

Council of Governors





SUMMARY REPORT	Meeting Date:	16 October 2024
	Agenda Item:	06

Report Title:	Board Update Report from the meeting held in July and September 2024	
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Accountable Director:	Sharon Mays, Chair Non-Executive Directors - Anne Dray; Olayinka Monisola Fadahunsi-Oluwole; 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 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 July and September 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 – October 2024 (from the July and September 2024 Board of Directors meeting)

- **Listening to Service Users/Carers and Staff**



In September we heard an inspirational story from a group of leaders from Maple Ward following the successful transition to a male only ward and transfer of the ward to Dovedale 2 in June of this year. They talked with passion about their own experiences developing in their careers within SHSC and outlined the approach and learning from the smooth transition of the ward. The difference in improved performance for this ward over the last 18 months was powerful to see and hugely encouraging. This included a significant shift in the use of restrictive practice; reduction in length of stay, and increased support put in place all of which has had a positive impact on service user experience. The story resonated across many of our discussions at Board and we came back to it many times throughout the day.

- **Chairs report**



The Chair updated the Board on plans for the Annual Members Meeting (AMM) thanking the Lead Governor Terry Proudfoot for her support to the Trust in her 4 ½ years as Lead Governor. It was noted the new Lead Governor would be announced at the Annual Members Meeting. The Chair commended positive improvements in recent months and thanked staff involved including ensuring the successful move of Maple ward to Dovedale 2 addressing the final step required from the formal section 29 notice on quality and safety improvements required by the Care Quality Commission (CQC).

For reference the CQC asked us to address risks in our adult acute inpatient environment related to fixed ligature anchor points. We now plan to refurbish and redesign the currently closed Maple ward to improve the environment, including removing fixed ligature anchor points, upgrading the outdoor space and offering better de-escalation spaces. Scoping and planning will take place for the continuation of our ligature anchor point removal programme across Dovedale 1 and G1 wards and an overall strategic approach for the wider Older Adults estates project will be defined.

- **Chief Executive's report**



The Chief Executive highlighted some areas including continuing financial challenges faced by the NHS, the Darzi review and the new Government recognising the need to address declining population health and widening inequalities. The focus on good leadership, management and investment into the workforce is to be welcomed and paves the way for delivering the 10-year plan which is expected to be launched in the spring. The Trust will continue in its efforts to engage locally and nationally in discussions to ensure a strong voice for mental health and learning disabilities and to advocate for parity of esteem. We are continuing to see pressure on our acute and community services and in supporting people in a timely way which will remain a key focus. Through the Mental Health, Learning Disability and Autism Collaborative we are working collectively to ensure a better service offer across South Yorkshire including a focus on improving support through our eating disorders services. It has been good to see the government making headway with junior doctor industrial action however this is yet to be resolved for nurses and for our colleagues in primary care.

- **Finance position and Value Improvement**



The year-to-date deficit financial position as at Month 4 (July) was better than plan at £2.722 m. Our forecast is that we are currently expected to achieve our planned end of year deficit position of £6.514m; however, we do have a gap to cover through our Value Improvement efficiency savings which will need to be addressed if we are to retain that position. Our expenditure on Out of Area bed provision and on medical pay are the main areas driving the overspend currently. We are continuing to focus on bringing forward cost saving schemes and are working hard to address our financial position with recovery plans continuing to be closely monitored by the Executive Management Team, Finance and Performance Committee and the Board. Our Capital expenditure at Month 4 was lower than planned, partly due to the delay in the sale of the Fulwood site which is still going through planning approval processes.

- Through the **Lived Experience Bi-annual report** we heard about progress with delivering our service user and carer strategies and progress with partnership working; co-production and capturing and responding to feedback. Going forward there will be a new approach to involvement which will include our membership engagement work as part of a new communications and engagement strategy.
- Our **Complaints annual report** – demonstrated significant improvements made in early resolution of issues before they become formal complaints, and in responding to complaints in a timely way. We also received 407 formal compliments during the year which was an improvement on the previous year.
- The **Quality Improvement (QI) bi-annual report** outlined great progress being made with making sure quality improvement methodology is becoming the way we do things at SHSC. We currently have 76 live quality improvement projects, and we have been successful in bidding to participate in a range of national QI programmes including The National Mental Health Act QI programme and The National Culture of Care QI programme, both of which have been presented to the Board in our development sessions.
- We continue to receive assurance from our **Learning and Safety reports** including learning from incidents, complaints, Freedom of Information and safeguarding and these support us to improve experience and outcomes.
- We received the annual **Controlled drugs accountable officer annual report (CDAO)** which provided assurance on plans in place to address issues around management of controlled drugs and incident reporting.
- Our **Data and Information Governance annual report** (Senior Information Security Officer and the Caldicott Guardian) – provided assurance on arrangements around management of information and cyber security risk. Further assurance has been requested to go to the Audit and Risk Committee on our cyber security arrangements with a report expected from our new Information Governance and Cyber Security Group.
- Our **Governance reports** provided updates on the Annual Reports from the Board Assurance Committee and their reviews of effectiveness; approval of their terms of reference; confirmation on annual declarations of interest and fit and proper persons arrangements; outcome of our governor election processes; detail on cross assurance committee referrals and the outcome of our Board annual review of effectiveness.

Other key reports received at Board included:

- The **Safer staffing bi-annual review** which provided assurance on compliance with national requirements around safe staffing numbers and skill mix.
- The **Guardian of Safe Working report** which confirmed we remain compliant for working hours and rest breaks for our junior doctors and that issues raised have been addressed and they feel well supported.

- The **Mortality quarterly report** provided assurance on our compliance with the 2017 National Quality Board (NQB) standards for learning from deaths.
- The **suicide prevention strategy progress report** provided assurance from work we are doing to ensure a continued focus on suicide prevention and reducing risk of suicide including the value of our suicide awareness training offer and recognises particular risk factors. We are working with partners in the development of a Sheffield City wide suicide prevention strategy.
- The **Annual medical appraisal and revalidation report** provided assurance from our responsible officer for medical revalidation that we are fully compliant with all statutory requirements and approved the annual report for submission to NHS England.
- The **Transformation Portfolio report** provided detail on progress with our Transformation programmes. The Board asked for a highlight report to be received at the September Board on the **Learning Disability Programme** which demonstrated good progress made to date, outlined activity still to be completed, lessons learned, detail on planning and resources and staff engagement. It also noted positive feedback received from service users and their families which confirms those receiving a service through the new community arrangement have largely had a good experience, have been treated with respect and have said they are likely to recommend the service to others. There are higher satisfaction levels in terms of quality of life and decreased risk and distress at discharge than at assessment. The average waiting time for access to the services in 2022 was 13.5 weeks, this has fallen to 9.3 weeks in 2024 for the Community Learning Disability Team. A deep dive has been requested by the Quality Assurance Committee on quality aspects of the programme. An update is also on the agenda for the Governors meeting in October.

Some **additional transformation programmes** have been added to the portfolio:

- Older Adults Community Mental Health Teams transformation
- 'Home First programme' focussed on stopping use of out of area beds; stabilising our bed base and delivering an effective adult inpatient bed model and alternatives such as Home Treatment services pathway alongside implementing our culture of care quality improvement work and
- A neighbourhood national mental health centre pilot, for which we are one of only six pilot sites. This is an ambitious project to help people aged 18 and over with mental health needs in the Heeley, Gleadless Valley and Meersbrook areas of Sheffield. <https://www.shsc.nhs.uk/news/new-247-mental-health-service-people-heeley>
- Through our regular **Integrated Performance and Quality Report (IPQR)** report we heard about plans for further refinement of this report and in September key areas drawn out were around work in place to look at long term sickness; ongoing challenges with some areas of mandatory training; ongoing work to improve recording of protected characteristics; progress with recovery plans for areas such as Out of Area usage and an update on performance of the new 111 service – there are no concerns about quality of call responses however there has been a high call abandonment rate due to calls taking longer than the allocated time (20 seconds) Improvement is already being seen. These resonate with the reports from the Chairs attached at **Appendix 1**.
- A **Systems and Partnerships update** is received at each meeting and in July we discussed the development of a joint committee for eating disorders between the partners in our Mental Health, Learning Disability and Autism Collaborative and collaborative working taking place around specialist autism and community forensic services. A parity of esteem framework is being developed to help demonstrate impact across the broader health care system which will be important in supporting decision making around funding transformation.

In September we discussed changes coming around delegation of specialist commissioning responsibilities from NHS England to Integrated Care Boards; further work as a system to look at how we can work collaboratively to support system sustainability and to reduce out of area placements and to improve our operational productivity. We also further discussed development of joint committee arrangements for eating disorders as part of our collaborative.

- In September we received annual updates on progress with the **Estates Strategy 2021-26** and the **Finance Strategy 2022-26**.
- The Board approved an updated **Annual Mental Health Act Scheme of Delegation**, the key change being around improving our approach to provision of information to detained patients by broadening out the groups of staff who are able to do this.
- We received and approved our **Board Assurance Framework (BAF)** for 2024/25 which provides oversight of our highest strategic risks.

The Board approved the following documents for publication on our website

- Use of Force Annual report
- Safeguarding annual reports
- Workforce Race Equality Standard and the Workforce Disability Standard
- Health and Safety annual report
- The annual updated Modern Anti-Slavery statement

Key issues discussed in the Board confidential session

- Electronic Patient Record updates on progress are received at each Board meeting. The programme remains on track to meet our milestones in 2025 and engagement is taking place with our staff to support them to be ready.
- Claims and Litigation annual report for 2023/24
- Review of the Care Quality Commission (CQC) rapid review of Nottinghamshire Healthcare FT – to support our own learning.
- Updates on systems and partnership work which is currently commercial in confidence.
- Updates on our complaints, serious incidents, safeguarding, CQC enquiries, claims, inquests and employment issues are received at each meeting.

Approved at the Annual Members Meeting following discussion at Board and which will now be published on the website:

- Annual Report and Accounts 2023/24
- Updates to the Constitution

Other matters for information:

Shaping our culture: values, behaviours and communications

Over the summer the organisational development team offered a range of ways for staff and governors to get involved in a conversation about how we want to live our values. This started with an interactive event which has been followed by options to join open teams sessions, in person sessions and to fill in individual feedback.

The work on our values is a response to what staff and service users have told the Trust. Staff and governors were asked to be involved in shaping our culture through developing a shared understanding of our values and how we behave and how we communicate. The aim was to engage every staff member and ensure every team has a conversation. The next steps will include setting up the new values delivery group, who will oversee the outcomes and action that comes from this.



Appendix 1 – Extracts from discussions held on the AAA reports received at the Board in July and September 2024

Alert – Advise – Assure (AAA) Committee reports

Key areas identified by the Non-Executive Chairs to draw to the attention of Governors from their reports to the Board are provided below:

Quality Assurance Committee (QAC)	
<p>Good progress being made with:</p> <p>September update</p> <ul style="list-style-type: none"> • Women accessing perinatal services continues to be on course to exceed target. • Recovery and improvement rates for Talking Therapies has exceeded targets and remains on track for this to continue. • The Health Improvement Team is now fully funded and there has been an improvement in waiting times and referrals. • The waiting list for Long Term Neurological conditions has decreased significantly over the past 9 months as a result of changes in practice and new ways of working implemented through our Quality Improvement collaborative. • Safer Staffing on wards is proceeding well with no staff incidents or shifts where staffing has been below safe staffing requirements. All shifts have been covered by staff trained in RESPECT and life support skills. • An update was provided to Board on work related to Fire Doors and Fire Warden provision – an external review of the fire doors is underway and expected shortly. Assurance was provided that every site has appropriately trained fire wardens in place. Further work on training is underway and expected to complete in October. • Positive feedback on the 111 service in terms of the quality of calls was noted however it is still taking too long for calls to be answered within the required time (20 seconds). There has been 	<p>Keeping an eye on:</p> <p>September update</p> <ul style="list-style-type: none"> • Safe 2 Share project completes in October 2024 – committee concerned about options for continuing with the work when funding ceases in February 2025. • Waiting times in Attention Deficit Hyper activity disorder (ADHD) and Gender services • Out of area bed usages and inappropriate use of Health Based Place of Safety remains high. Recovery plans in place <p>July update</p> <ul style="list-style-type: none"> • Waiting times which remain high for ADHD and Gender services. System level solutions are being sought • Rise in detained patients going absent without leave – there was a referral from QAC and the Board to Mental Health Legislation Committee on this issue. • Concerns regarding persistent issues with medication management and centralised fridge monitoring.

some improvement and response times do fluctuate but it was reported at that time to be around.

July update

- Increase in reporting of sexual safety incidents following a raised profile of this area of work and the importance of reporting.
- Significant reduction in waiting times for Long Term Neurological Conditions and Autism
- Improvements in data quality for older adults services and reflection of this in our performance report.
- Reduction in falls as a result of successful safety huddles at Birch

People Committee

Good progress being made with:

September update

- Clinical agency usage has reduced significantly in comparison with the same period last year.
- There has been an increase in agency use in admin and clerical but this due to support required for the implementation of RIO our new electronic patient record which is essential.

July update

- Reduction in agency staff use over the last 12 – 18 months. The Trust achieved the NHS England target of zero for off framework agency use in December 2023 and this has been maintained. We are expecting to see Integrated Care System benchmarking information on agency usage in future People Committee workforce dashboards.

Keeping an eye on:

September update

- Sickness levels remain high with stress, anxiety and depression being the main causes of absence. A task and finish group is in place to look at the issues.
- Performance review compliance is slightly below target and whilst supervision has improved this also remains under target. We are moving to self service for managers which should improve data recording.
- Mandatory training is above 80% but this masks under compliance in some teams and in some subject areas. A report by directorate is coming to the next People Committee meeting.
- There is a disproportionate number of ethnically diverse staff in formal processes. A further update on work around this will be received at the next committee meeting.

July update

- Ongoing issues with supervision and mandatory training levels. The committee asked that future reports highlight the teams which are not meeting targets to support identifying and addressing hot spots
- Clinical disparity ratio for ethnically diverse staff remains high despite increases in representation in senior roles since 2021.
- Risk in relative likelihood of ethnically diverse staff

	<p>entering formal disciplinary processes</p> <ul style="list-style-type: none"> • Issues around disabled staff being able to access reasonable adjustments – work is taking place to a look at additional funding sources.
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Mental Health Legislation Committee (MHLC)	
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<p>Good progress being made with:</p> <p>September update</p> <ul style="list-style-type: none"> • Development of the Least Restrictive Practice Strategy and workplan 	<p>Keeping an eye on:</p> <p>September update</p> <ul style="list-style-type: none"> • RESPECT training compliance – a cross referral was made to People Committee asking for assurance staff have protected time to access training and to seek assurance on how this is being managed. • Provision of out of area support remains a concern as does continued use of the Health Based Place of Safety for inappropriate admissions. • There have been some issues with access to secure transport which can delay admission or transfer impacting negatively on patients. • Assessment of mental capacity to consent to informal admission is not taking place consistently. The committee have asked that arrangements around use of second opinion doctors takes place following a drop in compliance on Maple and Dovedale wards. • The committee received an update on Absence without leave and requested this be shared with the Board. • There has been an increase in the number of Associate Mental Health Act Managers (AMHAMs) reviews not taking place prior to the expiry of the current date mainly due to availability of Responsible Clinicians. Two patients had to be referred for a Mental Health Review Tribunal as a result of delays in ward staff submitting a patient's application. A pilot is taking place at Northlands to ensure hearings are planned into diaries and learning, when captured will be shared across other wards. <p>June update</p> <ul style="list-style-type: none"> • Increase in the number of pregnant service users admitted over the last 6 – 8 months. Updates are received through reports from the least restrictive practice oversight group • RESPECT training compliance is below the 80% target – monthly confirm and challenge in place to ensure effective use of substantive staff to support ensuring staff have capacity to attend the training.
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	<ul style="list-style-type: none"> Continued concern about inappropriate use of the Health Based Place of Safety as a place of admission. The committee asked for additional narrative in future reports on specific reasons for prolonged use. Compliance with S132/132a related to provision of information to patients has been variable- the committee have requested further traction and narrative on addressing this to be included in future reports Numbers of Associate Mental Health Act Managers (AMHAMs) remains an issue – where lack of provision impacts on extension of community treatment orders these are now being formally recorded as incidents.
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Finance and Performance Committee	
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<p>Good progress being made with:</p> <p>August update</p> <ul style="list-style-type: none"> Delivery of value improvement schemes however this remains an area we are keeping an eye on as there is a gap in achievement. 	<p>Keeping an eye on:</p> <p>September update</p> <ul style="list-style-type: none"> Key risks to delivery of the financial position remain out of area and demand. Discussions are taking place with the Integrated Care Board around the management of non-Sheffield residents who are captured in the figures as they are registered with Sheffield GPs. The Out of Area position remains challenging as we have not reduced usage to the levels expected by this stage in the financial year which is having a negative impact on our financial position. <p>August update</p> <ul style="list-style-type: none"> The year-to-date planned deficit position reported to Board in September was slightly worse than planned however the forecast currently is that the planned deficit of £6.514m will be achieved by year end. Value Improvement plans (savings) have been identified totalling £8.6m but is currently off track due to out of area expenditure. Work is underway to look at ways of bridging the financial gap. Aged debt has increased over the last year which has a negative impact on the cash position. The Committee has asked that further detail be included on this in future finance reports to fully understand the issues and mitigations in place to manage them. <p>July update</p> <ul style="list-style-type: none"> Increase in out of area activity – recovery plans in
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	<p>place.</p> <ul style="list-style-type: none"> • The Learning Disabilities programme. Good progress made with initial phases. Recruitment is underway for vacant posts. More detailed update requested to be received at Board in September. • Progress required for clearing outstanding debts – the committee has asked that processes be reviewed to ensure they are sufficiently robust. Additional assurance requested in future reports regarding controls in place.
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Audit and Risk Committee	
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<p>Good progress being made with:</p> <p>June update</p> <ul style="list-style-type: none"> • External Auditors issued an ‘unqualified opinion’ on the financial statements (Annual Accounts 2023/24) – Annual Report and Accounts approved for submission to Board. Cross referral made to Finance and Performance Committee in respect of the plan for pension surplus. • Internal Auditors issued a ‘significant assurance’ Head of Internal Audit Opinion for 2023/24 • Quality Account received and agreed for submission to Board. Planning will take place to co-ordinate its development alongside the Annual Report and Accounts process for 2024/25 <p>July update</p> <ul style="list-style-type: none"> • Received annual report from counter fraud services. A staff facing portal has been developed providing training, guidance and reporting materials. Committee were informed of the 7 new cases open at that time 5 had been closed. The committee signed off counter fraud standards submission. Cross referral made to People Committee to periodically receive the data tracker on delayed disciplinary cases for prompt action and follow up. • Received and supported for submission to the Board for formal approval the Modern Anti-slavery and Human Trafficking statement 2023/24. • Post balance sheet and annual accounts – only a small number of minor changes were required which was positive with no changes to the main statements. • Internal Audit follow up rates for the year to day 2024/25 were reported as 100%. 	<p>Keeping an eye on:</p> <p>June update</p> <ul style="list-style-type: none"> • Clinical record keeping (internal audit report received with limited assurance) – a number of actions were already in train with training sessions underway. A cross referral was made to the Quality Assurance committee for oversight of the issue. <p>July update</p> <ul style="list-style-type: none"> • Discussion took place on plans to establish a new group with a focus on cyber security and information governance. Terms of Reference were shared with the committee in the summer and an update is due to be received in October. • Good progress was reported on achieving a target of 6065% compliance on core standards for the Emergency Preparedness Resilience Reporting (EPRR) by October 2024 – compliance at that stage was reported as 40%. An update on progress prior to agreement at Board and submission is expected at the October meeting. There have been no issues reported as a result of industrial action in terms of business continuity.
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- A number of reports were received in advance of receipt at Board including the annual claims and litigation report, the Board Assurance Framework and the Corporate Risk Register.