

Council of Governors

SUMMARY REPORT

Meeting Date: 11 October 2022

Agenda Item: 80/08

Report Title:	Board Update Report	
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Accountable Director:	Sharon Mays, Chair Non-Executive Directors - Anne Dray; Olayinka Monisola Fadahunsi-Oluwole; Richard Mills; Owen McLellan; Heather Smith Associate Non-Executive Director, Brendan Stone	
Other Meetings presented to or previously agreed at:	Committee/Group:	N/A
	Date:	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

Recommendation for the Council of Governors to consider:					
Consider for Action		Approval		Assurance	Information X
Below is the report from the Board meetings held in July and September 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.					

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

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

Have these areas been considered ? YES/NO				If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	X	No	<i>These areas are reflected in the various reports to the Board.</i>
Financial (revenue & capital)	Yes	X	No	
Organisational Development/Workforce	Yes	X	No	
Equality, Diversity & Inclusion	Yes	X	No	
Legal	Yes	X	No	
Sustainability	Yes	X	No	

Board Update Report to Council of Governors

1. Listening to service users

At the July Board we were joined by a carer whose family member has early on-set Alzheimer's and has been receiving care in trust services. She shared her experience and the sense of loss of handing over a loved one to strangers and the impact that had, had on her personally. Having visited regularly in support of the family member they had then become a volunteer. Examples of the activities on offer to those being supported were shared and it was noted that volunteering had given her a new sense of purpose and feeling of being valued and being part of team through what had been an extremely difficult period.

It was noted the pandemic had been particularly challenging due to the restricted access, and relatives needing to be registered as an essential carer giver which is the route she had taken. She felt that more could be done to involve carers/family and would support development of a family support network in this area.

The Board discussed the role of volunteers, how they are selected and supported and how we work with partners, carers and families particularly around the impact on them when a family member moves into residential care.

It was agreed a briefing on volunteering in the Trust and planned next steps would be shared with the Board.

At the September Board we heard an inspiring story from a former long term service user of our substance misuse service - who is now three years sober and supports us as a volunteer Ambassador for the service. We talked about the importance of avoiding complacency in providing support at an early stage, of always using a person centered approach and of providing appropriate sign posting and information to support groups and therapy services available to provide further help between appointments. Her work as a volunteer has opened up new opportunities to support and mentor others and she is looking forward positively to the future which was wonderful to hear.

In our reflections we agreed to continue to strive to make it clearer in our papers where we are working with the third sector to support our understanding around the various opportunities for collaboration.

2. Panorama Programme

Panorama (28 September 2022) featured evidence of abusive treatment of vulnerable patients at a secure mental health hospital run by Greater Manchester Mental Health NHS Foundation Trust. The programme highlighted a culture that was toxic and shocking. The behaviours of staff members who should have been caring and advocating for the service users on the wards was unacceptable.

The Chair and Chief Executive sent a joint message on behalf of the Board to staff to ask that they watch the programme and to talk about what they see and hear within their teams. The message to staff is attached at **appendix 1**.

Please be assured that the Board will be considering all the issues very seriously, looking for the learning in the same way our staff will be doing in their teams over the coming weeks.

[You can watch the programme here.](#)

3. Learning Disabilities

[Learning Disability Transformation programme](#) – The Board received a detailed update at their session in August and a formal paper in September on progress with the transformation programme. A briefing is on the agenda separately for the Council of Governors.

[Learning from Lives and Deaths \(LeDer\)](#) - The Medical Director Dr Mike Hunter and the Learning Disability Team are undertaking a review to understand implications for Sheffield and the transformation programme of this national report into the lives and deaths of people with learning disabilities. A report will go to the November Board. Areas of focus will include the impact of Covid on ethnically diverse communities and the high percentage of avoidable deaths of people with a learning disability.

4. Learning from Ockenden and the Paterson reviews



In July the Board discussed key findings from these national learning from deaths reviews. It was acknowledged much of the work is already covered through our Back to Good Programme and the Quality Assurance Committee and actions are being mapped across to the programme and to Board committees to provide clarity on governance arrangements.

The Board supported recommendations which were specific to the Board around:

- Improving oversight of patient safety serious incident investigations via quarterly reporting to Quality Assurance Committee on key issues to improve scrutiny, oversight and transparency
- Board evaluation of learning from listening to lived experience stories and voices. To support this a joint development session has been put in place for the Board with the Lived Experience and Co-production Assurance Group.

5. Annual Complaints report



[Background and progress made](#) - The Care Quality Commission (CQC) raised concerns with the Trust's approach to complaints in 2020, an action plan was implemented and at the July Board it was confirmed a significant amount of work has been undertaken to close long standing complaints.

- A change in culture will be important moving forward to ensure we have a person-centred approach to each complainant and to support creating a culture of openness and transparency.
- There has been a rise in the number of complaints partly as a result of making the process more straightforward.
- In future our reports will include more detail on learning from complaints and the Board will consider how it might ensure more interaction with service users in our Board visits programme.

6. Covid update and winter planning



In July the Board received an update on the Trust's learning during recovery from Covid and preparation for any potential future surges. To note:

- Integration with partners on Urgent & Emergency (UEC) recovery plans. Introduction of a dashboard to monitor flow and breaches.
- Council of Governors received an update on the changes to the delivery of Improving Access to Psychological Therapies (IAPT) services.

- There has been a reduction of 15% in face-to-face contact which is attributed in some part to choice made by service users in how they engage. Further work to be undertaken in recovery services to understand choice and impact.
- Focus on 100 Day Challenge to ensure the best care in the most appropriate environment. It was noted there were, at that point in time, no out of area bed placements for the Psychiatric Intensive Care Unit (PICU) and older adults.
- Commencement of Winter planning to align with strategic priorities.

It was agreed future reports would highlight learning, patient experience and planning for potential future surges.

In September it was confirmed there remains a focus on winter planning. There remains an ongoing risk in relation to beds and transfer delays. Risks all track onto the Board Assurance Framework (BAF) and Risk Register and are well understood. We are working with colleagues in the acute sector to support flow.

The Trust has put in place its vaccination programme for Covid and Flu starting first week in October, offered both in 'clinics' and through mobile on site delivery with communications with staff in place.

It was agreed future reports should include more detail on innovative work which has taken place and is being retained as a result of learning through Covid and for a heat map to be provided to illustrate areas which require more focus.

7. Alert – Advise – Assure Committee reports



Top areas identified by the Chairs to draw to the attention of the Council of Governors from the September AAA reports are as follows:

<p>Summary update from the September 2022 AAA reports</p> <p>Audit and Risk Committee (July)</p> <ul style="list-style-type: none"> • Alert – Delay in submission of annual report and accounts – learning from this has been captured and plans for 2022/23 process will be discussed at the October committee • Advise – Improved position with Internal Audit actions follow up completion rate following strengthened processes by the executive and committees
<p>Finance and Performance Committee (August and September)</p> <ul style="list-style-type: none"> • Alert – Transformation portfolio report – concern two clinical services/teams have not yet moved from Fulwood House – standing item on the committee agenda to monitor progress • Alert - Cost Improvement Programme update – ambitious programme and back loaded to the end of the financial year. Not yet seeing level of recurrent savings needed but plans in place and being monitored. In view of tight financial position we need to keep a strong grip on this. Standing item on committee agenda to monitor progress and to ensure transparency for Quality Assurance Committee on Quality impact assessments. • Alert – finance report – Therapeutic environment strategic outline case (SOC) due to go to the committee in November. This will identify the preferred options for the future pattern of our acute services and their relationship to our other services • It was agreed going forward the AAA reports for Finance and Performance Committee should be in the public domain. <p>Further detail on the financial position is shared separately in a presentation to the Council of Governors from the Chair of the Finance and Performance Committee</p>
<p>Quality Assurance Committee (August and September)</p> <ul style="list-style-type: none"> • Alert – persistent risks on the following (also noted in August AAA report) <ul style="list-style-type: none"> ○ Waiting lists are long in many services

<ul style="list-style-type: none"> ○ Care programme approach (CPA) review writing in the South Recovery Team -ensuring care plans are up-to-date, reviewed and recorded ○ Time taken to allocate a care co-ordinator in the Recovery teams ○ High usage of Out of Area beds <p>Recovery plans have been received for all of the above but despite work in place it remains difficult to make an impact</p> <ul style="list-style-type: none"> ● Alert – Health & Safety – limited assurance around fire safety issues. Committee have requested prioritisation and a cross-Trust approach to resolve at pace. ● Alert - Supervision compliance needs to be improved and the Committee has asked for a recovery plan ● Alert – Committee looking for more assurance that Back to Good actions are embedded
<p>Mental Health Legislation Committee (September)</p> <ul style="list-style-type: none"> ● Alert - Committee received the quarter one and annual report and expressed concern that CCTV was in use in specific inpatient areas. Assured that this is in accordance with the existing SHSC recording policy but that work is under way to update the policy to reflect the requirements of human rights legislation. ● Committee were assured that SHSC was compliant with Use of Force Act recording with the exception of G1, where there is an ongoing issue regarding recording physical contact to facilitate self-care. Committee noted that there has been an overall reduction in rates of seclusion in SHSC.
<p>People Committee (September)</p> <ul style="list-style-type: none"> ● Alert - Workforce Race Equality Standard (WRES) report data indicates that, in comparison with other Trusts there are fewer people from minority ethnic groups who have promoted posts (called the disparity ratio) – a paper will go to the November People meeting with an update on the disparity ratio and actions being taken ● Alert – Supervision numbers and completion of mandatory training remains a challenge in some areas - Workforce team to arrange for a communication to be circulated regarding uploading of Personal Development Reviews including supervision and Mandatory training ● Alert – sickness levels - short term sickness rates have gone up but we have an improved position on long term sickness management

It was agreed the executive will take away work on a range of resistant issues including those referenced under the AAA report and including the transformation programmes which are Amber, using quality improvement methodology to then agree actions, timeframes and appetite for risk.

8. Equality Diversity and Inclusion



[Workforce Race Equality Standards Annual report 2022](#) – This report highlights that there is a risk that the targets associated with the Disparity ratio in terms of the numbers of people from an ethnically diverse background in senior roles will not be achieved by 2025 (as noted in the AAA reports above). Mitigating action was highlighted and Board advised they will receive a further update in November 2022.

[Disability Equality Standards Annual report 2022](#) – The percentage of ‘not known’ disability is increasing with work underway to address this. Staff experience of accessing adjustment support requires improvement and work is underway to address this with updates provided to people committee.

Further work was requested around benchmarking and further reports will be provided to

the Board on progress in respect of both standards.

The Board agreed to publication of the reports subject to some amendments requested.

9. Freedom to Speak Up Annual Report

The Freedom to Speak Up Guardian (FTSUG) presented her annual report to the Board. Ambassadors are now in place and supporting engagement with staff with the Freedom to Speak Up month commencing in October. The FTSUG meets regularly with the Chief Executive, Chair, the Executive lead and the Non-Executive lead for freedom to speak up.

The Board is undertaking its self-assessment in December and a refreshed strategy is due to be consulted on and then received at Board in March 2023.

It was agreed some refinement to wording in the report should take place to ensure we are not demonstrating unconscious bias in use of words such as 'perceived' and it should then be published.

It was noted the Board recognises pressure on staff and is hearing from staff they feel short staffed, may be disadvantaged, are overworked, have high caseloads and are having negative experiences due to the waiting lists. These are areas discussed by the Board in terms of how these should be addressed.

It was agreed in future it would be helpful for case studies to be included in the annual reports to Board.

10. Strategies

[Estates strategy \(approved in 2021\) refresh and progress update](#) - In July the Board received an update on delivery of the Estates strategy. A strategy on a page has been developed to demonstrate how the estates strategy is supporting the Clinical & Social Care Strategy and enabling the Sustainability Strategy. Future reports will include timelines for delivery of all targets.

Overview of key investments

- 85% of ligature points have been removed
- Move of Trust headquarters almost completed
- Strategic outline case (SOC) for acute wards under development, will be scrutinised at Finance and Performance Committee and is expected to be flexible, agile and deliverable
- Improvements to estate and developing community facilities, we are on track for provision of 100% ensuite bathrooms at Beech with work underway to develop a plan for Forest Lodge.

In September the Board received and approved strategies for Finance and Procurement.

11. Key issues discussed in the confidential session

[Governor Representation on Foundation Trust Councils of Governors in respect of seats formerly held by Clinical Commissioning Groups \(CCGs\)](#) – covered in the Governance report to the Council of Governors.

Our response to BBC Panorama on behalf of our board


Sheffield Health
and Social Care
NHS Foundation Trust



Last night BBC Panorama was broadcast, which featured evidence of abusive treatment of vulnerable patients at a secure mental health hospital run by Greater Manchester Mental Health NHS Foundation Trust.

The programme highlighted a culture that was toxic and shocking. The behaviours of staff members who should have been caring and advocating for the service users on the wards was unacceptable.

We would ask you to watch the programme if you haven't already and talk about what you see and hear within your teams. Many of you have already asked: 'could this happen here?' We shouldn't be afraid to ask that question and think carefully about the part we all play in ensuring this doesn't happen here.

[You can watch the programme here.](#)

If we all continue to live by our values, the values we have all signed up to, we will ensure that our service users will have a positive experience.

Good values-based recruitment, induction, practice supervision and development plus visible leadership at every level play a big part in ensuring people feel safe and competent at work so poor behaviours aren't allowed to develop. Most importantly we must stay open

to continuously improving, challenge our own thinking and involve service users, carers families and advocates in the work we do.

Speaking up if you see or hear anything that is less than good service user care is so important and can support staff who may be struggling as well as the service user.

There are many people you can flag concerns to, your team leader being the best starting point, but please consider our [Freedom to Speak up Guardian](#) if that doesn't feel appropriate.

If you have been affected by what you have heard and seen, and think you need or would like support please ask. You can speak to your team leader or look to [Workplace Wellbeing](#) for support.

Please be assured that the Board will be considering all the issues very seriously, looking for the learning in the same way you will be doing in your teams over the coming weeks.

Jan and Sharon on behalf of the Board