Council of Governors

SUMMARY REPORT	**Meeting Date:** 22 June 2023
	Agenda Item: 07

Report Title:	**Board Update Report**
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Accountable Director:	Sharon Mays, Chair Non-Executive Directors - Anne Dray; Olayinka Monisola Fadahunsi-Oluwole; Owen McLellan; Heather Smith; Mark Dundon 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 report 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:

	Recover Services and Improve Efficiency
	Transformation – Changing things that make a difference
	Continuous Quality Improvement

	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 meeting held in May 2023.

Governors are asked to receive and note this feedback from the Board and to confirm if anything further is required in terms of future reporting.

Please identify which strategic priorities will be impacted by this report:				
Recover services and improve efficiency	*Yes*	**X**	*No*	
Continuous Quality 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, Engagement and Experience	*Yes*	**X**	*No*		
Financial (revenue &capital)	*Yes*	**X**	*No*		*These areas are reflected in the various reports to the Board.*
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

The Board received a staff story from two members of our bank staff nursing team about experiences they and others had encountered working on our wards including how access to bank shifts is managed and around discrimination. As a result of issues which had already been raised internally the Board was informed about the establishment of the "Valuing our Bank" forum set up by our Executive Director of Nursing, Quality and Professions and led by the members of staff who came to speak to the Board. The forum is referenced in our Nursing Plan, the strategy for attracting, recruiting and retaining nurses into SHSC.

As a result of the issues raised there has been immediate cessation of the use of *Whatsapp* for booking staff, with only LOOP, our employee on-line system being accepted as the mechanism for booking temporary staff and a managers' briefing has been circulated.

The Board agreed:
- Finance and Performance Committee will receive a breakdown of historic and current/planned spend on staff by ward area on substantive staff, bank staff and use of agency to understand what we are spending and if the balance in use is changing (given our aim is to reduce the use of agency)
- People Committee will be updated on the response to issues raised including approach to the booking of shifts
- The Board will receive updates on progress through the committee reports and via updates on work taking place to pull together reports regularly received around the equality, diversity and inclusion agenda.
- The Board visits programme is being extended to ensure we reach a wider range of service users and staff including temporary staff such as our bank colleagues and the Board are reflecting on service user, carer and staff stories more generally

2. Operational Resilience and Business Continuity

- There is increased demand for Sheffield Autism and Neurodevelopmental Service; Community Learning Disability Team and the Short-Term Education Team associated with service transformation. Recovery plans are in place, reported through Quality Assurance Committee.
- We are strengthening our partnership with Voluntary, Community and Social Enterprise through service improvement and service transformation supported by our Annual Operating Plan and dedicated relationship management.
- Our winter plan was implemented well helping us to manage seasonal demand and capacity challenges in urgent and emergency care.
- We have reviewed the impact of industrial action on operational performance and quality; 298 appointments were rescheduled as a result however our preparation with staff and in partnership with other providers supported Urgent and Emergency care to be prioritised and we had no serious incidents.

- We are acting on recommendations from our Clinical Establishment review using the Mental Health Optimum Staffing Tool (MHOST) to increase staff in some areas based on level of need; and to support our approach to training and supporting our staff to deliver high quality care.

3. Items from the Chief Executive's report

Premature Mortality in Adults with Severe Mental Illness (SMI) (updated April 2023)

This national report looked at data related to premature deaths in people under the age of 75 with severe mental illness (SMI) comparing data between 2018 -2020 with that from 2015-2017. Some of the key findings were:

- Adults with SMI are statistically significantly more likely to die prematurely than adults who do not have SMI (5 x more likely in England)

- Between 2018 and 2020 120,273 adults (between the ages of 18 and 74) with SMI died prematurely, just over 40,000 each year with broadly two thirds being male and one third female.

- The rate has increased over reporting periods with the greatest increases between 2017 - 2019 and 2018 – 2020 (which included 10 months of CoVid 19)

- Deprivation is a significant feature in premature deaths of people with SMI – 53.9 per 100,000 in the least deprived areas and 200 per 100,000 in the most deprived areas.

We need to make sure these facts influence our strategies, plans and care delivery and we have an advocacy role in making sure this also happens at system level.

The Medical Director will be reviewing the report in detail and bringing this back for discussion through the Quality Assurance Committee to consider how we are actively addressing the findings locally**. The full report can be found at: Premature Mortality in Adults with SMI (April 2023)

Linked with this national report the Board also received the regular quarterly mortality report which references the premature deaths report. Our local learning indicates:

- Premature death due to "natural" causes is often associated with the same chronic physical health conditions as those outlined in the national sample, including cardiovascular disease and type 2 diabetes.

- Issues including delays in the allocation of a care coordinator and the useability of the current patient record system contributed to negative experiences of service users prior to death.

These issues are areas mapped onto a range of improvement work underway in SHSC and reported through our committees and the Board.

The SHSC mortality report also notes:

- We are amongst NHS Trusts with higher rates of death by suicide based on population. This may be due to the fact we have been providing substance misuse services which not all Trusts provide.

- Work is underway to understand the data compared to the Sheffield population for the last 3 years to 2020, with a report expected shortly.

- We have commissioned an external review, with partners, into suspected homicides involving those using SHSC services in 2022 which will be received at Quality Assurance Committee and the Board.

- SHSC has reviewed 100% of all reported deaths during Quarter 4 of 2022/23 and a sample of deaths of people who died within 6 months of a closed episode of care and can confirm SHSC is compliant with the 2017 National Quality Board (NQB) standards for learning from deaths.

<u>The Hewitt Review – an independent review of Integrated Care Systems by the Rt Hon Patricia Hewitt (April 2023)</u>

This national report has four key chapters:

- Focussing on illness to promoting health

- Delivering on the promise of the systems – achieving the ambitions of the Health and Social Care Act 2022

- Resetting the approach to finance to embed change

- Unlocking the potential of Primary and Social Care and their workforce

It comes with a range of recommendations which are all underpinned by a call for culture change from ill health to prevention, from competition and organisational "walls" to system and partnership working and for a shift from national direction to local leadership and accountability. Findings and recommendations can be found here: The Hewitt Review - April 2023

We will work with colleagues to support the implementation of the recommendations in line with our Working in Partnership priority.

4. Financial Position and Cost Improvement Programme

The position for the month ending March 2023 (unaudited position) as reported to the May Board was:

- A deficit of £2,497m, a £0.233m improvement on the forecast deficit position.
- The deficit is mainly driven by pressure on agency spend; covering the pay award funding gap; pay overspend and the cost of out of area purchase of healthcare.
- The position assumes that the local authority will pay the 2022/23 management fee however there remains a risk there may be a breach of contract of £0.7m whilst the debt remains outstanding.
- Significant variance to forecast income and expenditure; Nationally mandated costs and income have been recognised for pension costs paid centrally and the potential pay award. This impact is neutral.
- It should be noted the non-recurrent prior year benefits of £1.6 m are included in the forecast and therefore the underlying deficit is being masked by this.
- Delivery of our recurrent efficiency savings remains significantly lower than our revised plan. Work is taking place to address the gap and to put plans in place for 2023/24 and subsequent years. The end of year position shows a cost improvement plan (CIP) gap of £2m. As a result our CIP plan for 2023/24 is currently £5.75 m overall.
- Cash balances remain healthy – however debt owed to SHSC remains at £5m but has improved in recent months. The year end cash balance is less than plan as cash receipts have not been received as planned due to the delayed Fulwood disposal; other working capital movements and the deficit I & E position which includes unplanned interest cash receipts following interest rate increases of circa £1.3m.
- Capital has overspent against plan by £0.2m as part of system management to ensure the full use of the system capital budget. Prior to this request SHSC had successfully managed expenditure to £11.810m against a plan of £11.811m.

5. 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 May 2023 are attached at **appendix 1.**

6. Other key items received:

- The Board agreed that an update on the performance framework will be brought to the Council of Governors meeting in October led by the Executive Director of Finance and colleagues.

- Back to Good report – this has been only focussed around delivering requirements from our previous Care Quality Commission (CQC) reports, with this work well established and monitoring continuing to take place, going forward the report is going to focus more generally on quality improvements and areas for further action.

- Annual review on the delivery of the Quality Strategy 2022-26

- Guardian of Safe Working Annual report presented by the Guardian

- Freedom to Speak Up Annual Report 2022-2023 presented by the Guardian

- Corporate Governance report including - Board of Directors annual declarations; updated provider licence; draft declarations of compliance and self-certification with the provider licence to support finalisation of the Annual Report & Accounts submission 2022/23 and an update on Non-Executive champion roles and membership of committees for 2023/*24* – **attached at appendix 2**

- Board Assurance Framework and Corporate Risk Register updates (also received at the Board Committees)

The Board received and approved:

- Eliminating Mixed Sex Accommodation annual declaration

- Annual Operating Plan 2023/24

- Annual Gender Pay Gap report.

7. Key issues discussed in the Board confidential session

- The financial plan for 2023/24
- An update on progress with the Community Mental Health Transformation programme. As part of this report it was confirmed the collective dispute raised by staff in 2019 is now recognised as closed by staff, unions and SHSC, with recognition there are some actions which we will continue to work in partnership to conclude.
- The draft Annual Report and Accounts 2022/23 and draft Annual Governance statement and associated documents

Appendix 1

Audit and Risk Committee (ARC)

Good progress being made with:

- Improvement on closure of internal audit actions, Board Assurance Framework, launch of Risk Oversight Group
- Improvement in the draft Head of Internal Audit Opinion
- Improvement in the project management of the annual report and accounts process as noted by External Audit. External audit advised on a significant risk related to financial sustainability (which is applied to all organisations).
- Objectives for the committee for 2023/24 were agreed.
- Draft claims and litigation annual report – some further work taking place to finalise particularly around financial elements.
- Good assurance noted on
  - o Board Assurance Framework and Corporate Risk Register with work underway to address gaps
  - o Emergency preparedness resilience response (EPRR) with plans in place to achieve full compliance in 2023.
  - o Counter fraud
  - o Updates received from the groups which report into our board committees.
  - o Single Tender waiver process
- Oversight of Freedom to Speak up was agreed to **move to the People and Quality & Assurance Committees.**

Keeping an eye on:
- Further development of the Internal Audit plan for 2023/24 – consideration of additional areas to test business planning, budget setting and 'core' business. It was agreed to continue with Q1 work programme whilst the full year plan is finalised.

Remuneration Committee (April/May 2023)
- Updates were received on the recruitment process and plans for board roles – confirmation given on the appointment to the Executive Director of Nursing, Quality and Professions role.

Finance and Performance Committee (May 2023)

Good progress being made with:
- Use of capital development financial limits (CDEL) during 2022/23 with significant progress towards the end of the financial year.
- Increased assurance around the Cost Improvement Programme and delivery of the financial plan

Keeping an eye on:
- Recovery of outstanding debts –Sheffield City Council have provided verbal assurance on payment and written confirmation has been requested.
- Transformation Portfolio report - Ligature anchor point removal project – further slippage within Stannage ward – whilst still a concern progress is being made and risks are being well managed. Completion point now September 2023. *Also see Quality Assurance Committee update.*
- There is a risk around affordability in the 2023/24 capital plan/given underspends on capital schemes being brought forward into this financial year, which will impact on priorities and what can be delivered within budget.
- Review of Performance Management Framework –Key Performance Indicators

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(KPI's) were approved. Further work on standardising these is taking place and there will be tiering of KPIs starting with development of the regional KPI dashboard. Note the Board have agreed an update on Performance Framework should be taken to the Council of Governors in October 2023. *See above*

- Transformation Portfolio report – Electronic Patient Record project –implementation has been delayed
- Persistent challenges on flow, waits across some community services and agency spend. Ensuring recovery plans are enacted – *also see Quality and Assurance Committee update.*
- Performance reviews - Financial management and ownership of budgets recognised as an issue – there has been focus on leadership and engagement in developing KPIs and staff have been asked to self-assess themselves against the CQC Well Led domain. Some areas need to focus more on celebrating and building on success including Quality Improvement initiatives in their performance review presentations.
  - Supervision and mandatory training remain a challenge – *also see People Committee update.*

Quality Assurance Committee QAC (May 2023)

Good progress being made with:

- Receipt of first draft of the Quality Account and agreed statutory elements; further work taking place. Received and agreed in principle first draft of quality objectives. The Quality Account is provided separately on the Council of Governors June agenda prior to receipt at the Board of Directors.
- Back to Good – 2 of the 4 acute wards have been assessed against the actions required by the last CQC inspection, demonstrating good embeddedness of change actions – report on remaining elements will come to QAC, *monitoring of supervision to be overseen by People Committee*
- Primary Care and Mental Health transformation – assurance around engagement and co-production – committee fed in areas for consideration (safeguarding, family & carer support, consistency of roles specifically peer support work, staff care around the change and equity across networks) – will receive further update
- Reducing restrictive practice: closure of seclusion rooms on G1 and Burbage have not had an adverse impact on other areas of restrictive practice
- Increase in the number of health care support workers and nurses on acute wards
- Compliance against eliminating mixed sex accommodation requirements
- Compliance with national standards for learning from deaths
- Support for people to speak up, noting development of Freedom To Speak Up strategy and ambition statements and of the champions role
- The processes around reviewing all ligature risks and action being taken. Work on acute wards and the Psychiatric Intensive Care Unit (PICU) completed or mitigated. Further work to do in community settings – *also see Finance and Performance Committee update.*
- Progress being made, after initial delay, in achievements of milestones for the Quality Strategy and development of 2023 plans. Risk in development of dashboards with delay of our new electronic patient record system, known as Rio– *also see Finance and Performance Committee update.*
- Progress being made against the Lived Experience and Co-production assurance group plans.
- Grip on progress required on delivery on Clinical and Social Care Strategy - significant assurance around engagement and communication actions.
- Good engagement and governance arrangements in place for the regional Provider Collaborative (forensic services)
- Continued decrease in the number of falls in older adult wards attributed to effectiveness of Hush Huddles
- Continued improvement in waiting times in the Single Point of Access (SPA) and the Emotional Well Being (EWS) parts of the service
- Clinical Audit Plan – approved and will be monitored throughout the year

Keeping an eye on:

- Waiting times - however recovery plans are in place and improvements in some areas continue.
- Number of Out of Area beds which are continually monitored with recovery plan in place. We are currently meeting the planned trajectory for decreasing the number.
- Safer staffing breach reported to Care Quality Committee (CQC)/Place (related to resuscitation training non- compliance on G1) – mitigated by rapid response to increase training. No incidents occurred. Compliance is being monitored – on track to deliver 80% training.
- Sexual safety workplan – assurance received on progress against national standard – committee suggested areas for improvement (inclusion of service user voice, addressing under reporting, thinking about how data is presented including protected characteristics, use of CQC categories and governance reporting route). All wards will have a sexual safety lead to enact the plan and the Committee will receive quarterly updates until ward leadership is in place and timescales for actions identified.

People Committee (May 2023)

Good progress being made with:

- New workforce dashboard providing higher quality data.
- Reduction in vacancies – data is now broken down in the workforce dashboard by directorate, banding, age and gender providing more granularity.
- Registered nurse staff agency usage remains on trajectory and within budget. There has been an increase in the use of staff via our bank, which is supporting reduction in agency use, as planned.
- Continued reduction in time to hire process – new KPI target of 60 days has been agreed by the Integrated Care System for all of South Yorkshire to report against and support benchmarking.
- Gender pay gap shows positive reduction in the mean gender pay gap and more females in senior roles.
- Compliance with legal obligations to publish Gender Pay Gap data.
- Improvement initiatives around the recruitment strategy are regularly reviewed at Recruitment and Workforce assurance group, and through system benchmarking groups. Retention plan to be developed for all professions linked to workforce plan and People Strategy by September 2023.
- Staff survey- clear plan in place to track activity to address key areas of development.

Keeping an eye on:

- Sickness levels remain cause for concern – the main reason reported is stress/anxiety/mental health - new dashboard will help us to see trends across SHSC and within services. Focussed work taking place to monitor reasons and to support staff (including reasonable adjustments and phased returns).
- Mandatory training areas below the SHSC target - Review underway and will be reported to People Committee in July 2023. The areas are - resuscitation (basic life support); Respect Level 3, Safeguarding Children Level 3 and Information Governance. The new dashboard provides breakdown by team. Compliance is being monitored through various local governance meetings.
- Supervision rates are below SHSC target at 72.62%. Weekly monitoring taking place by Directors and service leads. Recovery plan in progress for Acute and Psychiatric Intensive Care Unit (PICU) wards. All supervision rates will be monitored quarterly at People Committee from July 2023.
- Workforce Race Equality Standard – Our disparity ratio (the comparison between the progression/promotion ratio for white and ethnically diverse staff) is high against the national benchmark. The Equality Diversity and Inclusion dashboard records progress on this which is now reported by clinical and non-clinical groupings. This has been added to the Corporate Risk Register
- Workforce Disability Standard – whilst there has been an improvement in 5 of the 9 metrics from 2021 all but one remain worse that the benchmark average. The committee has requested a recovery plan and detailed report about how we

improve the experience of our staff with disabilities, with revised action plans to be received in July 2023. This has been added to the Corporate Risk Register.

The next meeting of the Mental Health Legislation Committee (MHLC) is in June.