

Council of Governors





SUMMARY REPORT	Meeting Date:	20 June 2024
	Agenda Item:	06

Report Title:	Board Update Report from the meeting held in May 2024	
Author(s):	Deborah Lawrenson, Director of Corporate Governance and Non-Executive Directors	
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:

	Effective use of Resources		Transformation – Changing things that make a difference		Delivering outstanding care		Ensuring our services are inclusive/Partnerships/Great Place to Work
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Recommendation for the Council of Governors to consider:

Consider for Action		Approval		Assurance		Information	X
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Below is the report from the Board meetings held in May 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	X	No	
Deliver Outstanding Care				Yes	X	No	
Great Place to Work				Yes	X	No	
Ensuring our services are inclusive				Yes	X	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	<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 – June 2024 (from the May 2024 Board of Directors meeting)

1. Listening to service users



The Board heard from an expert by experience and user of our services who outlined their experience of using our services and their work as a volunteer and supporter of coproduction at SHSC by providing their voice as a service user, in particular through the primary and community transformation programme (PCMH). They told the board they have found it difficult to navigate services and get the help they needed in the past, but that the support from PCMH has helped them to be able to contribute effectively as an expert by experience, something they are very proud of and which was inspirational as a story around personal transformation, an improved sense of value and self-worth and recovery. The Board reflected on the person-centred element to the story, the importance of working in partnership with the service user through a values-based approach, building positive and effective relationships.

2. Chair's Report



The success of recent governor elections was noted and following completion of due diligence and onboarding processes, the Trust will have its largest cohort of governors for several years.

3. Items from the Chief Executive's report



- The continuing financial challenges faced by the NHS, plans for navigating these in the system including via new investment focussed on driving productivity and value.
- NHS England's focus on the growing demand for ADHD.
- Reflection on key issues for our communities at the recent local and mayoral elections.
- Recent award nominations, celebrations and improvement events, including a nomination for our new Health Based Place of Safety for a design in mental health award.
- The NHS Constitution is reviewed every 10 years, and a consultation process is underway with the deadline for responses by 25th June. The Director of Strategy is co-ordinating our response.

4. Financial Position and Cost Improvement Programme



The financial position (month 12) showed the Trust ended the year with a deficit of £4.932m which was £1.67m worse than plan. The position improved in March allowing the Trust to report the deficit without an adverse impact on system financial reporting which was positive, however further work is needed to ensure that recovery plans are delivered. The challenges are partly due to cost of out of area bed usage, rota management and issues related to use of agency and bank staff. We have brought forward cost saving schemes and are working hard to address our financial position with recovery plans being closely monitored by the Executive Management Team, Finance and Performance Committee and the Board.

The financial plan for 2024/25 was approved by the Board in April and the final version submitted to NHS England. Following receipt of non-recurrent income from South Yorkshire ICB our deficit plan has been agreed at £6.52m. We have phased income and expenditure across the year including phasing of savings and budgets are in place.

A session on the finances was held with Governors in April led by the Non-Executive Chair of Finance and Performance Committee Owen McLellan and the Executive Director of Finance Phillip Easthope.

5. Operational Plan and priorities



The Board discussed and approved the Annual Operating Plan and priorities for 2024/25 which were updated following engagement with staff, governors, assurance committees

and the board. The plan is summarised here:



Assurance was received around the mitigation of risks related to ligature anchor points on non-acute wards (i.e. those outside of the current transformation programme) with heat maps in place in all areas.

All indicators other than the planned achievement of zero out of area placements by October 2024 (which has since been moderated) are on track for delivery.

The Trust is inputting to the ICS development of a system estates strategy and our own estates strategy is being refreshed. It was agreed planning should take place to make sure the Trust is ready to respond to any opportunities to bid for funding in respect of older adults services and the estate.

6. Patient Led Assessment of the Care Environment (PLACE)



As reported to the last Council of Governors the Board has received and discussed the results of our PLACE self-assessment, which relates to non-clinical services in inpatient areas such as the environment and food provision. An action plan is in place and being monitored by Executive Management Team and will also be received at Quality Assurance Committee.

7. Guardian of Safe Working Annual report



Dr Raihan Talukdar, the Trust's Guardian of Safe Working reported that over the last year we have ensured our doctors' rotas are compliant for working hours and rest breaks, we have listened to concerns to facilitate prompt and continuous improvement, and made sure we have provided a safe service in a year with a number of periods of industrial action.

8. Systems and Partnerships briefings and updates



The Board discussed ongoing initiatives aimed at enhancing service delivery and patient outcomes regionally and some key areas of focus for the Trust including improving population health management, working together on system financial and operational planning, addressing health inequalities and strengthening collaboration with our local health and social care partners.

The Director of Operations is leading a piece of work on behalf of the system on provision of Health Based Places of Safety which may include use of additional space at the Trust to increase system capacity.

The system is facing challenges collectively around ADHD provision with a focus on creating an approach which will give people access to the support they need and where it is needed access to diagnosis and treatment and as noted in the update from Quality Assurance Committee a keen focus is kept on this issue at their meetings.

We are working with partners to look at potential options around delivery of community forensic services and procurement opportunities related to Learning Disabilities and Autism.

9. Bi-annual population Health Update



The Board heard from Jo Hardwick, our head of population health and inequalities and Dr Jaimee Wylam, public health registrar who has been on placement with the Trust about progress made in recent months around population health which includes building strong links with our system partners to work together to reduce health inequalities in a broad and strategic way. The work is also becoming embedded in our Clinical and Social Care Strategy, which has a focus on reducing health inequalities. We will need to now consider what the framework will look like over the next 12 months and identify how to support embedding this at service level in improvement and changes and to ensure appropriate data is reflected in the IPQR.

The Board are having a dedicated development session on these issues in June.

10. Gender Pay Gap report



The board received and approved our annual gender pay gap report for publication. This highlights several positive developments showing a reduction in the mean gender pay gap, demonstrating progress towards pay equity. There have been successful initiatives promoting gender diversity in senior roles too, and a commitment to ongoing actions aimed at further reducing the pay gap and supporting career progression for women within the organisation.

11. Other key items received:



- **Integrated Performance and Quality Report (IPQR)** – The Board received the regular performance report - updates included:
 - Addition of a race equity dashboard.
 - Good progress continuing to be made on core service waiting times although ADHD remains a challenge and is a priority for Place and System.
 - Continued reduction in 12 hour breaches in the emergency department.
 - Dip in 72 hour follow up compliance due to late reporting but an improvement has been evident in April and we are back to over 80% compliance. An update on 72 hour follow up will be provided in the July IPQR report.
 - Reduction of Health Based Place of Safety breaches is a focus.
 - Progress being made on improving reporting older adults data.
 - Improvements have been made in terms of wards working to their establishment review numbers but there remain some hotspots where we are seeing over 50% usage of bank and agency with recovery plans in place.
 - There has been a drop in sickness but an increase overall over a 12 month period. An absence reduction plan is in place which looks at prevention and access to wellbeing support.

- Our headcount continues to rise steadily with a reduction in our 12 month turnover of staff figure.
 - Annual appraisals are currently underway, People committee have received a report on experience of supervision, and this has been a focus in our communication cascade.
 - Mandatory training is above 80% with some hotspot subject areas which are below target. Board are expecting to see more progress in this.
 - Discussion on management of long lengths of stay. Assurance received that clinical executive reviews take place for each individual. Quality Assurance Committee will keep a close eye on length of stay.
 - Further work is taking place to improve narrative and analysis for the IPQR in future.
- **Transformation Portfolio Report** –progress continues to be made with our transformation programmes:
 - Therapeutic environments – ward moves are going to plan with the decant of Maple Ward to Dovedale 2 due to take place by the end of June
 - Launch of the Primary and community mental health services programme new approach and the learning disability transformation programme which are expected to take place in the summer.
 - Our Electronic Patient Record Programme for which the Board have approved revised plans for delivery by the end of the financial year.
 - Sale of Fulwood is expected to progress this year – planning is held up currently due to the elections.
 - The Board will be considering the transformation portfolio alongside discussions on the strategy and further work to capture impact; evaluation and benefits will be captured in future reports.
- **Eliminating Mixed sex accommodation** – Board approved the annual declaration of compliance statement. There were no externally reportable breaches in the financial year 2023/24. Sexual safety is one of our quality priorities for the current financial year. Sexual safety incidents are monitored daily with robust escalation processes in place together with standard operating procedures to mitigate risk.
- **Q4 Mortality Report** – the Board were assured, as are Quality Assurance Committee, around robust arrangements in place and the approach to capturing and acting on learning.
- **Corporate Risk Register (CRR)** – the Board confirmed risks as reported and noted work underway to review risks related in particular to the Electronic Patient Record and Fire Door safety which will be discussed in detail through July governance processes.
- **Governance Report** -Progress was noted with the declarations processes for Board, staff and governors and reporting received at Audit and Risk Committee.

12. Key issues discussed in the Board confidential session

- **Draft Annual Report and Accounts 2023-24** – the final versions will go through Audit and Risk Committee and confidential Board in June. Following submission the final documents will be shared with Governors and an opportunity provided to meet with our external auditor at an additional focussed Council of Governors meeting in July.
- **Board Assurance Framework 2024/25 (BAF)** in draft form. The final version will go through assurance committees and Board in July.
- **PLACE Update** – The Board discussed processes in place to monitor progress with delivery of actions. This will take place weekly at operational level, at Executive Management Team and Quality Assurance Committee. When PLACE was discussed at QAC assurance was received around the engagement of service users in plans for creating therapeutic environments and the committee asked that consideration of

neurodiversity be taken into account for all environmental redesign work. Updates on progress will be provided through QAC, Alert Advise Assure (AAA) reports.

- **Systems and Partnerships** – The Board agreed to a proposal by the South Yorkshire MHLDA Provider Collaborative Board to put in place a joint committee in shadow form for 12 months to oversee accelerating our collaborative work on eating disorders. Detail on this will be shared in the public board papers in July.
- Finance was discussed including updates on capital and the sale of the Fulwood site
- An update on progress with the Electronic Patient Record programme was received.
- Summary trackers (complaints, serious incidents, safeguarding enquiries, CQC enquiries, claims, inquests and employment issues) were received.

13. Other items for information (not discussed at Board but brought to the attention of Governors):

The Trust is pleased to announce it has been awarded the **Triangle of Care Star 1 accreditation by the Carers Trust peer review panel**. The Triangle of Care, developed for mental health providers, describes a therapeutic relationship between the patient, staff member and carer that promotes safety, supports communication and sustains well being. For more information see TriangleofCare@carers.org.

Some feedback from the panel on our submission can be summarised as follows:

- They really enjoyed the transparency and honesty of staff in the videos and thought it was a great way of hearing from frontline staff. The panel thought the video testimonials were also a great way of capturing what was happening on the ground within teams and the wards.
- They thought we were brave as an organisation to bring 2 carers to the peer review panel and giving them the opportunity to talk about their involvement in the feeding into the self-assessment process.
- They also appreciated and expressed their thanks from hearing and reading testimonials from our partners.
- Our passion involving carers came across strongly in our report.

We have until May 2025 to submit our report and self-assessment for our community teams Star 2 award.

All those involved are thanked for their time, energy and effort in supporting us with this achievement. The submission report is available to Governors if they wish to receive it please contact Jenny Hall PCREF and Carer Strategic Lead or ask for a copy via Amber Wild.

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 May 2024 is attached at **appendix 1**.

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

Finance and Performance Committee (April and May 2024)

Good progress being made with:

- Responding to potential tender opportunities
- Progress with internal audit actions
- Progress with reviewing corporate risks

Keeping an eye on:

- Traction with delivery of the financial and savings plans and planning for future years. Additional pre meetings in advance of FPC are continuing to receive detail on latest figures. Weekly focus by the Executive team needs to be retained at the current time.
- Month 1 at the time of reporting was on track.
- Progress with the Maple Business Case, sale of Fulwood and progress with the Electronic Patient Record covered in more detail in the confidential session.
- Key Performance Indicators (KPIs) are expected to be received at the FPC meeting in June.
- Council of Governors were provided with a detailed financial briefing session in May at which questions were received in particular around number of beds required, the estate and options for this and how cash is wisely utilised.

Quality Assurance Committee (April and May 2024)**Good progress being made with:**

- Primary and Community transformation plans. QAC are interested in the experience of staff and service users involved in that work and on progress with older adults.
- Clinical & Social Care strategy delivery, content of Quality Account, progress with addressing Ligature Anchor points.

Keeping an eye on:

- Access to acute care which continues to be challenging.
- ADHD service provision which remains a challenge for the Trust, Place and System.
- Key focus on level of re-purposing of the Health Based Place of Safety this is where the bed in this facility is used for another patient who would not normally be supported in this unit.
- Ambitious plans to improve equity however there is still work to do to improve the quality of our demographic data.
- Safer staffing – commended greater transparency in the IPQR on this and there has been improvement in recruitment to wards however there remain occasions when the wards are staffed by over 50% bank and agency staff which is of concern. Further detail on this will be provided in the safer staffing report in July and it was confirmed nuances of this is captured. Agency and bank use is tracked weekly and there has been a reduction in use of agency staff.
- The Board have asked to see detail on the maximum levels paid for agency staff and it was agreed breaches of the cap will be shared through People Committee.

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

- The Gender pay gap – see separate agenda item for detail

Keeping an eye on:

- Reducing sickness levels is a key focus for HR and clinical teams and is now at a 2-year low with the main reduction being related to long-term sickness cases. However it was noted the data reported to People Committee was an in month figure and could not yet be regarded as a trend.
- Good progress continues with employee relations cases with only 1 case currently outstanding.
- There has been positive progress with the alignment of the equality objectives with the Operational Plan and People Strategy
- The committee raised a concern about the progress since the last report in relation to mandatory training and supervision targets and it has been suggested that data is broken down by service line to indicate hot spots and to understand use of e-Rostering.

Audit and Risk Committee (May 2024)

Good progress being made with:

- Positive alert on Internal Audit actions tracker with two strong years demonstrating good processes in place to ensure actions are delivered on time.
- Good progress made with internal audit progress and draft Head of Internal Audit Opinion statement which is provided by our internal auditors at the end of the year looking back on 2023/24 and reported in the Annual Report. A significant opinion was received on risk and Board Assurance Framework and on our follow up rates on internal audit actions. Some internal audits were pending at the time of the meeting but it was confirmed Internal Audit were expecting to give a significant assurance opinion overall for the financial year 2023/24.
- Good progress being made with the external audit for the end of year opinion. Strong performance on Value for Money and good engagement from the Trust was commended by the auditors. Some areas of risk identified for all Trusts around financial sustainability and the auditors will be looking at Electronic Patient Record and governance arrangements in place for this as part of finalising their opinion.
- The committee have asked as a committee cross referral that Finance and Performance Committee look at the final Value for Money report to ensure any lessons are reflected in financial processes for 2024/25.

Keeping an eye on:

- Emergency Preparedness Resilience and Response (EPRR) – delivery of actions required to meet the compliance standards given some are not yet developed such as training support and a number of areas are acute trust focussed and difficult to deliver as a mental health trust.
- Progress is being made however on delivery of the standards and we are on trajectory to meet our target of 60% by September.
- Embedding of environmental sustainability in business cases as we move closer to the sustainability net zero deadline of 2030.
- Visibility of cyber risk and work at Board level. We have had annual training sessions with the Board, annual phishing testing is in place. It was confirmed Audit and Risk Committee have asked for a focussed discussion on Cyber at their July meeting and an update will be provided through the Alert Advise Assure report to the Board.
- The Board have asked for clarification to be provided on the timing for receipt of the digital strategy. It was noted the current focus has had to be on addressing infrastructure weakness and preparation for implementation of the Electronic Patient Record which is a major programme of work.