

# Council of Governors

## SUMMARY REPORT

Meeting Date: 25 April 2024





Agenda Item: 06

<b>Report Title:</b>	<b>Board Update Report from the meeting held in January 2024</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; Owen McLellan; Heather Smith; Mark Dundon 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 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:

	Effective use of Resources		Transformation – Changing things that make a difference		Delivering outstanding care		Ensuring our services are inclusive/Partnerships/Great Place to Work
---	----------------------------	---	---	---	-----------------------------	---	--

### Recommendation for the Council of Governors to consider:

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>		<b>Information</b>	<b>X</b>
----------------------------	--	-----------------	--	------------------	--	--------------------	----------

Below is the report from the Board meetings held in March 2024. 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:**

Effective Use of Resources	Yes	<b>X</b>	No	
Deliver Outstanding Care	Yes	<b>X</b>	No	
Great Place to Work	Yes	<b>X</b>	No	
Ensuring our services are inclusive	Yes	<b>X</b>	No	

**Is this report relevant to compliance with any key standards ? State specific standard**

Care Quality Commission Fundamental Standards	Yes	<b>X</b>	No		<b>Good Governance</b>
Data Security Protection Toolkit	Yes		No	<b>X</b>	

**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	<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



A service user who had received support from our Homeless Assessment and Support Team (HAST) and inpatient services shared a profound and moving story about their experience of accessing drug and alcohol misuse services and inequality and exclusion that can occur for individuals accessing such services. They were supported by members of staff who helped to outline how a person-centred approach, working collaboratively with partner organisations, had supported them through their issues including those related to access to housing. It was recognised the service user had not had a positive experience in our inpatient services and further detail to support understanding of this was shared with Board members after the meeting. The learning from the story will support the Board in a broader discussion planned to take place in June on health inequalities and quality improvement.

It was recognised there are opportunities for shining a light on issues around accessibility in community and primary mental health provision and continuing to advocate for mental health service users including around the impact of housing needs being met, in the meetings our senior staff and board members attend. We will also be giving thought as to how to translate the national Women's Mental Health Strategy into the work of the Trust and in our partnership discussions.

The Board asked for assurance around how our relationship with the new provider of alcohol and drug misuse services in Sheffield is going and it was noted Governors had also raised this issue. An update will be received at the Quality Assurance Committee.

Consideration is being given as to how best to support those sharing their experiences with the Board as we move to in person meetings from our public board meeting in May.

## 2. Operational Resilience and Business Continuity



We discussed:

- delayed discharges; out of area spot purchasing of beds; performance against the national 12 hour wait target for accessing a mental health inpatient bed and impact of the delay with implementing our new electronic patient record (RIO) on availability of quality and performance management data related to older adults' services.
- There has been a decrease in demand for specialist psychotherapy services recently, whilst this is not yet a trend demand will continue to be monitored.
- Our partners for delivering the new 111 crisis telephone line which went live in April are Nottingham Community Housing. They are experienced in delivering similar services and will take first point of contact calls with our staff managing any higher risk calls. The board was assured management of the new service will be closely monitored.
- We are working hard with our partners to continue to address delayed discharges and find whole system solutions suitable for individuals.

## 3. Items from the Chief Executive's report



Many of the updates in the report referenced the complexity of the external environment in which we are operating which continues to be challenging. Discussion took place on the need to continue to challenge issues around stigma. Key messages to our staff through our communication cascade encourage focus on delivering the best possible care and

championing mental health and wellbeing and this is echoed in discussions in our staff network groups.

#### 4. Financial Position and Cost Improvement Programme



The financial position (month 10) – showed that our forecast deficit position for the end of the financial year 2023/24 has worsened since last reported. Our planned end of year position was a deficit of £3.3m and as at month 10 the forecast was for a further £1.8m deficit above plan. Recovery plans are in place to address the gap and progress being closely monitored through Executive Management Team, Finance and Performance Committee and the Board. **Also see update in appendix 1 from the Committee.**

#### 5. Mortality Quarter 3 report -



During Q3 the Trust completed parts 1, 2 and 3 of the Learning from Deaths clinical audit – with the majority of findings providing assurance robust mortality review systems are in place and recommendations have been made to strengthen the processes further. We have reviewed 100% of all reported deaths during Q3 of 2023/24 and a sample for people who died within 6 months of a closed episode of care. Processes are in place to continue to review deaths and draw out themes with a new system in place through the Patient Safety Incident (PSI) process (in the PSIRF framework). The Trust is continuing to review deaths and draw out themes. The new system is place through the new PSI process and is compliant with the 2017 National Quality Board (NQB) standards for learning from deaths. Further consideration is being given to the terminology used in the report in terms of protected characteristics.

#### 6. LeDeR National and local learning report



This important national report and the local learning report in respect of learning disabilities were received and discussed and it was recognised the Trust has a role in leading on and advocating the need for better care for people with learning disability with some way to go in terms of preventable deaths and that its leadership in the ‘Stopping over medication of people with a Learning Disability, autism or both (STOMP) programme on is helpful in this. Key points of note from the report were that:

- With regard to data there are a number of outstanding Integrated Care Board (ICB) led LeDeR reports with local data for 2022 expected to be available later in the year.
- Learning in Sheffield will be drawn out in the Learning Disability Transformation work with a particular focus on case load management and risks with comorbid dementia.
- There is limited data available regarding Autism and therefore recommendations are preliminary, but excess of deaths associated with suicide should be noted.
- There have been some minor improvements in median age at death however the mortality gap remains clear and significant for people with learning disabilities (LD) and intersectionality with deprivation should be noted.

## 7. Patient Led Assessment of the Care Environment (PLACE)



The results of our PLACE self-assessment, which relates to non-clinical services in inpatient areas such as the environment and food provision experienced by those who use our services, were received for 2023/24 and were disappointing. An action plan will be monitored by Executive Management Team to address issues raised in feedback. Learning is being captured to support improving our preparation and engagement for the process in 2024/25 to ensure we celebrate achievements (which were not captured) as well as identifying gaps and actions required.

In response to a question raised in the discussion about ensuring our environments meet the needs of people with neuro diverse needs assurance was given this is being assessed through our therapeutic environment programme, in each inpatient area, with the launch of the Health Based Place of Safety being a recent example where neuro diverse needs were taken into consideration in its development.

## 8. Freedom to Speak Up Guardian Annual Report progress update



The Guardian confirmed there has been a continued commitment to raising the profile of Freedom to Speak Up (FTSU) including reference in the Chief Executive's induction slot for new staff and specific slots for the Guardian at Induction and on the Leadership Development Programme. There has been a steady rise in the number of concerns raised year on year including clinical concerns which is demonstrating positive reporting and culture. 104 concerns have been received in the year to date and learning is reflected in our Learning Lessons report which is received through Quality Assurance Committee and further thought is being given as to how to share organisational learning more widely.

## 9. People Strategy 2023-26 annual review, People Plan 2023/24 update Q3/Q4 and 2024/25 People Plan priorities



We are on track to deliver our aims and priorities from these important strategies and plans and significant improvements have been made in a number of areas including improving health and wellbeing for staff. Specific actions are in place to address areas such as sickness absence and further work around management of agency and bank staff usage. Going forward there is a focus around sickness prevention and health inequalities and the Board asked that wording around this be strengthened in the priorities. A detailed project plan will be received at the Board in May following approval at the People Committee which will monitor delivery of the action plan.

## 10. Systems and Partnerships briefings and updates



Work is taking place across the system to finalise the 2023/24 end of year plans and to plan for 2024/25. The Collaborative has agreed priorities to support the system level financial deficit around the transformation plan for fragile services and is looking at out of area beds where there is lack of provision in South Yorkshire with demand outstripping supply. This will also remain a focus for us as a Trust. We are also working together to focus on emerging work around improving eating disorder services.

The Board approved changes to the terms of reference of the Mental Health, Learning Disability and Autism Provider Collaborative around commissioning and the relationship with specialist commissioning to make these clearer.

The Quality Assurance Committee will receive updates on progress and any issues with putting in place 'Right Care, Right Place' – South Yorkshire Police have worked hard to ensure there is a phased approach to implementation and we have senior staff participating in a number of forums.

## 11. Research Innovation and Effectiveness strategy update



The majority of objectives have been delivered with the remaining in progress and only a small number yet to start. We now have 234 research champions, hosted another successful research event and were successful in the Yorkshire and Humber Clinical Research Network awards with a number of our staff and teams being nominated and/or receiving awards.

Future reports will be clearer about the benefit received from the Trust being a member of the University Hospitals Association and opportunities for capitalising on this. We will also ensure better reflection of the impact of research on improving effectiveness in quality services and reflecting our strategic approach to innovation, improvement and change.

## 12. Other key items received:



- **Integrated Performance and Quality Report (IPQR)** – The Board received the regular performance report (key updates are covered elsewhere in this report) and further assurance was requested and is in train to address reporting of some key performance areas such as 72 hour follow ups and further detail will be provided in future reports. Work is taking place to develop a new approach to the IPQR which will be in place in Quarter 1 of the new financial year.
- **Standing Financial Instructions (SFI)/Standing Orders (SO) and Scheme of Delegation (SoD) annual review** – updated documents were received and approved subject to some minor changes.
- **Safe Staffing bi-annual report** – We are compliant with NHS England and Care Quality Commission requirements and with guidance from the National Quality Board. Excellent progress continues to be made with reducing restrictive practice. Staffing across professional groups continues to be one of our highest risk areas and we are looking at skill mix to ensure the staffing in place follows model recommendations and to support leaders in addressing roster management issues.
- **Patient Safety report – Learning and Safety report (Q3)** - The Patient Safety Incident Reporting Framework (PSIRF) has been implemented and we are transitioning over to the new system.
- **Transformation Portfolio Report** – with the exception of the electronic patient record project all transformation programmes are rated as either amber or green with good progress made. Transitioning of the mobilisation plan for Primary and Community Mental Health Transformation is underway starting in April.
- **NHS Staff Survey 2023 results** – were received and are provided separately on the agenda. Through discussion with senior leaders we have identified 3 key messages for our staff around:
  - Supporting you
  - Supporting our teams
  - Everyone counts



- These will be monitored through our Executive Performance Review process with onward reporting provided through People Committee and to the Board.
- **Q3 Guardian of Safe Working Report** - there has been an increase in reports received by the Guardian during the last Quarter related to one particular issue and learning was outlined in the report and had been addressed.
- **The Operational plan update progress report for 2023/24 Q3** was received. Of interest over and above reporting in other papers was that we are introducing employment advisors across our Talking Therapies (IAPT) services; the target to deliver the 7.5% access standard for perinatal services and provide support to partners by Quarter 4 (January to March 2024) – is red and behind plan but expected to recover for reporting in Quarter 1. Some estate planning was delayed however the Trust secured additional capital through the system to support bringing forward some projects planned for 2024/25 into 2023/24.
- **Annual Operating Plan and priorities for 2024/25 (draft plan, draft quality objectives and draft equality objectives)** – were received post discussion at Council of Governors and priorities endorsed with some minor amendments requested. Final approval will take place at the April Confidential Board discussion.
- **Board Assurance Framework 2023/24 (BAF)**
- **Corporate Risk Register (CRR)** – a user-friendly risk management guide has been produced for staff and shared on our extranet site – Jarvis.
- **Governance Report** - NED specific leadership roles were noted and more detail provided in relation to Board level responsibilities in relation to security management. The process to call in updated declarations of interests, gifts and hospitality and to review the Fit and Proper Persons declarations for the Board of Directors and Council of Governors is underway. The NHSE Leadership competency framework focussed around 6 key domains was outlined. Further detail is provided in the Nominations and Remuneration Committee report to the Council of Governors in respect of the Chair and Non-Executive director appraisals process – **see separate report on the agenda**

### 13. Key issues discussed in the Board confidential session

- Finance including updates on capital and the sale of the Fulwood site
- Draft Operational Plan and Finance Plan for 24-25 Draft budget for 2024/25
- Update on the Electronic Patient Record programme
- Homicide Review
- Systems and Partnerships update
- Summary trackers (complaints, serious incidents, safeguarding enquiries, CQC enquiries, claims, inquests and employment issues)

### 14. Alert – Advise – Assure Committee reports



Key areas identified by the NED Chairs to draw to the attention of the Council of Governors from the Alert, Advise and Assure (AAA) reports received at Board in February and March 2024 is attached at **appendix 1**.

## Appendix 1 (Extracts from the discussion held on the Alert, Advise and Assure reports received at Board in February and March 2024)

### **Finance and Performance Committee (February and March 2024)**

#### **Keeping an eye on:**

- The data in the AAA report was slightly more recent than other financial reporting received at the Board and it was confirmed the position has deteriorated to a predicted deficit of between £5m and £5.5m against a planned deficit of £3.3m deficit. This is partly due to not managing staffing sufficiently well and in part around control not having been as tight as required across the financial year.
- Additional sessions are in place in advance of committee meetings to support discussion with the Non-Executives on the developing financial position.
- The finance plan for 2024/25 is under development and due for submission to the system by the end of April. It was noted there are central system assumptions which are not yet set and the impact of the current financial year on 2024/25 is yet to be fully understood.
- The committee have asked for consideration to be given to reviewing every service line to understand activity.
- The committee discussed the need to identify the timeframe for reaching break-even which would need to be agreed with the Board.
- The Maple Business Case is under development and due for receipt at the confidential April meeting. This will need to demonstrate value for money as well as meeting the requirements around removal of ligature anchor points.
- Use of, prioritisation and planning for capital expenditure in 2024/25.

### **Quality Assurance Committee (February and March 2024)**

#### **Good progress being made with:**

- There has been continued improvement in responses to complaints; use of restrictive practice and reduction in falls.

#### **Keeping an eye on:**

- Risks remain as previously reported around -inappropriate use of out of area beds; repurposing of the Health Based Place of Safety and delayed discharges. There has been positive news in February around a reduction in the number of out of area beds and repurposing of the health-based place of safety (HBPOS) and on patient flow; however this performance dipped in March and therefore the work put in place was not yet stabilised and issues are being closely monitored at the committee.
- An additional quality and safety risk has emerged related to drainage issues at Forest Close and the committee is being kept updated on building works around environmental improvements required.
- Recovery Plans for addressing waiting lists are received, most recently from the memory service, which remains challenging around staffing which will be kept under review, and on Attention deficit hyperactivity disorder (ADHD) which remains a national issue in terms of demand. However, given actions in place through the Primary Mental Health Transformation, there is an expectation there will be some improvement.
- The Gender Identity service has some good quality improvement initiatives in place which it was hoped will positively impact on the waiting list though the Trust is unlikely to meet the commissioned target this year but will be better placed to do so in the next financial year as a result of action taken.
- The committee has looked at early proposals for an inpatient clinical model – and has urged pace and innovation with updates to be provided to the committee.

### **Mental Health Legislation Committee (March 2024) minor edits on Governor report**



**Good progress being made with:**

- The committee discussed the importance of capturing protected characteristic data and the Least Restrictive Practice Oversight Group are looking at protected characteristic data (Gender, Ethnicity and Age are included) with plans in place to include others including Neurodiversity.
- Good progress has been made in the year in terms of oversight of Mental Health and Mental Capacity Act related risks at the committee and relevant risks are now included on the corporate risk register.
- The Forest Lodge Mental Health Act Project is in progress and delivering learning and outcomes that should improve patient experience.

**Keeping an eye on:**

- There have been concerns raised about access to ward areas by advocates supporting service users. Quarterly reporting on this is provided to the Least Restrictive Practice Oversight Group. The committee have asked that reports to MHLC include detail on this issue and detail on the form of advocacy being impacted (whether statutory or non-statutory). Discussions have taken place with ward managers around ensuring doors and phones are answered in a timely way.
- Discussion took place at the committee on access to emergency beds and the fact that not being able to access a bed in a timely way may result in increase in restrictive practice if not addressed.
- Training compliance - there has been some non-attendance at RESPECT training with current compliance at 70% against a target of 80%. Human Rights Training is being reviewed given it is covered in other training areas and the Human Rights Officer is undertaking more visits to community services. A task and finish group is being established to look at Mental Health Act Manager training which is being reviewed in line with the national framework and to support these a Mental Health Compliance workbook is being replaced with an on-line version.
- The numbers of Associate Mental Health Act Managers (AMHAMs) remain a concern as well as diversity. There is training provided to improve AMHAM reporting. Lack of AMHAMs has impacted on a number of cases not being reviewed in the required timeframe. The Mental Health Act lead is now meeting monthly with AMHAMs to receive and respond to feedback.
- A deep dive is taking place at Woodland View to assess deprivation of liberty (DOLs) which is a complex issue around assessments taking place.

**People Committee (March 2024)****Good progress being made with:**

- The Health and Wellbeing Assurance Group and the Organisational Development Group will be merging to provide greater efficiency.
- A good discussion took place around the staff survey and people pulse results, and positive improvements made. The question "I would recommend my organisation as a place to work" is our most improved result across all survey questions, reporting an increase of 8.1% (43.9% in 2022 to 52% in 2023). An article in the Health Service Journal (HSJ) has shown SHSC as having the most improved results nationally for this question. This will need to remain an area of focus as we remain in the bottom 5 Mental Health Trusts despite the notable improvements this year.

**Keeping an eye on:**

- Sickness levels have increased to 7.5% which remains of concern. The committee

have asked for future reports to include comparisons with the previous year's data and with comparable trusts if available.

- Supervision levels have decreased to 65% against the Trust target of 80%. It is expected to improve through the changes being made to Electronic Staff Record (ESR) reporting.
- Roster management - revised Key Performance Indicators (KPIs) will be included in the workforce dashboard. Work is underway with matrons and ward managers to ensure rosters are managed more efficiently and to provide clarity around governance.