be incorporated into the Back to Good Improvement Plan • To consider a review of medical and nursing capacity in the light of levels of acuity if appropriate • To consider a review of bed numbers and acute pathway capacity for future Board meeting | <ul style="list-style-type: none"> • Awaiting feedback. |
| <p>Endcliffe Ward</p> <ul style="list-style-type: none"> • Concerns were raised about the lack of engagement and the relationship between ward and senior leaders, particularly over decisions • Consideration of the exploration of effective use of ward manager meetings to improve reconnecting | <p>Awaiting feedback</p> |
| <p>Wainwright Crescent</p> <ul style="list-style-type: none"> • Budget (framework and management) and environment (improvement options required) – to follow up with Estates and Finance • Publicity/information– to follow up with Communications | <p>Recent visit – work in progress</p> |

Learning Disability and Autism Services

Progress/Outcome

Assessment and Treatment Service

- The service has increased staffing and brought in new roles, the service feels this has been done at risk as they are reliant on Out of Area admissions to the unit to generate income, if these stop this will have an impact on their budget.
- Issues over the clinical funded establishment were raised in relation to meeting demand
- Service to escalate difficulties with current expected discharge
- Monitor Respect 3 compliance and the impact on patient care

- There continues to be lag in establishing the commissioned contract, with COVID putting a pause on contract and negotiations between Regional TCP partners and Sheffield CCG. This clinical establishment is reflected in current ATS budget.
- ATS staffing and budget is reflective of safer staffing need, as supported in June 2019 by the Trust.
- The discharge of the service user in question is progressing with better engagement from NHS-E placing commissioners (DCCG) and the pathways development team. Awaiting sign off of funding for community placement – hoping for transition this year.
- All team members (with the exception of people on long term sick) have been trained to Respect level 3. RESPECT Level 3 numbers are monitored on a shift-by-shift basis and a minimum of 3 RESPECT trained staff are required to safely undertake restraint holds. The number of RESPECT trained staff required on shift is dynamic and reflective of ward activity e.g. if a patient requires 3 RESPECT trained staff to accompany them on leave, at least another 3 RESPECT trained staff required on unit to maintain safety.

SAANS

- Team involvement in recruitment including medical staff
- Progress on ADHD business case to promote a nurse-led service

- To date the team have always been involved in recruitment of staff (with the exception of medics which have a different recruitment process.)
- Any recruitment to the ADHD pathway will be by staff involved in that part of the service (as in effect the service will have two separate arms with a joined pathway for patients with co-morbidities)
- The ADHD business case is in its final draft stages and is due to be submitted to the relevant trust approval processes.