Board of Directors - Public

SUMMARY	Meeting Date:	28 July 2021
	Agenda Item:	06

Report Title:	**Chief Executive Briefing**	
Author(s):	Jan Ditheridge, Chief Executive	
Accountable Director:	Jan Ditheridge, Chief Executive	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	-
	Date:	-
Key Points recommendations to or previously agreed at:	-	

Recommendation for the Board/Committee to consider:							
Consider for Action	**X**	**Approval**		**Assurance**		**Information**	**X**
For the Board to consider issues in relation to our strategic priorities and Board Assurance Framework risks.							

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering Effectively	***Yes***	***X***	***No***	
CQC Getting Back to Good	***Yes***	***X***	***No***	
Transformation – Changing things that will make a difference	***Yes***	***X***	***No***	
Partnerships – working together to make a bigger impact	***Yes***	***X***	***No***	

Is this report relevant to compliance with any key standards?					**State specific standard**
Care Quality Commission	***Yes***	***X***	***No***		
IG Governance Toolkit	***Yes***	***X***	***No***		

Title	Chief Executive Briefing

Purpose

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

1. National Publications

1.1 The Health & Care Bill

In the May report I outlined the proposals of the Health & Care Bill introduced in the Queen's Speech (11th May 2021).

The Government published the Bill on 7th July, setting out the legal changes that will stimulate and promote integration between health and care in England.

Risks & Impacts

There are a number of opportunities for our organisation and importantly how we develop services for people with mental ill health, have a learning disability, autism or require addiction services. The emphasis on partnerships and local working can only strengthen our strategic plans, while the Alliance development beyond the city supports economies of scale, workforce opportunities, learning and development and pathway improvement.

This will be a time of significant structural change which could lead to a void in development, planning and potential gaps in system leadership. These changes may require input and capacity from us which will require a careful balance given our critical agenda.

Social care reform, addressing workforce shortages and the general absence of the mental health agenda could also lead to lack of focus from the system on our priorities.

We will continue to work at Place (Sheffield) and at Integrated Care System (South Yorkshire & Bassetlaw) to engage, promote and shape the future of the needs of the people we represent, and align our strategies to the emerging priorities.

You can read the Health & Care Bill in full at: Health & Care Bill

1.2 Reforming the Mental Health Act White Paper – Response to the Consultation

The Board will recall discussing the above consultation and delegating our response to the Mental Health Legislation Committee.

The government have now responded to the national consultation (15th July 2021). The key points for our organisation to consider are:

- The government has confirmed it is taking forward a significant number of the proposals including: the introduction of four new guiding principles, increasing the frequency of automatic referrals to the Tribunal and the creation of the nominated person statutory role.
- The government will also seek to give appropriate powers to health professionals so that people in need of urgent mental health care can stay on an accident and emergency site pending clinical assessment.
- There are a number of areas the government has said it will consider further given responses to the consultation, such as: improving the interface between the Mental Health Act and the Mental Capacity Act; removing the associate hospital managers' panels; and the proposal that health and local authorities should deliver on directions made by the Tribunal within five weeks.

- The government has also committed to explore its proposals regarding Advanced Choice Documents, advanced consent to admission, and Care and Treatment plans further.

It is anticipated that the Bill will be introduced at the start of the 2022 Spring parliamentary session.

Risks & Implications
The Mental Health Legislation Committee will consider these responses and oversee actions required to prepare for the legislative changes. Our response to the consultation generally welcomed the changes.

The Board will want to seek assurances that we are prepared, have engaged with our staff and considered with partners where appropriate.

1.3 "A new strategy for the changing world of health and social care" – The Care Quality Commission's new five-year strategy from 2021

The organisation has had a number of opportunities to contribute to the design of this strategy through CQC stakeholder events and contribution to membership organisation representations on our behalf (NHS Confederation and NHS Providers).

In summary:
The CQC continues to build on its four thematic areas of focus:

- People and communities
- Smarter regulation
- Safety through learning
- Collaborate for improvement

It is their ambition to assess local systems and tackle inequalities in health and care.

The strategy identifies an intention to build a culture with the public, health and care providers and wider partners that welcomes, values and acts on feedback.

It intends to make it easier for people to provide feedback on their experience of care. Assessments will include a measure of how services and systems encourage and enable people to speak up.

The CQC intend to move away from relying on set piece inspections to assess quality, to a more flexible, targeted approach to ratings, using data and feedback sources to update ratings more often.

There will be a sharper focus on checking for open and honest cultures with learning and improvement at their core, and that learning, and improvement are at the heart when anyone speaks up.

The CQC will embody and demonstrate a learning culture in its own relationship with providers. It will focus closely on settings with a greater risk of poor cultures going undetected.

The CQC will support systems to drive improvements in their local areas, strengthening local relationships to support collaboration for improvement, reflecting the legislative changes in the Health & Care Bill.

The strategy is supported by 12 outcomes aligned to the four key themes.

Risks & Implications
Given our close relationship with the CQC and recent inspections it is easy to see how this strategy is already influencing their approach and focus.

While this is relatively new, we are at risk of being on the end of "teething problems" or lack of clarity of expectation as the emphasis changes and the Inspectors navigate the new approach.

The themes and approach give us another opportunity to test out our strategies and improvement plans which are broadly aligned to CQC ambitions.

The Board may wish to consider using this strategy to reflect further on our own ambition, strategy, outcomes and importantly what our evidence/assurance might look like.

A new strategy for the changing world of health and social care can be found at:
CQC A New Strategy for the changing world of health and social care

2. Local Issues

2.1 Place and System Integrated Care Systems

The Health & Care Bill is, as we have already discussed, is very focussed on system working be that at Place (our city) between specialist partners (our Alliance and collaboratives) or our system (South Yorkshire & Bassetlaw Integrated Care System).

This requires a significant amount of restructure. At provider organisation level this is focussed on strengthened partnerships. At Place and System, it will require formal changes including employment, roles and new entities forming.

We continue to engage in these changes and in our development session on the afternoon agenda we will consider the impacts, implications and risks of these changes further.

2.2 Oversight Framework

All provider organisations are segmented between 1 and 4 depending on a range of criteria set out in the Oversight Framework, relating to quality, performance and financial stability.

This is agreed at regional and national level by the regulator NHS England/Improvement (NHSE/I).

It facilitates focus on those organisations requiring support and extra focus. Those in segment 4 will receive support from the Recovery Support Programme.

Only those in segmentation 4 are published.

The Board know that we are presently in a high level of oversight because of our "Special Measures" status, the equivalent of segmentation 4, which has attracted significant and effective support from the National Improvement Team.

The National Provider Oversight Committee are presently considering segmentation of providers for 2021/22. We expect to be placed into segmentation 4 and will continue to receive support.

While the Board are sighted on much of the support, and where it has been targeted, I suggest we consider in its entirety and effectiveness as a future meeting.

2.3 Care Quality Commission Reports

Firshill Rise – Wards for People with a Learning Disability or Autism
Publication Date: 15th July 2021

The report will be considered in detail both on the public and in private agenda, but the Board would expect that I refer to this significant report in my briefing.

While the Quality Assurance Committee and Board were aware of challenges and concerns at Firshill Rise over a number of years (and a number of reported improvements) there is no doubt that the report revealed failings we do not want or expect in any of our services.

There is a lot of learning to take from this report and we will integrate that into our Board and Committee development, as well as continuing to focus on the immediate improvements required.

Risks & Implications
The immediate potential risks centre on the one service user still in receipt of our care, and who has our complete focus and attention to support his needs and safe transition to on-going care and discharge.

We are attending to the actions required of us beyond his needs.

There has been significant attention paid to those who have used the services in the recent past (and their families) to support them before and following the report publication and media coverage. We will take further feedback if they wish to share it, and, if willing, engage them in any future design of services.

The engagement and involvement of our partners will be critical to securing arrangements for people while we are closed to admissions, and how the service will be designed for the future.

The Board are aware of the internal Risk Summit taking place at the beginning of August, to pull together all our learning, to influence a way forward. The Summit outcomes will be discussed at a future Board meeting.

Finally, an important word about our staff. The report does identify observations on good practice and care, something also witnessed by me and others in leadership roles.

This did not make its way into any of the press releases, making it very challenging for our staff and their families to read. If we are to become an effective learning organisation, confident to share concerns, as we did in this case, it will be important to understand how to find the balance of communicating openly, honestly with candour while avoiding sensationalism and ultimately adversely impacting on those we expect to learn, develop and improve for the future.

I am confident that all involved with Firshill understand the gravity and importance of the CQC findings.

CQC Core Services & Well Led Review
We are now in receipt of our draft report, for consideration and factual accuracy checks. We will consider further in our development sessions over the coming weeks, so that its findings inform our plans, risks and assurances.

We expect the report to be published by the CQC in August 2021.

2.4 Information Commissioners Office – Records Loss Incidents/Personal Data Breach
We have now received the response from the Information Commissioners Office (ICO) dated 19th July 2021 (see Appendix 1). The letter confirms no formal action to be taken by the ICO but makes a number of recommendations for further action.

The implementation of the action associated with these recommendations will be reviewed and incorporated into existing action plans formulated in response to the incidents and will be overseen through the Data Information Governance Group, reporting into Audit & Risk Committee and onward to Board as appropriate.

The letter was formally received at Audit & Risk Committee on 20th July.

JD/jch/July 2021

Information Commissioner's Office

Upholding information rights

Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF
Tel. 0303 123 1113 Fax. 01625 524 510 www.ico.org.uk

Date: 19 July 2021

Case Reference Number: INV/0725/2020

I write to inform you that the ICO has now completed its investigation into the personal data breach you originally reported to our organisation on 29 May 2020.

As you are aware, this incident involved the loss of personal data held on Sheffield Health & Social Care NHS Foundation Trust's (the Trust) patient information systems.

Since the Trust's initial report, further incidents of a similar nature have occurred which have required further investigation by our office.

This case has been considered under The General Data Protection Regulation (GDPR) due to the nature of the processing involved.

Based on the information you have provided to date, we have decided that regulatory action is not required in this case. The reasons for this decision have been outlined below.

Our consideration of this case

I have investigated whether the Trust have complied with the requirements of data protection legislation.

In particular, this incident has highlighted the instability of Insight overall, which has previously been noted on the Trust's internal risk register from 2018. It has also been acknowledged that any potential attempts to re-engineer the system to introduce increased security permissions could carry unknown risks in themselves.

However, the Trust have made their intention to replace their current electronic patient record (EPR) system moving forward clear to the ICO; the process for which is already underway.

The number of remedial actions taken by the Trust following each incident – which importantly include increased file logging, a newly implemented change control processes and an updated business continuity plan – also demonstrate the Trust's willingness to continue to mitigate any future risks to patient data ahead of their proposed EPR system change.

Therefore, after careful consideration and based on the information provided, we have decided not to take any formal enforcement action in this case.

Further action recommended

Although we are not taking any formal action at this stage, the Commissioner considers that the Trust need to take certain steps to improve their compliance with legislation. In particular:

1. To ensure that the smaller issue identified as part of the Trust's 16 February 2021 incident is fully investigated and remedied to limit the risks posed to personal data moving forward;

2. To continue placing sufficient resource towards their replacement of Insight, and ensure as part of this process that appropriate due diligence measures are taken to confirm that their new solution is fit for purpose as indicated in their response to the ICO of 23 November 2020;

3. To consider issuing a staff-wide communication outlining the risks associated with the use of 'hidden' Insight files in the event that they are able to be accessed and/or located by staff in the future;

4. To continue monitoring their internal file logs to ensure that similar instances of document deletion are avoided, or at a minimum swiftly identified to limit possible adverse effects to data subjects; and

5. To continue with their staff data protection training measures as previously referenced to ensure that completion levels remain high and continue to improve.

Please note that if further information relating to this incident comes to light, or if any further incidents involving the Trust are reported to us, we will revisit this matter, and enforcement action will be considered as a result.

Further information about compliance with the GDPR can be found via this link.

Thank you for your co-operation and assistance during the course of our investigation.

We now consider the matter closed.

Yours sincerely

Lead Case Officer
Investigations
The Information Commissioner's Office

Please note that we are often asked for copies of the correspondence we exchange with third parties. We are subject to all of the laws we deal with, including the UK General

Data Protection Regulation, the Data Protection Act 2018 and the Freedom of Information Act 2000. You can read about these on our website (www.ico.org.uk).

The ICO publishes the outcomes of its investigations. Examples of published data sets can be found at this link (https://ico.org.uk/about-the-ico/our-information/complaints-and-concerns-data-sets/).

Please say whether you consider any of the information you send us is confidential. You should also say why so that we can take that into consideration. However, please note that we will only withhold information where there is good reason to do so.
For information about what we do with personal data see our privacy notice at www.ico.org.uk/privacy-notice.