

# Council of Governors

## SUMMARY REPORT

Meeting Date: 13 December 2022

Agenda Item: 08

<b>Report Title:</b>	<b>Board Update Report</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; Richard Mills; Owen McLellan; Heather Smith 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 reported 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:**

	COVID-19 – Recovering effectively
	Transformation – Changing things that make a difference
	CQC – Continuing to improve
	Partnerships – Working together to have a bigger impact

<b>Recommendation for the Council of Governors to consider:</b>						
<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>	<b>Information</b>	<b>X</b>
Below is the report from the Board meeting held in November 2022.						
Governors are asked to receive and note this feedback from the Board and to confirm if anything further is required in terms of the approach for future reporting.						

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

<b>Is this report relevant to compliance with any key standards ?</b>				<b>State specific standard</b>	
Care Quality Commission Fundamental Standards	Yes	<b>X</b>	No	<b>Good Governance</b>	
Data Security Protection Toolkit	Yes		No	<b>X</b>	

<b>Have these areas been considered ? YES/NO</b>				<b>If Yes, what are the implications or the impact? If no, please explain why</b>	
Service User and Carer Safety and Experience	Yes	<b>X</b>	No	<i>These areas are reflected in the various reports to the Board.</i>	
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		

### 1. Listening to service users



At the October Board we were joined by a health care professional who became unwell prior to becoming pregnant with her first child. She described her reluctance initially to access services due to perceptions around stigma and concern about how this might affect her professionally. She described positively the care she received in the community from one of our recovery teams but shared her experience of accessing specialist services and issues she has experienced with regard to lack of communication and co-ordination across physical health, maternity and mental health services, and impact of turnover of doctors on care received and on the experience of service users having to re-tell their 'story' multiple times; together with the impact of delays in receiving appointments and the impact of these being held virtually rather than face to face through the pandemic.

In our reflections we agreed to look again at the approach in place around offering face to face appointments as an option and to consider what has been put in place to improve handover between teams. The Board was assured to hear about the inclusion of a 'trusted assessment' as a core element of the transformation work in the community programme which limits the amount of times a service user is asked to go over their story; and about plans in place to improve the Board visits programme to strengthen the opportunity to hear from service users, and around sharing of learning.

### 2. Financial Position and Cost Improvement Programme



The Board received an update on the financial position and delivery of the Cost Improvement Programme. The Cost Improvement Programme is focused on quality improvement with savings delivered as a result. The current financial forecast is a deficit of £3.9 m provided expected progress is made with delivery of savings, some elements of which require a system approach, and some require internal strengthened controls which are being taken forward at pace. The Finance and Performance Committee are looking at a recovery plan in detail with regular updates provided at Board.

### 3. Learning from Lives and Deaths (LeDer)



The 2021 national LeDer report shows that people with Learning Disability experience significant health inequalities in comparison to the general population. This includes an earlier median age of death and a greater percentage of deaths designated as avoidable.

The Board received a paper providing an overview of the national report and a preliminary comparison with deaths of people in SHSC Learning Disability services in 2021, where individual LeDer reports have been received to date – detail on this is being collated regionally. Of those analysed so far, the Board was assured none had been identified as being preventable deaths. The paper also outlines how learning from the national and local LeDer processes is informing the development of the transformation work in SHSC Learning Disability services.

It was noted physical health is a core element of the community transformation programme and the Board will receive a detailed update on the programme at the January 2023 meeting.

#### 4. Quarter 1 and 2 Mortality Report



At the request of the Board when last discussed, the report received in November included further information on involvement of families through the family liaison service and it was confirmed appropriate information is being shared on the website. Work is taking place to capture learning in a more structured way in future through reports to Quality Assurance Committee.

#### 5. Covid update and winter planning



As we continue to move forward the focus of this report has shifted from a specific Covid focus to a more general review of operational delivery of our Operational Plan however the Board has asked for further reflection to take place on what this report needs to cover and it will continue to be refined.

- **We have mobilised our winter plan.** Our plan, delivered with our partners, is focussed on key risk areas by increasing community support and addressing long lengths of inpatient stay. The additional programmes and capacity are due to commence by the end of November. Increased investment is also supporting an expanded Liaison Service offer across Sheffield Teaching Hospital services, which will provide more access to mental health support across the Urgent and Emergency Care Pathway.
- **Our business continuity plans, and incident command structures provide a clear framework to manage the challenges.** We are facing risks and challenges from winter, industrial action and energy supply/ power outages. Our command structures have been initiated and the Emergency Planning Manager is coordinating contingency planning activities between Workforce, Clinical Services and Estates. A separate briefing has been requested by the Board on this.
- **Our response to Covid is well embedded.** Our focus is now directed to the delivery of our improvement priorities.
- **Service demand:** Activity levels across most services are in line with pre-covid levels. Crisis Pathway Services are experiencing sustained increased demand and recent expansion will provide support.
- **Access and waiting times are challenged in some areas.** Challenges continue across several services in terms of numbers waiting or length of waits. Reducing waiting times remains a clear national priority. Recovery plans are in place in the trust however we are not seeing the expected rate of improvement. Progress is reported to the Quality Assurance Committee and the Board considered further actions and mitigation of risk at the September Board meeting
- **Plans to implement our workforce plan and recruit to all vacancies continue and the position remains challenging in some teams.** We have made good progress in the services that were expanding due to increased commissioning investment, with 88% of the planned additional staff recruited to. Across some services, specifically in inpatient services, challenges remain. There is a broader risk that the level of people leaving or retiring means that the increased staffing numbers are not sustained.
- **Our vaccination programme launched on the 10 October:** The programme has started well and is ahead of plan at the end of week four. Our approach is flexible with a combination of a vaccination hub, in service / at work pop up clinics and staff reporting vaccinations received via primary care. The vaccination programme has been rolled out to inpatients.
- **The lessons and changes in practice** that the pandemic brought about are now embedded and were shared as an appendix for information.

## 6. Alert – Advise – Assure Committee reports



Key alerts identified by the Chairs to draw to the attention of the Council of Governors from the AAA reports received at Board in October are as follows:

### Audit and Risk Committee (October)

- **The committee gave the Board a positive alert on improvements made on closure of internal audit actions**
- **Limited Assurance reports:**
  - Safeguarding and Recruitment - Senior leaders attended the meeting to give assurance around actions being taken to make improvements required and confirmed these are on track. Risks are referenced in the Board Assurance Framework and reports are received at Quality Assurance Committee and People Committee respectively

### Remuneration Committee (October/November)

- Updates were received on the recruitment process for Board roles

### Finance and Performance Committee (October/November)

#### October

- **Cost Improvement Programme update monthly report** - The committee were advised of the progress and risks associated with the Cost Improvement Programme which advised the current CIP forecast outturn us £3.377M but that there are increasing risks to delivery. Agency: The programme is behind plan and has been restructured into 5 workstreams. Out of Area: The programme is reporting an increase against contracted beds which is indicating an overspend.
- **Efficiency Delivery Group**: The programme for identifying savings is expected to deliver above target and in excess of £2m. Actions being taken forward on the following key areas of focus:
  - Agency: Beverley Murphy and Caroline Parry have replanned the agency programme report which will include costings derived from workstream delivery plans.
  - Out of Area: The projected overspend is being reviewed and will be reported in November.
  - Efficiency Delivery Group: The 3-year plan is being reviewed to see if there is any slippage which can be recovered in areas of loss
- **Financial Risks** - The Board was advised on work taking place to refine capturing of recurrent/non-recurrent savings in budget lines which should be complete by December 2022 and will be aligned with budget setting for 2023/24.

#### November

- **Risk surrounding potential Capital underspend** - The committee were advised that the committed forecast spend for the year stands at £10,794k but there is a significant increase in costs which will take place in the second half of the financial year. There remains uncertainty in the cost and timings of our big schemes (Electronic Patient Record, 136 suite and phase 3 Ligature Anchor Points), which could impact delivery of our forecast so the committee is keeping a close eye on these.
- **Review of Standing Orders, Standing Financial Instructions & Scheme of Delegation** - The committee was made aware of proposed amendments to the paper which was received at Finance and Performance Committee in advance of Audit and Risk Committee and Board. The committee approved the recommendations, but it was noted that further changes will be made to the paper regarding Mental Health Legislation changes to scheme of delegation where appropriate, litigation and governance arrangements before final approval in January.

## Quality Assurance Committee (October/November)

### October

- **Persistent risks:** - the committee had limited assurance around progress with the following key areas and asked for a further report on these to go to the next meeting
  - Waits
  - Flow across acute pathway
  - Care Programme Approach reviews
  - Supervision rates
  - Vacancy rates
- **Carer and service user feedback, advocacy, and peer support** – The committee noted the need to strengthen carer and service user feedback, advocacy, and peer support. They have asked for a robust plan for this going forward to help to provide assurance improvements continue on the right track as the committee had limited assurance around feedback. The next report on this will go to Quality Assurance Committee in January 2023
- **Health and Safety Executive (HSE): Improvement Notice for Sharps Instruments in Healthcare** – The trust has received an HSE improvement notice for sharps and waste management which noted oversight was unclear and risks not fully owned – the committee had limited assurance around this and the Director of Quality is working closely with the Health and Safety Manager and Infection, Prevention, and Control team to address actions. The Director of Quality has requested work to take place to ensure similar issues are not being seen in other areas.

### November

- **Persistent risks:** as noted in the October update these are issues which continue to be of concern
  - Waits for treatment across community services
  - Flow across the acute care pathway
  - Supervision rates not consistently meeting standards
  - The impact of vacancy rates on the quality of care and staff wellbeing remains a cause for considerable concern, especially on the acute pathways

The committee had limited assurance of progress and asked that recovery plans with full detail to be made clearer in the Integrated Performance and Quality Report summary report to provide assurance. This will be kept as an alert to Board and future reporting will include updates on completed work. The Recovery plan for waits will go to the committee in January 2023.

- **Service user experience**
  - **Service user feedback** – the committee had insufficient assurance about service user experience and feedback as they did not feel sufficiently sighted on the full range of feedback mechanisms in place. Fundamental standards visits by the quality team, with lived experience/ service user input, will be brought forward to December and will be reported to Quality Assurance Committee in January 2023.
  - **Person-centred care** – the committee discussed poor collection of personal data across the protected characteristics and other biographical details which will impede ability to provide person centred and culturally sensitive care. Clinical directorate leaders will be supporting work to improve the performance and it was proposed collection of protected characteristic data will be included in the Integrated Performance and Quality Report.

- **Access to interpreters** - Access to interpreters is a significant cause for concern. This links to a Back to Good action we have that is in exception in relation to the provision of accessible information, including information in a range of different languages. Concerns about fulfilment of bookings for some languages including British Sign Language have been raised through our local contract meetings and through the North of England Commercial Procurement Collaborative oversight, action has been taken by the provider of the contract this is ongoing action plan. The Head of Equality and Inclusion will review this with the Director of Quality.
- **Positive alert: There has been an improvement in the Care Programme Approach (CPA) review compliance**, which has been on our high-risk list for many months. Good assurance was provided on continued focus and progress:
  - CPA compliance is gradually improving
  - Older adults inpatient service: positive performance in terms of lengths of stay
  - Waiting time standards were good for the early intervention and the Improving Access to Psychological Therapies (IAPT) teams
  - Rehab and Specialist directorate are meeting supervision targets.

#### People Committee (November)

- **Sickness** - Long-term sickness rates have decreased slightly, and short-term sickness rates have increased. The overall sickness rate is at 6.5% which is higher than our target of 5.1%. Concern was raised that seasonal sickness could further increase the short-term rate. Some cases of long-term sickness have been managed in a way that means some people who would have had longer periods of absence are returning to work quicker, however this can then increase the number of short-term sickness incidents.

Areas with low sickness rates are being analysed to see if there are points of learning that could help areas with higher absence rates. The Sickness will continue to be monitored in the Integrated Performance and Quality Report and Workforce dashboard and the new occupational health contract will take effect from January 2023.

- **Increase in head count/decrease in vacancy rates.** There has been a decrease in vacancy rates in some areas however there are still areas with significant resource issues. The data in the dashboard has confirmed that vacancy rates are decreasing but the data needs to be separated by service line so under-resourced areas can be highlighted. The next workforce performance dashboard will include data by service line and any further risks identified.
- **Time to appoint** - the time to hire data now shows an average of 59.2 days which is a reduction since the last report. The data in the dashboard confirmed a decrease since the previous month, however due to a spike in the data in May the overall average remains unchanged since February 2022. No significant impact is being seen yet as a result of actions being taken. The next workforce performance dashboard will include time to hire data by service line and risks will be further identified in the report.
- **Staff turnover** - is above the 10% target with outliers pushing up the average across the organisation. The committee asked to see further assurance and risks identified in future reports and the next workforce performance dashboard will include data by service line with risks also identified in the workforce dashboard.
- **Retention - Leavers reasons** - the committee were advised that 53% of those leaving are retiring and 12% were related to work/life balance. The dashboard data confirmed the reasons for leaving and will continue to be monitored at the committee.
- **Employee Relations Case Work Data** - case work length has reduced to 15.17 weeks (below target of 22 weeks). There are no 'live' grievances at present. The dashboard data confirmed weeks that an employee relations case is open has decreased and remain low. Continued monitoring will take place to provide assurance.

## 7. Annual Equality and Human Rights Report

Our **Annual Equality and Human Rights Report** which we are required to publish under our statutory duties, was approved by the Board and will be published on the website. We need to publish the report in an accessible way so we will be looking at ways to complement this. The Board requested a one-page summary to be developed and it was noted objectives will be refreshed for next year. The Board was surprised to see a reduction in part time working by staff, and it was agreed this should be looked at in light of the staffing difficulties the Trust is experiencing in some areas with a further discussion on this planned for People Committee.

## 8. Guardian of Safe Working

The Board received assurance through this quarterly report that the Trust is working in line with requirements on safe working for doctors and that issues raised have been satisfactorily resolved. There has been an increase in escalation from junior doctors following an awareness campaign by the Guardian which is a positive indication of a healthy reporting culture.

## 9. Strategies

### [Clinical and Social Care Strategy annual review](#)

An update on progress with delivering year 1 of the Clinical and Social Care strategy was presented by the Medical Director and clinical and programme leads. Work is taking place to look across the strategies in place to support delivery of the Clinical and Social Care strategy to make sure we limit duplication, to identify the baselines for outcomes we expect to see in five years' time, and to put in place a service user survey to support co-production. Further detail on the baseline and targets will be shared with the Chair of the Audit and Risk Committee for added assurance as these are developed. The Board asked for elements related to working with partners around addressing cost of living issues to be reflected in Year 2-work.

### [Digital Strategy annual review](#)

An update on progress with the digital strategy was received in which it was noted some re-alignment will take place as a result of reflection on priorities and key deliverables. The Board asked for a Finance and Performance committee discussion on progress with identifying priorities and the timeframe for delivering them.

## 10. Charitable Funds Annual Governance update

Our charitable funds are currently held as part of Sheffield Hospitals Charity (CLG). The Board was provided with documentation outlining the governance arrangements and how applications can be made to draw down funds. Arrangements are compliant with relevant charitable governance standards, however it was recognised there is gap in terms of our role as a Trustee and on on-going charitable activity. The Board has asked for further work to take place to look at options for how this should be managed in the future with a further report due to be received in January.

## 11. Governance Report

The Board received an update on various governance matters some of which are covered separately on the agenda to Council of Governors including new national governance arrangements and guidance documents and an update on the Council of Governor elections. The Board has been undertaking its annual 'Well Led' self-assessment exercise

and an update on this will be received at the Board in the New Year.

## 12. Key issues discussed in the confidential session



The confidential session included a more detailed discussion on finances and on contract negotiations and on tendering. Relevant areas are reflected on the Council of Governors agenda.