Council of Governors

SUMMARY REPORT		**Meeting Date:**	26 April 2022
		Agenda Item:	07

Report Title:	Board Update Report	
Author(s):	Non-Executive Directors	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	N/A
	Date:	N/A

Summary of key points in report

This is the first draft of a proposed report from the Board to the Council of Governors to be provided after each Board meeting. Governors are asked for their views on this and whether the approach is helpful particularly in terms of level of information provided. We are expecting this report to evolve and will potentially include for example reference to links to strategic risks in addition to the strategic priority links included in this first version, together with statistics where this would be helpful. The Board will agree at the meetings the key issues it wishes to bring to your attention in this report.

Here's a key so you can see how each item relates to our strategic priorities:

	COVID-19 – Recovering effectively
	Transformation – Changing things that make a difference
	CQC – Continuing to improve
	Partnerships – Working together to have a bigger impact

Recommendation for the Council of Governors to consider:							
Consider for Action		**Approval**		**Assurance**		**Information**	**X**

The Council of Governors is asked to note the update from the Board report and provide comment on whether the approach is helpful, particularly in terms of level of information provided.

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

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

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*		*No*	**X**	
Financial (revenue &capital)	*Yes*		*No*	**X**	
Organisational Development/Workforce	*Yes*		*No*	**X**	*None directly apply to this decision*
Equality, Diversity & Inclusion	*Yes*		*No*	**X**	
Legal	*Yes*		*No*	**X**	

Board Update Report

Section 1: Analysis and supporting detail

Introduction

This is the first draft of a proposed report from the Board to the Council of Governors to be provided after each Board meeting. Governors are asked for their views on this and whether the approach is helpful particularly in terms of level of information provided. We are expecting this report to evolve and will potentially include for example reference to links to strategic risks in addition to the strategic priority links included in this first version, together with statistics where this would be helpful. The Board will agree at the meetings the key issues it wishes to bring to your attention in this report.

Item	Strategic Priority link
Service User Story - As we always do, our meeting began with a Service User story, which provides insight to the needs of our service users, sets the tone for our meeting and reminds us why we're here. The service user spoke movingly about his experience having suffered a brain injury in his twenties the consequences of which included him experiencing homelessness. The Board heard about the importance of involving and listening to service users, their carers, family and social networks as well as the value of working with third sector partners, in supporting provision of a holistic, person-centred approach for each individual; and were uplifted to hear that some service users feel that they are having an impact on the work of SHSC and making a difference, and the importance of service users feeling listened to, parity in terms of respect. The value of the different perspectives heard through stories to the Board was stressed alongside the added benefit of co-production in improving quality of care. ***It was agreed discussions will be taken forward with universities to explore the potential to include co-production and lived experience in the training of professionals and trainees.***	
Chair and Non-Executive Directors Report - The Board noted progress with Non-Executive recruitment with a strong response having been received and the next stage of the process underway to shortlist for interviews to take place in May. The Election process for vacancies on the Council of Governors was discussed and a separate update on the latest position is provided on the agenda. The Board also discussed the visits programme and Systems and partnership working. Feedback from visits is passed back to the services visited.	
Chief Executive's briefing - It was noted recruitment is underway for a Managing Director for PLACE and for an MD and Clinical Directors for the Alliance. To support 'Back to Good' within SHSC further work is taking place across the organisation to encourage joined up working and mutual support across teams.	

Recovering from Covid - We are continuing to recover from the impact of Covid on services, services users, carers their families and on our staff, however access and waiting times remain a challenge in particular for service users who are placed out of county and the impact this has on their experience and quality of care. ***The Board will be hearing more about the work required to improve waiting times and the focus on urgent care pathways at its next meeting following discussion at Board sub-committees.*** Omicron has also been a challenge and a disruption for the organisation over the winter period and we will await further national guidance for clinical and non-clinical settings and planning for the impact is reflected in the draft Annual Plan. ***Demand for services needs to be considered in context of support being provided by a fatigued workforce. To support this the Trust is continuing its focus on wellbeing and on recruitment and retention of staff. The People Committee provide regular updates to the Board on the significant work in this area.***	
Back to Good – the outcome of the recent CQC visit to acute wards and the psychiatric intensive care unit was that ratings are moving in the right direction with the services rated as 'requires improvement'. ***The requirements of the Section 29A warning notice have now all been complied with. SHSC is now transitioning out of System Operating Framework (SOF) level 4 (special measures) into SOF 3 a significant achievement in less than two years and during a time of unprecedented challenge in the NHS.*** NHSEI/I were thanked for their support in achieving this. Progress updates against actions required from CQC inspections are monitored at committees and received at Board. ***Further work is taking place to support continuously improving our approach to challenging assurances in a more systematic way.***	
Transformation programme – discussion took place in particular on: • progress with the Community Facilities programme *(the move of the Community Forensic Team has been added to the Corporate Risk Register),* • the move of Headquarters (which is now anticipated to take place in July/August) • ***work to address Ligature Anchor point removal with phase II having been completed and mapping of risks for phase III underway. An additional six months leeway to plan for works required has been achieved through mitigation plans put in place.*** • Planning is taking place to ensure involvement of service users in the transformation programme	
Integrated Performance and Quality Report (IPQR) – the Board noted discussions which had taken place at sub committees around • ***waiting times, patient flow into the acute system, overspends associated with high out of area placement and agency costs together with positive news on reduced lengths of stay on the older adult and rehabilitation wards and continued low use of restrictive practice*** • ***increasing staff sickness absence and increased use of agency staff*** • ***The Board asked that narrative for service users under a CPA 72 hours after discharge who had not been seen within that timeframe, to be included in future reports.***	
Finances – the Board received an update on the expected performance at the end of financial year which was anticipated to be an underspent (surplus) position. Without receipt during the year of Covid-19 funds the end of year position would have been overspent due to issues such as provision of out of area treatment and use of agency costs. ***The Board heard that the financial position for 2022-23 will be much tighter which is reflected on the risk register. There is a significant focus on efficiency planning. The Board asked that detail be included in future reports on actions being taken to address agency spend. The financial plan is due for discussion at the Board in May.***	
Staff survey - The Board were updated on the results of the last national staff survey which took place between September and November 2021 which at that time was embargoed. We achieved a 51% participation rate, an increase of 10.8% from the previous year. ***A separate detailed presentation is due for receipt at the Council of Governors meeting.***	
Gender Pay Gap Report - the Board received and approved the Gender Pay Gap report for publication. This showed an overall improvement on previous years with a downward trend in	

Content	
the median pay gap and a reduction in bonus pay gaps. It was noted proportionally there are still more males in senior positions than females but SHSC has increased flexible working options with a new agile working policy in place. ***The Board asked for more detail on where information has been sourced from to be included in future reports.***	
Mortality Review – it was noted a key focus currently taking place is on mortality rates for users of opiate serves looking at national and regional data from 2020 on deaths of patients who have accesses substance misuse services in the last year. A workshop is taking place in April with an update to be received at Board. The Board noted the need to look at service user involvement in this important work**.**	
Guardian of Safe Working – The Board received the Q3 Guardian of Safe Working report, which ***provided assurance that trainee doctors in SHSC are working safe hours and that exception reports are reaching a timely and satisfactory resolution***. The report also provided information on reasons for absence and the use of locums to staff the out of hours rota. In the quarter October to December 2021 there were six exceptions reported. All exceptions were due to professional flexibility and there were no causes for concern. The Q4/Annual Report is due for receipt at the next public Board meeting.	
Board Assurance Framework (BAF) – the Board received and discussed the BAF which outlined the current position with risks to strategic objectives. The Board asked for the Quality Account to be referenced as an assurance against risk BAF0027 related to working with system partners; ***and asked for further detail to be included in respect of BAF0021 in relation to Cyber security. The Board asked for and received assurance around its Cyber Security arrangements.*** Trusts have been asked to provide updates on progress with implementing the national Data Security Protection Toolkit (DPST) which has been brought forward. Assurance is reported through Data Information Governance Group (DIGG) up to Audit and Risk Committee (ARC) before Board. It was confirmed this reporting includes risk scoring and mitigations. The Caldicott and annual SIRO report will go to ARC and Board in June/July. ***There are some weaknesses where the Trust is reliant on aged system technology such as Insight, but the overall position is satisfactory. Board training on cyber security is to be scheduled in.***	
Corporate Risk Register – the Board received and discussed the risk register noting progress made in addressing gaps in control and providing support and training to risk authors with work underway to complete some target risks and to further update new risks which have been added. ***The Board asked for work to take place with Risk Authors to ensure risks which have met target scores are removed and to review older risks to confirm if they are current risks. Detailed discussion will take place on the BAF and the CRR at the June Board development session following a planned review on our risk management arrangements.***	
Board Committee Activity Reports – the Board received an update from the most recent Mental Health Legislation Committee. ***A presentation is being provided from the Chair of the Committee as a separate agenda item to the Council of Governors.***	
The following strategies were received and approved: • **Research and Innovation Strategy** – this supports the aims of the Clinical and Social Care Strategy, to enable us to become an organisation which supports and uses research, innovation, and clinical effectiveness to fulfil our vision. It was suggested the Service User story heard that day related to the trajectory of this strategy and that the work of head injury and homelessness research group could potentially be used as a best practice example as well as guidance for coproduction and Service User engagement. The strategy will help us to be an evidence-led organisation and contribute to research, innovation and clinical effectiveness. • **Sustainability Strategy** – Strategy on a page – following on from approval of the SHSC 'Green Plan'. The Board asked for further reflection to take place on use of language and asked that sustainability actions be captured on the front page of Board and Committee reports [link to strategy] • **Quality Strategy** – focusing on improving the experience, safety and quality of care for service users, carers and families through understanding what matters to people and co-producing systems and models of care was also approved by the Board [link to strategy]	

• **Service User Engagement and Experience Strategy 2021-2026**	