

## Board of Directors – Public

Date: 10 March 2021

Item Ref: 14

<b>TITLE OF PAPER</b>	<b>Committee Activity and Significant Issues</b>
<b>TO BE PRESENTED BY</b>	The Trust Chair and the Chairs of the various committees
<b>ACTION REQUIRED</b>	<ol style="list-style-type: none"> <li>1. To receive detail of committee activity since the last meeting of Board;</li> <li>2. To consider matters raised as significant issues, how they relate to other information received by the Board and any impact on levels of assurance and additional actions that may be necessary;</li> <li>3. To receive the approved minutes of meetings of Board Committees.</li> </ol>

<b>OUTCOME</b>	The committees undertake work on behalf of the Board in relation to their areas of responsibility. Consideration of this report enables all Board members to be sighted on noteworthy activity across all committees, and supports the unitary Board's ability to triangulate the information.
<b>TIMETABLE FOR DECISION</b>	To be considered at the meeting on 10 March 2021
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	None directly arising; reports considered by the committees in relation to the areas of work detailed are available.
<b>STRATEGIC AIM STRATEGIC OBJECTIVE, BAF RISK NUMBER &amp; DESCRIPTION</b>	All
<b>LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	NHS Improvement Code of Governance NHS Providers Foundation of Good Governance The Healthy NHS Board Principles of Good Governance NHS Audit Framework SHSC Corporate Risk Register and other registers within the organisation
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Timely reporting to the Board
<b>CONSIDERATION OF LEGAL ISSUES</b>	None directly arising.

---

<b>Author of Report</b>	David Walsh
<b>Designation</b>	Director of Corporate Governance
<b>Date of Report</b>	1 March 2021

# Committee Activity and Significant Issues

## 1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
X	X			X	X	

## 2. Activity

There have been six Board Committees held since the last meeting of the Board of Directors; the Quality Assurance Committee and Finance and Performance Committee met in both January and February, and the Audit and Risk Committee and People Committee met in January.

### Audit and Risk Committee (Chair: Anne Dray)

#### Summary of matters considered

At its meeting on 19 January 2021, the committee considered the following matters:

- KPMG External Audit Plan 2020/21
- Annual Report and Account Production
- Accounting Policies and Financial Reporting Manual 2020/21
- Preparation of Accounts
- Breaches of Standing Orders, SFIs and Standards of Business Conduct
- Bi-annual report of the Digital Information Governance Group (DIGG)
- 360 Assurance Internal Audit Progress Report
- 360 Assurance Counter Fraud, Bribery and Corruption Progress Report
- Board Assurance Framework and Corporate Risk Register
- Emergency Preparedness, Resilience and Response Assurance Framework
- Committee Self-Assessment Process 2020/21
- Third Party Assurances
- Policy Governance
- Governance Structure
- Single Tender Waivers

#### Significant issues

The committee wished to bring the following significant issues to the attention of the Board:

**KPMH External Audit Plan 2020/21** – The committee received an outline of the intended external audit work programme in respect of the year-end accounts process. It was noted that the outcome of the risk assessment element of work and identification of key risks would be available at the next meeting for review. The committee also noted the breakdown of the audit fee for the year ending 31 March 2021.

**Accounting Report and Accounts Production Timetable** - The committee received the draft production timetable and an assurance that a process was in place to prepare the relevant documentation. It was confirmed that the Quality Account will again not form part of the mandatory reporting.

**Preparation of Accounts** - The committee received and noted the draft Going Concern Report. Members acknowledged the draft statement presented within the paper and agreed at this stage to recommend that the Board approve the preparation of the Annual Accounts on a going concern basis, noting that the final report would be prepared to reflect national guidance/ARM once received.

**Bi-annual report of DIGG** - The committee noted the update in relation to IG incidents, FOI and SAR performance, and noted that further IG benchmarking work was planned. It was requested learning actions to be incorporated into the report.

**360 Assurance Internal Audit Progress Report** - The committee noted the completion of one internal audit report since its last meeting, in respect of the "Monitoring and Governance of Mental Health Act, Mental Capacity Act and associated Codes of Practice" with limited assurance. While it was agreed that this outcome would be escalated to the Board, an assurance was received that action was being taken to address the findings of this audit within the agreed timeframe. It was acknowledged that the completion rate for follow up actions had dropped to 56% and that work was being undertaken in conjunction with 360 Assurance to improve this position. Whilst robust internal processes are in place it was acknowledged that Covid19 had impacted on the ability to deliver against these actions but that the process is being reinvigorated to deliver the improvements necessary.

**Board Assurance Framework** - Particular note was made of the new risk BAF0009 in respect of the delivery of statutory safeguarding reports. It was proposed that the refresh of the Risk Management Strategy would include the intention for the BAF and CRR to be received at every committee meeting, not quarterly as at present. It was also intended as part of the strategy refresh to revise the presentation of both the BAF and CRR in time for April committees and May Board. Further discussion regarding this process would take place within the Board Development Session in early February.

**Third Party Assurances** - The committee received a report detailing specific third-party assurances in respect of the recent external audit tender and procurement of Microsoft licences processes. The committee noted increased assurance in this respect and that work would be undertaken to build on the information and assurances provided going forward.

#### Minutes approved

The committee approved the minutes of its meeting held on 20 October 2020, and these are attached as Appendix 1.

---

### **Quality Assurance Committee (Chair: Sandie Keene)**

#### Summary of matters considered

At its meetings on 25 January 2021 and 22 February 2021, the committee considered the following matters:

- Integrated Performance and Quality Report (IPQR)
- Back to Good Board Progress Report
- Safeguarding Adults and Children Q1 and Q2
- Board Member Visits to Services
- Service User Experience Overview Report Q2
- Relaunching Restrictive Practice Programme
- Acute Pathway Pressures
- Community Mental Health Survey
- Quality and Equality Impact Assessments Review
- Do Not Attempt CPR Review
- Ligature Anchor Point and Blind Spot Risk Assessment Progress
- Clinical Services Waiting Times
- Policy Update
- Infection, Prevention and Control Performance Report Q2

- Learning Lessons from Incidents
- Health and Safety Update
- Medicines Safety Q3
- Ockenden Report – Learning for SHSC
- Care Act Survey Report
- Mental Health Act Legislation Q3
- Mental Health Act Legislation – Internal Audit report
- Governance Structure
- BAF and Corporate Risk Register
- Bi-annual Research and Innovation Report
- Mortality report Q3

### Significant issues

The committee wished to bring the following significant issues to the attention of the Board:

**IPQR** – At the January meeting, improved reporting processes were commended and increased compliance in a number of areas noted. Staffing levels, acute pathway pressures, waiting times, and the long term impact of Covid on demand for services were raised as concerns. At the February meeting, ongoing concerns were discussed relation to waiting lists, restraints and staffing to draw to Board’s attention alongside mitigations. The committee felt assured in relation to monitoring and risk prioritisation, but assured assured around improving the trajectory.

**Quality and Equality Impact Assessments (QEIA) governance review** – The committee received the report which had identified a gap and consistent approach to QEIAs, a review of all significant decisions had been undertaken and a robust process put in place when considering service change in the future. The Committee, having had limited assurance on governance functioning, was assured that the measures been put in place would mitigate the risks. The committee agreed to receive quarterly reporting.

**Back to Good Board Progress Report** – At the January meeting, it was noted that a number of Estates and IMST actions had not progressed as planned which would impact on wider system working. The committee had limited assurance that these actions would be completed by the target date of 31 March 2021. The committee agreed to receive information at the next meeting concerning the timescales for completion of Estates work and an update report on all outstanding issues in April 2021. It was noted that there were plans to assure that improvement actions were embedded and sustainable by undertaking mock (CQC) tests in the services affected. Concerns persisted at the February meeting around IMST Improvement planning, and a timetabled plan for the delivery of developments was requested.

**Board Member visits to services** – The first summary report of the outcome of visits to services was welcomed and the format commended. The committee was keen to see that reporting of specific concerns was accurate and looked for repetitive themes along with being clear about what outcomes could not be achieved.

**Community Mental Health Survey** – The Committee was pleased to note improvements from the previous year in some areas. The need to draw on wider information and triangulate results was recognised.

**Service user experience overview report** – The committee welcomed a new report format which triangulated areas of positive practice and areas of concern. There was good triangulation of the concerns raised and identified work in hand to address the issues.

**Ligature Anchor Points** – A full report was received about progress with the assessment of risk across the Trust. An action plan was being formulated with expected completion of all urgent remedial works by March 2021 and all others by December 2021. The Committee was assured in relation to progress.

**Restrictive Practice Programme** – The committee was assured that governance had been followed in respect of plans to relaunch the restrictive practice programme.

**Safeguarding Adults and Children Report Q1 & Q2** – The committee noted that additional capacity had been sourced and a review of role of Safeguarding Managers would be undertaken. The committee requested that future reports be strengthened in relation risks, identification of gaps and actions.

**Acute Pathway Pressures** – The committee received a request to approve the procurement of additional out of area beds. The discussion focused on the impact on safety and quality. The Committee supported the request to support the pressures on the acute care setting. Finance and Performance Committee (FPC) had also approved the funding for this project. Further work and due diligence was required on providers.

**Do Not Attempt Cardiopulmonary Resuscitation (CPR)** – The committee noted that after the identification of deficiencies, the policy had been reviewed and amended in line with national guidance.

**Clinical Services Waiting Times** – The committee acknowledged that waiting times varied across services and that not all services had been included. It was also noted that a number of services were nationally commissioned which may result in higher waiting times eg: Gender Identity Services. The committee was concerned about the impact and wellbeing of service users and any issues in relation to specific groups. Assurance was given that service users on waiting lists were risk assessed and some were periodically contacted. The committee requested an improvement plan.

**Board Assurance Framework** – Transition to a new style of reporting was noted. Some gaps were identified though these would be addressed in the new process.

#### Minutes approved

The committee approved the minutes of its meetings held on 21 December 2020 and 25 January 2021, and these are attached as Appendices 2 and 3 respectively.

---

### **Finance and Performance Committee (Chair: Richard Mills)**

#### Summary of matters considered

At its meetings on 25 January 2021 and 22 February 2021, the committee considered the following matters:

- Improvement Plan and Root Cause Analysis Report - EPR
- Finance Report for periods ending December 2020 and January 2021
- 2021/21 Financial Recovery Plan
- Out of Area Expenditure Recovery Plan
- Integrated Performance and Quality Report (IPQR)
- 2021/22 Financial Plan
- Operational Plan Key Deliverable 2020/21 – Q3
- Review of Compliance with Standing Orders, SFIs and Scheme of Delegations
- Capital Programme Update – Q3
- Relocation of Trust Headquarters
- Primary Care Mental Health Governance
- Transformation Portfolio Report
- Governance Structure
- Board Assurance Framework and Corporate Risk Register
- Policy Governance
- Clinical Services Waiting Times
- IFRS 8 – Operating Segments Briefing Paper
- Business Planning Group Update and Exception Report
- Capital Variation Exception Report – Michael Carlisle Lift Refurbishment

## Significant issues

The committee wished to bring the following significant issues to the attention of the Board:

**EPR Root Cause Analysis** - The committee received the report following the recent RCA undertaken on the replacement EPR procurement exercise. After due consideration, all recommendations in the report were approved and the action plan agreed.

**Finance Report** – At the January meeting, the committee noted the reduced forecast deficit position of £1.1m. The challenging capital programme to year-end was noted and an assurance was provided that this was being closely monitored and there was a high degree of confidence in being able to complete the intended programme. Members also noted the potential to carry forward the CIP gap into new year.

Following discussion and consideration of the revised forecast outturn (being less than 1% of turnover) it was agreed that the impact score on BAF 0006 risk “Inability to deliver a break-even position resulting in a failure to deliver financial sustainability” should be reduce from 5 to 4 resulting in an overall residual risk score of 20.

At the February meeting, the committee noted the improved year-end forecast of £382,000 surplus. Members noted the need to have clarity regarding the contracting position with main commissioners moving into the new year but acknowledged the uncertainties that currently exist around financial planning. The need for vigilance and oversight was agreed.

**2020/21 Financial Recovery Plan** - The committee noted the key drivers to the overspend position and current mitigation, including cost reduction plans and potential non-recurrent measures. It was confirmed that progress against plans would be managed in line with the Performance Framework and that this would be monitored by FPC through its regular receipt of the monthly finance report.

**Out of Area Expenditure Recovery Plan** - The committee noted the proposal to pro-actively purchase and manage additional external beds to provide additional capacity in order to mitigate the necessary reduction in inpatient beds to facilitate the environment improvements taking place. Discussions with commissioners regarding additional financial support via the Contract Management Board and Quality Review Group were confirmed, along with confirmation that any request/case for additional funding would be received through the relevant governance process.

The Financial Recovery plan for 20/21 was approved

**Relocation of Trust Headquarters** - The committee agreed to cease negotiations to lease 722 Prince of Wales Road and that the Trust needed to relocate its corporate services from Fulwood House to a more modern, fit for purpose environment and for a significantly smaller footfall. The committee heard the business case would be revised to explore alternative options for a future HQ base.

**Primary and Community Mental Health Governance** - The committee endorsed endorse the direction of travel of the Primary & Community Mental Health Transformation Programme as a joint governance project between SHSC and Primary Care Sheffield.

**IPQR** – At the January meeting, the committee welcomed the future receipt of the detailed access information and requested further work on the workforce narrative to triangulate to cost information.

**2021/22 Financial Plan** - The committee received the national planning timeline and process and the current focus on internal planning and underpinning budget setting preparation for 2021/22, ensuring these were robust and fit for purpose.

**Transformation Portfolio Report** - The committee noted an intention to incorporate an update on the status of the Provider Collaborative project. Improved visibility within the report was noted at the February meeting.

## Minutes approved

The committee approved the minutes of its meetings held on 30 December 2020 and 25 January 2021, The minutes are presented to Board – Part 2 Confidential

---

## People Committee (Chair: Heather Smith)

### Summary of matters considered

At its meeting on 28 January 2021, the committee considered the following matters:

- People Strategy Delivery Plan
- Employment and Vocational Support – update on Individual Placement and Support
- Revised Health and Safety Report – Q2
- Feedback on the Health and Wellbeing Festival
- Update on Registered Nurses Recruitment Plan
- Organisational Development Strategy
- Trust Engagement
- Freedom to Speak Up Report
- Gender Pay Gap Report
- Big Conversation 2
- HR Performance Dashboard
- Policy Governance
- Governance Structure
- Board Assurance Framework and Corporate Risk Register

### Significant issues

The committee wished to bring the following significant issues to the attention of the Board:

**Revised Health and Safety Report Q2** - The committee sought assurance in relation to Fire Safety, and was satisfied that issues raised at the previous meeting had been addressed and or clarified. It was agreed to redact the previous report accordingly.

**Registered Nurses Recruitment Plan** – The committee acknowledged progress, although substantial issues were still apparent at Band 5 in particular. The Committee was less assured about the true extent of gaps in staffing (for example, in the Older Adults team) and asked that the next report includes a briefing on establishment data (staff numbers we have against staff numbers we should have).

**Trust Engagement, Big Conversation 2 and Organisational Development** - The committee remained concerned by the extent of staff engagement and the questions this raised but were assured regarding the robustness of plans for the Staff Engagement Strategy, Big Conversation and Organisational Development. All three initiatives had progressed to operational plan stage and the Committee asked for updates on progress to be scheduled for future meetings.

**Gender Pay Gap** – The committee was assured that the Gender Pay Gap report met statutory responsibilities for reporting and noted that the gender gap in Clinical Excellence Awards for medical staff had narrowed.

**HR Dashboard** - The committee notes the dashboard did not show any significant movement since the last report. However, the increasingly high rate of vacancies in Estates and Ancillary staff was noted as well as the upward trajectory of casework. A report on both of these was requested for the next meeting.

**Employment and Vocational Support** – the Committee received the report in accordance with the requirements of this externally funded project.

**Agenda** – the committee wished to add “Staff Voice” as an item to the beginning of future agendas.

### Minutes approved

The committee approved the minutes of its meetings held on 25 November 2020, and these are attached as Appendix 4.

### **3 Next Steps**

As detailed below.

### **4 Required Actions**

To consider the committee activity and significant issues, how they relate to other information received by the Board and any impact on levels of assurance and additional actions that may be necessary.

To approve the following minutes:

- Audit and Risk Committee, 20 October 2020 (appendix 1)
- Quality Assurance Committee, 21 December 2020 (appendix 2)
- Quality Assurance Committee, 25 January 2021 (appendix 3)
- People Committee, 25 November 2020 (appendix 4)

The Finance and Performance Committee minutes are presented to Board Part 2 Confidential.

### **5 Monitoring Arrangements**

The arrangements for the consideration of this report have been modified to consolidate it into a single report, which it is anticipated will aid triangulation of the information provided in consideration of other information available to the Board. It has also been decided to include this report as part of the Governance section of the Board of Directors agenda, as one of the improvements of the governance arrangements and to ensure visibility of upward reporting, consistent with other changes around ‘Well Led’.

This will remain under review; an Internal Audit on the reporting arrangements within the new structure has been proposed for delivery in Q2 or Q3 during 2021/22 as part of the Internal Audit Plan for the year. A final version of the plan will be considered by the Audit and Risk Committee in April.

### **6 Contact Details**

David Walsh  
Director of Corporate Governance  
david.walsh@shsc.nhs.uk

# Audit & Risk Committee (ARC)

ARC 19.01.21 Item 03
-------------------------

**Notes of the Audit & Risk Committee meeting held on Tuesday, 20 October 2020  
At 1.00 p.m. – Microsoft Teams Meeting**

**On the teleconference:**

**Present:** Mrs. Ann Stanley, Non-Executive Director, Chair: Audit & Risk Committee  
 Ms. Sandie Keene, Non-Executive Director, Chair: Quality Assurance Committee  
 Mr. Richard Mills, Non-Executive Director, Chair: Finance & Performance Committee

**In Attendance:** Mr. Phillip Easthope, Executive Director of Finance  
 Mr. David Walsh, Director of Corporate Governance/Board Secretary  
 Ms. Beverley Murphy, Executive Director of Nursing, Professions & Operations  
 Mr. James Sabin, Deputy Director of Finance  
 Ms. Leanne Hawkes, Deputy Director, 360 Assurance  
 Mr. Robert Purseglove, Principal Anti-Crime Specialist  
 Ms. Lianne Richards, Client Manager, 360 Assurance  
 Mr. Andy Mellor, Auditor, 360 Assurance (for item 08)  
 Ms. Elaine Dower, Auditor, 360 Assurance (for item 08)  
 Mr. Rashpal Khangura, Director, KPMG  
 Mr. Matthew Moore, External Audit Manager, KPMG  
 Ms. Fleur Blakeman, Improvement Director  
 Ms. Samantha Harrison, Governance Consultant (for item 17)  
 Mr. Terry Geraghty, Emergency Planning Officer (for item 12)  
 Ms. Wendy Fowler, Freedom to Speak Up Guardian (for item 13)  
 Mr. Mike Potts, SHSC Chair (Observer)  
 Mrs. Anne Dray - Observer  
 Mrs. Jeanine Hall, PA (minutes)

**Apologies:** -

No	Item	Action
ARC 01/10/2020	<p><b>Agree Meeting Behaviours</b>            As the meeting was to be held via MS Teams arrangements, the Chair reaffirmed meeting etiquette to ensure that agenda items received the appropriate level of discussion and consideration, and that members could contribute to the discussion/ask questions as necessary.</p>	
ARC 02/10/2020	<p><b>Welcome &amp; Apologies for Absence</b>            The Chair welcomed members to the meeting and no apologies were noted.</p> <p>Prior to the commencement of formal business, the Chair welcomed Mrs. Anne Dray as an observer at today's meeting. Mrs. Dray is a newly appointed Non-Executive Director for the Trust and will commence in post on 1<sup>st</sup> November 2020. Mrs. Dray will take over the Chair of Audit &amp; Risk Committee on appointment.</p> <p>The Chair also noted that Mr. Mike Potts, SHSC Chair, was observing today's meeting as part of his induction programme.</p>	
ARC 03/10/2020	<p><b>Declaration of Interests</b>            None.</p>	



	<p>terms of the wider development of the BAF.</p> <p>The Chair noted that whilst ARC would want the BAF to reflect and reveal any significant strategic changes, in which case she would expect a risk to be reviewed, in general terms, ARC should focus on the assurances being given and the actions being taken, within realistic timeframes.</p> <p>Whilst in agreement with this approach, Mr. Walsh noted that one potential overlap area relating to the specific portfolio responsibilities taken on by this committee in respect of IMST and if that model is maintained, then ARC has a dual role in any related BAF risks. Whilst this overlap was acknowledged, a clear cover sheet with the focus on the overall framework and a secondary focus on a particular risk, and relevant assessment and assurance against that risk.</p> <p>Mr. Potts thanked members for this discussion and agreed that it needed to feed into the Board Development sessions.</p> <p>The Chair noted that in consideration of the risks specific to ARC, in view of the current instability of the system and the delay of replacement EPR, a request was made to amend the assurance rating being reported against BAF.0008 from green to amber. Mr. Easthope also agreed to address the gaps in assurance and re-rate this risk to amber.</p> <p>The Chair reiterated the need for all committees to be focussed on the levels of assurance and the actions being taken to address gaps.</p>	PE/DW
<p><b>ARC</b> <b>07/10/2020</b></p>	<p><b>a. Corporate Risk Register 2020/21</b></p> <p>Mr. Walsh presented the updated Corporate Risk Register for members' review and noted that there had been no movement on any of the risk ratings since last considered by the committee. Whilst there may be legitimate reasons for this static position, he suggested that the Executive Team review as part of their regular consideration of the CRR to enable the necessary assurance to be provided that the risks have been updated.</p> <p>Ms. Keene felt that specifically the risk in respect of fire safety and smoking should be reviewed. In considering the controls identified, it appeared a number had not been updated recently and she was aware of a number of actions taken which were not reflected. Mr. Walsh agreed to follow this up with the relevant risk owner.</p> <p>In light of some of the comments and issues being raised, it was questioned whether there is a specific development need to assist risk owners in understanding the scoring and what is required of them in terms of the CRR and the identification of risk mitigation.</p> <p>The Chair acknowledged the work being undertaken on the development of the CRR, but once again reiterated the need to ensure clarity on receipt and purpose of the CRR at committee level.</p> <p>Regarding the specific action requested of ARC members to consider the removal of risks scoring 12 or below from the CRR to be managed at directorate/care network level, given the comments at today's meeting regarding the uncertainty surrounding some of the scoring, it was felt it would not be prudent to consider this request until such time as an assurance can be provided regarding the risk ratings.</p> <p>The Chair asked that, at the time of review, the Risk Management Strategy is updated to reflect any change in protocol etc.</p> <p><b>b. Confidential Corporate Risk Register 2020/21</b> <i>(Exempt from publication under Section 1(2) of the Public Bodies (Access to Meetings) Act 1960 and Section 43(b) of the Freedom of Information Act 2000)</i></p>	<p>DW</p> <p>Action Log</p>

	<p>Mr. Walsh presented details of a new confidential risk, noting that this is exempt from publication on the basis that the benefits of preserving the commercial interests of the organisation outweigh the public interest of the information being open for publication.</p> <p>Mr. Easthope confirmed that following discussion by the Board a course of mitigating action was agreed in respect of this risk and the risk has been rated accordingly.</p> <p>Members noted the detail of this new risk and confirmed the confidential nature as proposed by Mr. Walsh.</p>	
<p><b>ARC</b> <b>08/10/2020</b></p>	<p><b>i. 360 Assurance Internal Audit Progress Report &amp; 2020/21 Plan Update</b></p> <p>Ms. Richards confirmed the key messages since the last meeting, noting the finalisation of two reports in respect of Purchase to Pay (significant assurance) and Phishing Campaign, which was an advisory piece of work.</p> <p>In terms of the 2020/21 plan, Ms. Richards noted that 360 Assurance were scheduled to undertake the Payroll audit during Q3, however, following a request from Victoria Payroll Services, the committee are asked to consider moving this audit to Q4. Considered and approved by the committee.</p> <p>Also, following discussion with Mr. Walsh regarding the scope of the planned governance audit and the progress in respect of the introduction of the Trust's new governance arrangements, it was requested that the committee consider the scheduling of this audit. Following consideration, it was agreed that this audit should be scheduled for late Q3.</p> <p>The committee acknowledged the 62% completion rate in respect of follow up actions, noting that this equates to moderate assurance. Ms. Richards advised that an extension to completion dates has been requested by the Trust as a result of the impact of Covid, relating to the Data Quality Framework and Policy Monitoring audits. The Committee formally approved a three-month extension in line with the details provided in the progress report.</p> <p>Whilst the committee noted the follow up completion rate, Executive leads were encouraged to continue efforts to improve this position.</p> <p>At this point of the meeting Ms. Richards introduced Mr. Andy Mellor from 360 Assurance. Mr. Mellor was the lead auditor on the recent Phishing Campaign audit, and provided members with an overview of the findings and confirmed an identified level of susceptibility across the workplace.</p> <p>In respect of providing feedback across the organisation following the outcome, Mr. Easthope confirmed that the action plan includes incorporating areas of learning from this exercise into the IG training programme and that the possibility of a targeted communication is being considered.</p> <p>Mr. Easthope also advised he would ensure that the negative assurance from this exercise is reflected in the relevant IG risk</p> <p>With the Chair's agreement, Ms. Elaine Dower from 360 Assurance then provided an update to the meeting on the recent "Monitoring &amp; Governance of MHA, MCA and Associated Code of Practice" audit. She advised that whilst audit findings are currently at draft stage, given the concerns raised previously by ARC members regarding this area, and the fact that two high risk issues had been identified, it was felt important to give a timely update.</p> <p>Ms. Dower explained that the review focused on the monitoring, reporting and governance in relation to the topics picked up by the CQC relating to the MHA, MCA</p>	<p>PE</p>

	<p>and/or the respective Codes of Practice. She advised that the Trust's actual compliance with requirements by examining patient records or incident reports was not tested.</p> <p>Comment as part of the audit on the use of the proposed audit tool has not been possible as this is not yet available.</p> <p>Initial discussions have taken place with the Trust regarding the identification of two high risks relating to the Trust's own monitoring arrangements and the slow progress with the CQC 'must do' action TW3 (MCA audit/monitoring) and four medium risks in relation to the meeting structure and reporting arrangements, the lack of clarity around the specific functions of each group, the length of time it takes to implement actions agreed in the meetings and the general administration of the meetings.</p> <p>The rating of this draft audit is a Limited Assurance.</p> <p>Members noted the draft findings and particularly the high risk relating to the timely completion of the CQC action plan.</p> <p>Ms. Murphy advised members that she is due to chair the next meeting of the Back to Good Programme Board, at which she will be sharing the draft findings of this audit. This will include discussion regarding completion timeframe.</p> <p>She also advised that steps are already being taken to improve oversight, with the identification of a Clinical Director as Chair of the MH Act Legislation Committee (Dr. Jonathan Mitchell).</p> <p>Further work is also planned as part of the governance review to reinforce processes in respect of those committees/groups supporting Quality Assurance Committee.</p> <p>The Chair suggested that from a governance point of view, once the audit report has been signed off there should be an opportunity for it to be received at Quality Assurance Committee.</p> <p><b>ii. 360 Assurance Stage 1 Head of Internal Audit Opinion Work</b></p> <p>Ms. Hawkes then presented the 360 Assurance report on work undertaken in respect of the Stage 1 Head of Internal Audit Opinion, confirming the identification of two medium and four low risks.</p> <p>Members noted the findings to date and that agreed actions would be followed up by 360 Assurance as part of the Stage 2 review.</p> <p>The use of internal audit findings as a key source of external assurance within the BAF was reinforced by the Chair.</p> <p>The Chair thanked Ms. Hawkes, Ms. Richards, Mr. Mellor and Ms. Dower for their updates and members noted receipt of the two reports.</p>	
<p><b>ARC</b> <b>09/10/2020</b></p>	<p><b>360 Assurance Internal Audit Report – Update on IMST Actions</b></p> <p>Mr. Easthope presented an update on the outstanding actions and refreshed timescales for completion in relation to recent IMST audits to provide the committee with a degree of assurance and understanding of the position and the plan to achieve compliance, accepting that the original timeframe has slipped.</p> <p>Members noted the revised timeframe, acknowledging that unexpected requirements have had to be prioritised over the last few months and prevalence given to other matters.</p>	

	<p>Against a background of continuing ongoing issues, Mr. Easthope confirmed that all efforts would continue to complete the outstanding actions to the revised timeframe. He also advised that continuous dialogue is taking place with the IMST team to ensure there are clear lines of communication on potential risks to the programme.</p> <p>Members acknowledged receipt of the update and the comments from Mr. Easthope.</p>	
ARC 10/10/2020	<p><b>360 Assurance Counter Fraud, Bribery &amp; Corruption Progress Report</b></p> <p>Mr. Purseglove presented his progress report to the committee, noting that this provided an overview of progress made in relation to completion of work against the Trust's 2020/21 Counter Fraud Plan.</p> <p>He advised that November was Fraud Awareness Month and discussions are currently taking place to facilitate this event during the current pandemic.</p> <p>Mr. Purseglove advised that reactive work continues and that there has been an increase in number of low level referrals. He advised that benchmarking fraud risks in the light of Covid is a key area and he is currently looking at plans to focus on increased fraud related risks. He will follow up any issues arising from this work with Mr. Sabin.</p> <p>Members noted the progress against plan and thanked Mr. Purseglove for the update.</p>	
ARC 11/10/2020	<p><b>KPMG External Audit Progress Report (Including Key Risks for New Plan)</b></p> <p>Mr. Khangura introduced Mr. Matthew Moore to the meeting, confirming that Mr. Moore has replaced Harriet Fisher as the Trust's Audit Manager.</p> <p>Mr. Moore provided members with a summary of progress in respect of the audit planning process for 2020/21, including the identification of key risks. He confirmed that the risk identification process is ongoing and as such the areas of focus in the report received by members are indicative at this stage and may change to reflect guidance and activity within the Trust.</p> <p>Current risks include the regular risks identified as part of the process - management override of controls; revenue recognition; valuation of tangible assets and fraudulent expenditure recognition within the Financial Statements element of the audit process.</p> <p>With respect to the Value for Money element of the audit process, in light of the CQC inadequate rating and last year's qualified VFM opinion, financial sustainability and the Trust's response to the inadequate CQC rating are likely to be risks that will be considered in more detail. Mr. Khangura advised that this was also in line with the anticipated revision of the National Audit Office Audit Code of Practice in respect of changes to the requirements for providing assurance over value for money for the 2020/21 accounts and onwards.</p> <p>Mr. Khangura confirmed that a further update on the plan will be received at the January meeting, including confirmation of the VFM audit requirements.</p> <p>Members acknowledged the need for the Trust to be able to evidence the progression of agreed CQC actions in order to inform the VFM audit work.</p> <p>Mr. Khangura assured members that once the detail and impact of the changes to audit guidance are clear, he will meet with Mr. Easthope and Mr. Sabin accordingly.</p>	
ARC 12/10/2020	<p><b>Emergency Preparedness Resilience &amp; Response Assurance Framework Update</b> (Mr. T. Geraghty, Emergency Planning Officer, in attendance)</p> <p>Mr. Geraghty provided an update for the committee in respect of EPRR compliance standards; response to the Covid pandemic (including phase 3 response work) and the progress of an EU exit.</p>	

	<p>Members noted the current compliance position and submission requirements in respect of this year's EPRR core standards, which is against three broad themes. Mr. Geraghty confirmed that work continues to achieve full compliance with all core standards.</p> <p>Mr. Geraghty confirmed that, in conjunction with NHSE/I, the Trust had conducted a first phase review of the pandemic in June and key areas of learning have been incorporated into the work plan going forward.</p> <p>He also noted that the Trust's designated lead for Winter planning (Michelle Fearon) will be closely involved with the implementation of Phase 3 of the NHS response to the pandemic which will effectively guide Winter planning for 2020/21.</p> <p>The committee thanked Mr. Geraghty for this update, noting progress against core standards and the intended review of business continuity plans.</p> <p>In response to a query regarding the potential for Sheffield to move into tier 3 over the next few days in response to rising number of cases, and the impact this may have on service provision, it was confirmed that work is currently being undertaken to ensure that business continuity plans are sufficient to enable services to continue to operate safely.</p> <p>The Chair stressed the need to ensure there is correlation between emergency planning compliance and all identified risks (be that on the Covid or Corporate Risk Register, ensuring that escalation takes place once slippage is identified.</p> <p>The committee acknowledged the report and thanked Mr. Geraghty and all those involved for their efforts during the pandemic.</p>	
<p><b>ARC</b> <b>13/10/2020</b></p>	<p><b>Freedom to Speak Up (FTSU) Bi-Annual Report (Q1 &amp; 2 2020/21)</b> <i>(Ms. Wendy Fowler, FTSU Guardian, in attendance)</i></p> <p>Members noted receipt of the bi-annual report from the Trust's Freedom to Speak Up Guardian, Wendy Fowler.</p> <p>Ms. Fowler provided an update on progress over the last six months, noting that the level of engagement with and visibility of the FTSU Guardian continues to improve. She confirmed that a number of themes have been identified as a result of concerns raised with her and that these have been fed into the system as appropriate to ensure lessons can be learned and processes improved. She also noted an improvement in response times to issues raised with her.</p> <p>Ms. Fowler confirmed that over the next six months there will be a focus on the launch of a culture champion network, which will be open to all staff, with the intention of developing the role of FTSU ambassadors. Members welcomed this development.</p> <p>Arrangements are also being made for Ms. Fowler to attend a future Board Development Session.</p> <p>Mr. Walsh advised that whilst the original intention was for this report to be received at the next Board of Directors' meeting, following further discussion regarding the process and responsiveness, he felt it important that it is considered by the People Committee in terms of content prior to being received at Board.</p> <p>Agreed that Audit &amp; Risk Committee would provide their assurance as part of its Significant Issues Report to Board regarding the process and responsiveness, but that the report would be received by People Committee prior to Board in January.</p> <p>Members thanked Ms. Fowler for this update and were assured by the FTSU</p>	

	processes now in place and future development plans.	
ARC 14/10/2020	<p><b>Audit &amp; Risk Committee – Progress Against Actions Arising from Self-Assessment Mid-Year Review</b></p> <p>Members noted that good progress has been made to date against the committee's agreed key actions arising from the annual self-assessment exercise.</p>	
ARC 15/10/2020	<p><b>Third Party Assurances</b></p> <p>Deferred to January 2021.</p>	
ARC 16/10/2020	<p><b>Policy Governance Summary</b></p> <p>The committee formally ratified approval of the following policies, noting that they have been received and agreed through the appropriate governance processes:</p> <ul style="list-style-type: none"> <li>• Policy Framework</li> <li>• Managing Conflicts of Interest in the NHS Policy</li> </ul> <p>Mr. Walsh advised that he had placed a copy of the overall policy tracker in the committee's shared drive for awareness.</p>	
ARC 17/10/2020	<p><b>Corporate Governance Structure – Review Update for Groups Reporting into Audit &amp; Risk Committee</b> (<i>Samantha Harrison, Governance Consultant, in attendance</i>)</p> <p>Members acknowledged receipt of this report which provided an update on the review of the governance structure reporting into the Audit &amp; Risk Committee, which is part of the overall Well Led development work plan.</p> <p>Ms. Harrison advised that in order to support good governance going forward, the work has involved reviewing the wider governance structure, confirming reporting lines and addressing purpose and membership and standardising the use of action logs and annual work plans.</p> <p>Members noted the work to date and the intended governance structure into Audit &amp; Risk Committee, and agreed the proposal that both the Policy Governance Group (PGG) and Digital Information Governance Group (formally Digital Information Governance Board) report directly into ARC.</p> <p>It was also acknowledged that, as board committee Chairs, NEDs will be keen to input into the overall governance review process and it was reaffirmed that NEDs will be appraised of ongoing developments with an opportunity to contribute as the work progresses.</p> <p>Mr. Walsh reaffirmed that this process is being replicated for each of the board committees and that where appropriate consideration is being given to the number of groups/committees; whether this level if necessary and manageable within current capacity. Appropriate development training needs for chairs will also be considered.</p> <p>Members thanked all those involved in this work to date and looked forward to receiving further updates as appropriate.</p>	
ARC 18/10/2020	<p><b>Information Assurance: Information Governance/Security Breaches – Insight Missing Documental Incident Update</b></p> <p>The committee received an update in respect of recent information governance/security breaches specific to Insight missing documentation.</p> <p>For the committee's information and assurance, Mr. Easthope provided an overview of the action taken, including the identification of the issue, steps taken to resolve and the preventative measures put in place to mitigate against a reoccurrence. He also confirmed that lessons learned have been identified and are informing future processes.</p> <p>Members were assured regarding the investigative action undertaken to determine route cause and subsequent mitigation. It was agreed that this would be included</p>	

	as an appendix to the committee's Significant Issues Report in order to provide the relevant assurance into the Board regarding this matter.	
<b>ARC 19/10/2020</b>	<p><b>Single Tender Waivers</b> Members noted receipt of the following single tender waivers approved by the Executive Director of Finance:</p> <ol style="list-style-type: none"> <li>i. CTW20/21-06 Project Management Input: Community Forensic Team/New Care Models</li> <li>ii. CTW20/21-07 Sheffield Occupational Health Advisory Service Contract</li> <li>iii. CTW20/21-08 SilverCloud Online Therapy Programme IAPT</li> </ol> <p>The committee noted receipt for information and the additional assurances provided regarding continuity and value for money. Mr. Easthope noted comment regarding item ii which he agreed to ensure follow up to ensure the service are cognisant of these comments.</p>	PE
<b>ARC 20/10/2020</b>	<p><b>2021 Audit &amp; Risk Committee Meeting Schedule</b> Members noted the schedule of proposed meeting dates for 2021 and the Chair asked that if there are any issues with any of the suggested dates that these are communicated as soon as possible to Jeanine to enable alternative dates to be considered. If no issues are advised, the proposed dates will be sent to members' calendars.</p>	All
<b>ARC 21/10/2020</b>	<p><b>Any Other Business</b> None.</p>	
<b>ARC 22/10/2020</b>	<p><b>i. Significant Issues Report</b> The chair noted the following for the Significant Issues Report, for receipt at the next Open Board meeting:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework 2020/21</li> <li>• 360 Assurance Stage 1 Head of Internal Audit Opinion Work</li> <li>• External Audit Progress Report &amp; Identification of Key Risks for 2020/21 Plan</li> <li>• Freedom to Speak Up Bi-Annual Report 2020/21</li> <li>• Information Governance &amp; Assurance</li> </ul> <p><b>ii. Changes in Level of Assurance</b> In considering the 2020/21 Board Assurance Framework, the committee asked that assurance rating on BAF Risk 0008 be regraded from Green to Amber. It was agreed that this would be amended for the version received at Board.</p> <p><b>iii. Review of Future Meeting Agenda</b> Agreed that with a new incoming Chair, the agenda planner for the next meeting will be reviewed with Mrs. Dray at an appropriate time following her commencement in post.</p>	
	As this was the Chair's last meeting, Mr. Mills formally expressed members' thanks and appreciation of Ms. Stanley's work on this Committee and as a Non-Executive Director of the Trust, and wished her the very best for the future.	

Date and time of next meeting: Tuesday, 19<sup>th</sup> January 2021 @ 1.00 p.m.  
Apologies to: *Jeanine Hall, PA to Chief Executive & Executive Director of Finance*  
Tel 2716716; email [Jeanine.hall@shsc.nhs.uk](mailto:Jeanine.hall@shsc.nhs.uk)

Oct 2020 Approved RM  
Approved ARC Jan 2021



# Quality Assurance Committee

Minutes of the meeting of the Quality Assurance Committee of the Sheffield Health and Social Care NHS Foundation Trust, held on Monday, 21st December 2020 at 9.00am, Virtual via Microsoft Teams Meeting.

## Present:

- |    |                 |   |
|----|-----------------|---|
| 1. | Sandie Keene    | Non-Executive Director, Chair (SK)                      |
| 2. | Richard Mills   | Non-Executive Director (RM)                             |
| 3. | Heather Smith   | Non-Executive Director (HS)                             |
| 4. | Beverley Murphy | Director of Nursing and Professions and Operations (BM) |
| 5. | Dr Mike Hunter  | Executive Medical Director (MH)                         |

## In Attendance:

- |     |                       |  |
|-----|-----------------------|--|
| 6.  | Maggie Sherlock       | NHS Sheffield CCG (MS)                                       |
| 7.  | Salli Midgley         | Director of Quality (SM)                                     |
| 8.  | Jonathan Mitchell     | Associate Medical Director for Quality (JM)                  |
| 9.  | Tania Baxter          | Head of Clinical Governance (TB)                             |
| 10. | Helen Philips-Jackson | Associate Director, Scheduled and Planned Care Network (HPJ) |
| 11. | Richard Bulmer        | Associate Director, Crisis and Emergency Care Network (RB)   |
| 12. | Deborah Cundey        | Service Development Manager (DC)                             |
| 13. | Marthie Farmer        | PA to the Executive Medical Director (Note taker) (MF)       |

## Apologies:

- |     |                  |  |
|-----|------------------|--|
| 14. | David Walsh      | Director of Corporate Governance (DW)  |
| 15. | Jan Ditheridge   | Chief Executive (JD)   |
| 16. | Fleur Blakeman   | Improvement Director (FB)  |
| 17. | Dominic Watts    | Service User Governor Representative (DW)  |
| 18. | Michelle Fearon  | Director of Operations (MicF)  |
| 19. | Rob Verity       | Associate Clinical Director, Crisis and Emergency Care Network (RV)                      |
| 20. | Christopher Wood | Associate Clinical Director for Crisis & Emergency and Scheduled & Planned Care Networks |
| 21. | Alun Windle      | NHS Sheffield CCG (AWind)  |

No	Item	Action
1)	<b>Welcome &amp; Apologies</b> The Chair welcomed everyone to the meeting and apologies were noted.	
2)	<b>Declarations of Interest</b> There were no declarations of interest.	
3)	<b>Minutes of the meeting held on 23<sup>rd</sup> November 2020</b> The minutes of the meeting held on 23 <sup>rd</sup> November 2020 were agreed as an accurate record.	

<p>Beverley Murphy commented that due to the meeting being scheduled at short notice, the actions in the minutes were noted as outstanding items, as required adding to the action log.</p>	
<p><b>4) Matters Arising &amp; Action Log</b></p> <p><b>Action Log</b> An updated action log will be presented to the January meeting.</p>	
<p><b>Safety and Excellence in Patient Care</b></p>	
<p><b>5) Integrated Performance and Quality Report (IPQR)</b></p> <p>Beverley Murphy presented the Integrated Monthly Performance and Quality Report (IPQR) and highlighted the following areas.</p> <p>CPA performance had continued to improve and was expected to continue. Caseload dashboards were in place locally to enable oversight and management through supervision and team governance processes.</p> <p>IAPT performance was improving. There had been an impact on recovery rates due to national restrictions, which had led to an increase in drop-outs from treatments. Service users were less likely to complete outcome measures via web forms, which was consistent with the national picture, but remained under scrutiny. Toni Wilkinson and her team will continue to monitor the situation, as will this Committee.</p> <p>Estate works will not be delivered until Summer 2021 and remains a risk. Acute ward environments continued to have mixed-sex accommodation. The need to reduce ligature anchor points on inpatient areas remained a risk to safety. Seclusion rooms on acute inpatient areas still did not meet the Mental Health Act Code of Practice, which had a potential impact on patient safety and experience.</p> <p>It has become clear that Restrictive Practices remains a significant cultural concern as an organisation and nurses are unable to practice in any other way currently.</p> <p>Secure transport was being used to transport people from one location to another as a default situation, risking restricting people's liberties further than needed.</p> <p>Further work was needed to enable an understanding of the issues leading to people being secluded.</p> <p>Beverley informed the Committee that following scrutiny of incident forms it had been established that sheets were being used to move patients; therefore an investigation was being undertaken. Beverley advised she would inform the CQC regarding this matter.</p> <p>Salli Midgley, the Trust's new Director of Quality was reviewing the Out-of-Sight CQC Report with colleagues, and would present recommendations to the Executive Team in January. Respect trainers were moving into the Nursing</p>	

Directorate, which would enable different working on wards from a quality perspective.

The January 2021 Committee will receive a detailed report on waiting times. Currently, there is no consistent way of understanding waiting times across all services, which was being addressed. Waiting times remained a concern for routine assessments within the Emotional Wellbeing Service.

Mandatory training performance had been maintained at over the 80% target. However, due to the direct impact by outbreaks and clusters of Covid-19, face-to-face training had been stood down, which includes Immediate Life Support (ILS), Basic Life Support (BLS) and Respect training.

The Chair supported Richard Mills' comments regarding the improved report and commendation of the sensitively employed determining and addressing of some of the cultural issues.

The Chair highlighted the extremely challenging systems being used in terms of the enormous issues around restrictive practice and achieving the required targets. The Chair queried the status of the current progress and whether this could be linked to the Back to Good work in relation to performance.

Concern was raised by the Chair, regarding gaps in Service User Experience data, and what plans were in place to obtain better feedback, understanding the reasons/context for the gaps in terms of Covid, no face-to-face contact, etc.

Beverley responded that Tania Baxter and her team were currently looking at different ways of working in some of the units; and suggested the next IPQR should report on the options/recommendations. Tania to co-ordinate with the Heads of Service and their leadership teams.

Dr Mike Hunter highlighted that Amanda Jones, new Director of Allied Health Professions, would join the Trust in the new year and had a good portfolio of patient and carer experience.

Beverley highlighted that Salli Midgley had shared her thoughts regarding a team of experts by experience coming into the organisation, which was consistent with the realignment of the clinical directorates with effect from 4th January 2021. The Chair commented the Committee was encouraged in terms of achieving our goals due to the extra capacity.

Heather Smith sought clarity on the top priorities and the need for two sets of commentaries in relation to quality issues, querying whether one overview could be presented covering current status, progress being made and future plans.

Heather discussed with Deborah Cundey the need for robust data assurance in terms of quality. Deborah advised data analysis continued, as the report style had been amended and was all part of the of the 'floor to Board' assurance.

Richard Bulmer left the Committee meeting at this point.

Beverley advised the Back to Good Programme was for specific deliverables against the CQC plan; the IPQR would become the primary report in the future.

**TB**

The next task was to determine best use of the report/data, avoiding repetition and ensuring the Committee, commissioners and the public could clearly see the progress regarding issues of risk and quality of care.

The Chair liked the data presentation within the CQC domains, showing responsibilities in terms of being safe, effective and responsive. However, she remained concerned about data triangulation regarding data collation, patient experience and comments and how this could be connected.

The Chair highlighted the assurance noted in the Back to Good report received at the November meeting, regarding the estates work March 2021 deadlines, as some would remain outstanding up to June 2021. The Committee had not received the necessary assurance in the December 2020 meeting, so requested an estates timeline regarding action on high risks issues relating to dormitories, seclusions rooms, etc.

Beverley explained the assurance received at the November meeting had been accurate. However, over the last week there has been a series of meetings with Estates, chaired by Phillip Easthope, regarding the acute care modernisation programme. During which it had become clear that whilst we would achieve the target date for dormitories, the work on the seclusion rooms was proving more difficult regarding the delay and reasons cited. The Chair asked for information to be presented to a future meeting, to aid understanding of this issue in relation to Estates and IT and the impact on quality.

Beverley highlighted the learning from incidents, but acknowledged despite improvements on reducing the number of outstanding incident reviews, overdue serious incident investigations, further progress was required. The Quality Team has commenced a morning huddle to look at all incidents submitted, to ensure any essential learning is taken forward without delay.

It was noted there has been a number of changes in services and department leadership and the Trust is mindful about the potential loss of organisational memory and for staff anxiety to increase.

There had been eleven catastrophic graded incidents, two of which were undergoing serious incident investigations; two were awaiting further investigation by H M Coroner; the remaining seven were deemed to be due to natural causes warranting no further investigation.

Beverley Murphy left the Committee meeting at this point and requested Dr Mike Hunter field further questions.

The Chair noted the daily incident huddle, but queried if the Trust was prioritising the catastrophic and the urgent incidents and asked if further prioritisation was required to deal with those with a lower priority and the backlog. Dr Mike Hunter clarified that all incidents were reviewed; however, those which were serious, moderate and above would be subject to a more focused review, as opposed to those which were negligible or minor.

RB/RV

**6) Any Other Business**  
There were no other items raised.

## Evaluation / Forward Planner

### Significant Issues

The Committee agreed the following should be included in the Significant Issues Report to the Board in January:

### Integrated Performance and Quality Report

The Quality Assurance Committee received and discussed the Integrated Performance and Quality Report. The Committee's discussions focussed on the potential quality and patient safety concerns highlighted within the report; in particular the impact that the instability of the Trust's Electronic Patient Record (EPR) System (Insight) and required Estates work was still having on quality assurance routes. Whilst it was acknowledged that these risks were already known, the Committee wanted to draw the Board's attention to the fact that the risks remained until the improvements were delivered. As further assurance, the Committee had requested a timeline for the anticipated Estates upgrades which directly impacted on quality and safety.

**CLOSE**

### Date and time of the next meeting

**Monday 25<sup>th</sup> January 2021 at 1.00 pm – 3.00pm**

**Virtually via Microsoft Teams Meeting**

*Apologies to PA to Executive Medical Director*



# Quality Assurance Committee

Minutes of the Quality Assurance Committee held on Monday 25 January 2021 at 1pm. Members accessed via Microsoft Teams Meeting.

<b>Present:</b> (Members)	Sandie Keene, Non-Executive Director (Chair) Salli Midgley, Director of Quality Richard Mills, Non-Executive Director Beverley Murphy, Executive Director of Nursing, Professions & Operations Heather Smith, Non Executive Director David Walsh, Director of Corporate Governance	SK SM RM BM HS DW
<b>In Attendance:</b>	Tania Baxter, Head of Clinical Governance Richard Bulmer, Head of Crisis and Emergency Care Dr Helen Crimlisk, Deputy Medical Director (obo Executive Medical Director) Jan Ditheridge, Chief Executive Pat Keeling, Director of Special Projects - Strategy (Item 15) Paul Nicholson, General Manager, Community Services Dr Jonathan Mitchell, Clinical Director Helen Philips-Jackson, Head of Scheduled and Planned Care Chris Wood, Associate Clinical Director Brenda Rhule, Head of Nursing, Rehabilitation and Specialist Services (Item 5) Zoe Sibeko, Head of Project Management Office (Item 6) Joanne Slater, Head of Complaints (Item 9) Anita Winter, Associate Director Patient Safety (Item 15) Sharon Sims, PA to Chair and Director of Corporate Governance (Minutes)	TB RB HC JD PK PN JM HPJ CW BR ZS JS AWi SS
<b>Apologies:</b>	Fleur Blakeman, Improvement Director, NHSI Dr Mike Hunter, Executive Medical Director, Maggie Sherlock, NHS Sheffield Clinical Commissioning Group Dr Rob Verity, Clinical Director Julie Walton, Head of Care Standards Dominic Watts, Service User Governor Representative Alun Windle, NHS Sheffield Clinical Commissioning Group	

Min Ref	Item	Action
QAC21/01/001	<b>Welcome &amp; Apologies</b> The Chair welcomed members to the meeting and noted apologies.	
QAC21/01/002	<b>Declarations of Interest</b> No declarations were declared.	
QAC21/01/003	<b>Minutes of the meeting held on 21 December 2020</b> The minutes of meeting held on 21 December 2020 were agreed as an accurate record.	
QAC21/01/004	<b>Matters Arising &amp; Action Log</b> Members reviewed and amended the action log accordingly, updates on outstanding actions were recorded.	

**Quality and Equality Impact Assessments governance review**

Committee received the report and were asked to agree a proposal for the QEIA process.

Beverley Murphy reported that she had been tasked by the Committee to review the Trust's approach to Quality and Equality Impact Assessments (QEIA), prompted by the omission of QEIAs in a number of Board reports. The action identified that there was not a consistent approach or cohesive understanding of what needed to be considered when making change to give assurance that the impact on services, service users and staff had been considered. During the review it became apparent that the recent focus had been on Covid-19 and there were gaps in other areas. She used the examples of the reports to Committee; Acute Pathway Pressures (11) and Clinical Services Waiting Times (16) and the need to understand the impact of any decision related to transformation, service change or Cost Improvement Plans (CIPs). Salli Midgley would be ensuring the right people are involved to review policies from other organisations and agree a process. Beverley noted there was limited assurance and that as an interim measure the significant decisions that had been agreed over the last period would be reviewed by Dr Mike Hunter and herself to ensure there was no impact on quality or equality.

The Chair noted the limited assurance on the function and would escalate to Board. It was agreed that Committee would receive quarterly reports from April 2021, the report in April would include the summary of the review being undertaken by Mike and Beverley and any recommendations for the Board Assurance Framework.

Pat Keeling referenced the flowchart in the report and noted the PMO log the QEIAs, she asked if this was a new role for them. Beverley believed their involvement was limited to those that had gone through the command structure, she could find no evidence that it applied generally. The next steps would be to develop a policy and procedure.

**Committee received the report and noted limited assurance on governance function and would escalate to Board.**

**Committee approved the proposal to implement a new system supported by a policy and were assured that a robust process would be in place, identification of gaps in the last period and mitigation of any risks.**

**Committee agreed to receive quarterly reporting.**

SS/Plan

**Integrated Quality and Performance Report**

Committee received the report for the period ending 30 November 2020 for assurance.

Beverley Murphy presented the reformatted report and Committee were updated on the areas that impacted on quality.

Highlights included:

- Out of Area placements – whilst there is no regulatory target the aim is for all patients to be cared for close to home and in an SHSC bed consistent with national best practice.
- 7 Day Follow Up is above compliance.

The Chair welcomed the improvements and noted the increase in compliance in a number of areas.

Heather Smith added that there had been a significant improvement in this and other reports this month. She asked how issues raised this month would continue to be monitored and tracked. Heather asked if there had been any progress to redress the balance of length of stay, as this varied from ward to ward. Beverley advised that

---

the report Acute Pathway Pressures (11) on Out of Area provision makes reference to length of stay, and that there had been consistency across the adult working age wards over the last three months and all were meeting the target. There is further work to do on the Psychiatric Intensive Care Unit (PICU) and the Older Adult wards.

Richard Mills referenced the waiting times in the Emotional Wellbeing Service (EWS) and the recovery rates for IAPT, whilst mindful services had changed during the pandemic, he asked if there were long term implications. Beverley advised that there were a number of “hot spots” and attributed this to staff vacancy or absence. Improvements had been made to strengthen leadership in these areas with recruitment to the Band 7 and 6 vacancies. Beverley agreed to liaise with the Quality Team to review the highlighted areas and add narrative in relation to risks, ensuring the Board Assurance Framework (BAF) is a live document. Dr Jonathan Mitchell in answer to question on recovery rates advised that the report covered virtual group work, completion of outcome measures online and increased drop out rates. Jonathan expected recovery rates from anxiety and depression to be lower during the pandemic.

The Chair asked why waiting times had not triggered again, the agenda item dedicated to this was noted for this committee.

Dr Helen Crimlisk in response to Richard’s question on the long term impact believed services would need to change, she had, along with colleagues from NHS Sheffield Clinical Commissioning Group (NHSSCCG) started to look at the impact on anxiety, depression and physical symptomatology of Long Covid and the various definitions. Helen believed the Trust would need to revisit these areas and that the Chronic Fatigue Syndrome (CFS)/Myalgic Encephalomyelitis (ME) Service had been commissioned to look at Long Covid. Richard Bulmer added that he believed Commissioners would want to invest further in Long Covid and the danger that there would be funding for serious mental illness. The Chair asked where these issues were being discussed. Beverley advised that the Quality Review Group and Contract Management Board (CMB) were the forums and discussions were at an early stage. Chris Wood advised that this intelligence would also feed into planning and development of the Clinical Strategy.

**Committee received the report and noted continued improvement.  
Committee were assured and advised on a number of risk areas and plans to mitigate.  
Committee noted there was engagement with Commissioners in respect of long term impact of Covid-19.**

---

QAC21/01/007

**Back to Good Report & Update on the Improvement Dashboard**

Members received the report covering the period December 2020 & January 2021 for assurance.

Zoe Sibeko reported that the key risk areas related to Estates and IMST projects and were impacting on a number of workstreams. She used Patient Centred Care Records as an example of where there was dependency on IT work which impinged on the delivery of the actions. She added that the system needed to be developed whilst maintaining the stability of the current system.

The workstream leads had worked with a number of teams including Business & Performance, Clinical Governance and Quality Improvement to look at outcome measures, the impact and assurance of embeddedness.

Zoe updated on the progress of the actions as outlined in the report. She advised that seven new actions had been added following the Care Quality Commission (CQC) inspection during Summer 2020.

---

The Chair welcomed the addition of the table to monitor progress. Committee noted their concerns on the lack of pace and asked if there was an improvement plan and how ongoing actions were audited. Zoe advised the target for completion of actions was 31 March 2021 and any action not expected to be completed would be risk assessed and escalated. Salli Midgely and herself were reviewing to identify any potential actions for exception reporting. It was noted that this was a significant piece of work to be undertaken over the next ten weeks. Committee would expect a final report in April 2021.

Heather Smith believed there was a sequential process of action and impact assessment and asked if there was a way to expedite assessing impact and to ensure the action plan remained a live document.

Jan Ditheridge was mindful this was a potential tick box exercise to ensure the “should and must do” actions had been completed, embedded and continued to be monitored to ensure compliance against Care Quality Commission (CQC) standards which would improve the Trust’s rating. She suggested mock visits in preparation for a CQC inspection which she expected to be late Spring 2021. Assurance of quality outcomes was a further piece of work.

Jan whilst aware of the issues with progressing the Estates and IMST actions had yet to see recovery or mitigation plans. She also asked if staffing skill mix was correct as the high vacancy factor had not been raised as an issue. The CQC had raised concerns in relation to Preceptorship and Band 6 Nurses, but not vacancies in general. Beverley Murphy acknowledged there was a specific action for this staff group and she was mindful of the gaps at Band 5 level. The data in the Integrated Performance and Quality Report (IPQR) on staffing should trigger if below minimum against Key Performance Indicators (KPIs).

Richard Mills noted progress had slipped on Estates and IMST projects and whilst Finance and Performance Committee (FPC) had been assured there were plans and timelines in place to complete by 31 March 2021 and therefore not meet compliance. Beverley reported that in relation to Seclusion facilities she had cascaded the plans for the refurbishment of the rooms on each ward whilst maintaining business as usual and utilising other areas as decant spaces. This would track through formal governance and report to Committee for assurance and a complete date of December 2021. The eradication of dormitories would be completed by January 2021.

Chris Wood reported that the Patient Centred Care Centre work stream had a number of dependencies on IMST. There are three workstreams: development & reports, devices & networks and policy & governance as key enablers. He noted that WiFi and network had been challenging and the need to ensure clinicians had appropriate equipment. Paper solutions had been implemented on occasion. The Chair asked if there were many work around solutions. Chris responded that some processes continued to be paper based and used Restricted Practice as an example of a sizable document that was time consuming to complete.

Dr Jonathan Mitchell reported that patient safety is also a driver in IT development and the need to maintain and have access to electronic records 24/7.

**Committee received the report and noted progress in a number of areas, limited assurance that all actions would be completed by the target date of 31 March 2021.**

**A number of Estates and IMST actions had slipped and may require risk assessment, mitigation and escalation if necessary.**

PK

**Safeguarding Adults and Children Report Q1 & Q2**

Committee received the reports for assurance

Brenda Rhule reported on key highlights which included:

- High number of referrals to process, the majority of which turn out to be inappropriate and further work on this area is required with South Yorkshire Police.
- Increase in on-line training by 25%
- Named nurse for Safeguarding Children which had improved engagement in this area.
- Themes and trends over the period included financial abuse, fraud and human trafficking.
- The Safeguarding Assurance Committee had been established and met in January 2021, an area for development would be to ensure risk is identified in safeguarding and improve reporting into Committee.
- Key Performance Indicators (KPIs) to be reviewed by NHS Sheffield Clinical Commissioning Group (NHSSCCG).

The Chair whilst having read the reports was unclear if the risks were being articulated or actioned. Brenda advised that a review would take place and the Board Assurance Framework amended appropriately. Beverley reported that as Committee were aware there had been a review of the content of the reports which had identified a gap in reporting the breath of responsibility of the Safeguarding lead. To support this work the CCG had identified an individual who would work alongside the team, with the aim to strengthen reporting and assure committee of the activity and learning. Investment would be required to develop and support the Safeguarding leads in relation to meeting operational responsibilities and working at a strategic level.

Heather Smith referenced Table 1 in the report and asked if there were sufficient numbers of managers to cover, she was not assured by the data that all areas were covered and noted that the Decisions Unit was not included and this was an area highlighted by the CQC. Jonathan noted that the report only referenced Community services, therefore suggesting that In-Patient areas was not covered.

Dr Helen Crimlisk referenced the high level in Single Point of Access (SPA), and was concerned that “inappropriate referral” may not be the right terminology as someone had considered these people vulnerable and raised a concern, which may need to be addressed in a different way.

In relation to Heather’s query on capacity Beverley advised that the general management capacity had increased by 2 WTE, she was aware that there may have been gaps across all the in-patient wards which had been address. The role of the Matrons in these areas will be also be defined. To note there are no shortages across Community services.

The Chair acknowledged that additional resource had been sourced and that Committee would require more assurance on safeguarding by way of clarification of roles, data/information, identifying gaps and risks and actions to mitigate.

**Committee received the reports and noted limited assurance with further work required in relation to clarification of roles and reporting as outlined above. It was agreed to escalate concerns to the Board.**

**Amend language to the reference of “inappropriate referral”**

---

**Board Member Visits to Services**

Committee received the report for assurance.

Beverley Murphy reported that the visits were established in June 2020 and had been well supported but lacked a formal process for feedback. Templates had been included in the report for consideration by Committee. There was suggestion for the focus of discussion to ensure that the information captured triangulated with other reporting and provided additional assurance. The report also included a summary of "You said, We did". Beverley noted there were a number of areas of assurance and triangulation across the IPQR and Back to Good reporting, which included an increase in Band 6 nurses, a Multi Disciplinary Team (MDT) therapeutic approach, improvements in IT (Attend Anywhere) and Covid risk assessment for BAME groups. Staffing and resource had also been discussed in People Committee.

Richard Mills mindful the next round of visits were imminent, noted there may be recurring themes, and used the example of digital support and WiFi connectivity which is often raised and asked what response would be expected. Jan Ditheridge believed that as leaders she would be keen to say there were some fixes and also some things that were unachievable and to ensure a consistent approach, she would also not want to undermine managers in leading their team. She suggested that for openness and transparency it might be useful to share the report with all staff. The Chair supported this suggestion, but was mindful that the summaries needed to be a true reflection of the visit. As a measure Jan suggested that the summaries needed to be signed off.

Heather Smith believed that things that were not achievable should also been noted. Salli Midgely added that this fitted in the broader mechanism of learning and triangulation.

**Committee received the report and noted the content.**

**The visit template was well received and Committee supported its introduction. Committee supported the suggestion to share the report Trust wide.**

---

**Service User Experience Overview Report (Q2)**

Committee received the report for assurance.

The Chair noted the significant changes that had been made to this report and welcomed the new format.

Tania Baxter presented the report and advised that all the different strands of experience had been collated. In relation to the discussion of Board visits she believed there could be further expansion. The data contained in the report included Complaints, stories on the Care Opinion website, Friends and Family Test and Fast Tracks, which ceased in Autumn 2020.

The majority of the data was positive, which is good to share and understand the areas of good practice. Staff overall were perceived as good care givers, empathic and good listeners. The negative feedback triangulated with other reports and included the Trust estate, the environment and waiting times.

The theme of "You said, We did" had been difficult to summarise as the data had been received from a wide range of services. The report also contained statutory information, including the number of complaints referred to the Ombudsman and complaints performance which reported 85% against a target of 80%.

Heather Smith noted she would be looking at overarching issues from service user feedback to see how it would be used to triangulate.

---

Dr Helen Crimlisk welcomed the concise report and suggested it was shared with staff, and overall was a largely positive message. She believed there is still anxiety and apprehension amongst staff in relation to encouraging and receiving feedback. Salli Midgley added there was also more work to do in relation to co-production..

**Committee received the report, welcomed the transformation and were assured of the development in this area.**

---

QAC21/01/011 **Relaunching Restrictive Practice Programme**

Committee received the report and were asked to approve a relaunch programme.

Salli Midgley presented the report and asked Committee to consider the proposal to relaunch the restrictive practice programme to address quality and experience concerns. The proposal was to redesign and relaunch the strategy and review the leadership to support its delivery alongside a work plan and ensure co-production with service users. This would allow for a refresh of deliverables including data, KPIs and inequalities and align reporting.

The Chair welcomed this development and assurance of co-production.

Dr Jonathan Mitchell whilst mindful that restrictive practice occurred on the wards asked if Community could be involved, he believed they had a part to play. Salli advised that this had been discussed and she was mindful work would cross clinical directorates and believed there could be a phased approach. Chris Wood in support of the proposal added that this work also aligned with the IT development agenda.

**Committee received the report, discussed and approved the proposal.**

---

QAC21/01/012 **Acute Pathway Pressures**

Committee received the report and were asked to approve a commissioning proposal from a quality perspective.

Richard Bulmer reported that a previous report had been shared with Committee and this iteration included further detail on purposeful admission, service user experience and staff engagement.

Richard Mills in his capacity as Chair of Finance & Investment Committee (FPC) reported that FPC had received this report and reviewed it from a financial perspective. FPC had a robust discussion on the financial implication of procuring additional beds and supported the proposal having recognised the connectivity with the Trust's recovery plan.

The Chair noted that previous discussion included concerns raised by Consultants working in older adult services and asked if these had been addressed. Richard B confirmed that Dr Rob Verity and himself had met with them, and whilst they still had concerns these were primarily focused on Covid. They also recognised there were potential changes what could be made in the older adult setting.

Salli reported that the due diligence for the procurement of beds would need to be rigorous to ensure the best quality was achieved..

**Committee received and welcomed the additional information to strengthen the report.**

**Committee noted the process for procurement would be robust to ensure best quality.**

**Committee, from a quality perspective approved the proposal to commission, additional beds which aligned with the financial decision of FPC.**

**Community Mental Health Survey (Service User experience)**

The Committee received the report for assurance.

Paul Nicholson reported that the Trust had received the results of the annual survey, which provided useful benchmarking data and used by the Care Quality Commission in their inspections.

Paul shared the results and how the Trust compared nationally, he noted that overall there had been an improvement. On reviewing the focus areas from the previous year, he noted that care planning and support and wellbeing had improved. The top areas of focus for this year included: organising care, reviewing care and crisis care, he added that co-production and engagement was also an area for development. He would expect this work to feed into the Back to Good Programme.

The Chair noted the improvements from last year and the areas of focus going forward, she asked for clarity on the reference to feeding into the Back to Good Programme Board and the governance route for this work as she was of the understanding that the Board was time limited and promotion to “Business As Usual” (BAU).

Jan Ditheridge believed there was more feedback than what is currently gathered, and used locally. She would expect this to link with service user experience and Healthwatch reports. She asked how the teams had responded to the results. Paul advised that it had been shared with his teams and well received, particularly the improvements on the previous year and would be cascaded wider. Jan asked if Paul knew why the results had improved. Paul believed this could be attributed to a consistency in leadership and teamworking focused on the quality agenda. Richard B added that there had also been positive steps following the industrial action.

Dr Jonathan Mitchell noted a number of teams had been actively working on themes, he also added that this is a broad survey and asked the question of whether there really had been improvement on last year, he was also mindful of low benchmarking and the need to build on this.

**The Committee received the results and were pleased to see improvements and supported development of actions, whilst acknowledging the need for further work.**

**Do Not Attempt cardiopulmonary resuscitation (CPR) review**

The Committee received the report and were asked to support the proposal.

Dr Jonathan Mitchell reported that a gap had been identified in Trust process. A group had been established and tasked with reviewing the process and drafting a policy to meet guidance and best practice. Once the policy was approved the group with broaden its scope to include end of life care.

Richard Mills asked if the Trust had a policy. Beverley Murphy assured Committee that the Trust did have a policy and were compliant. The amendment related to a review process.

**The Committee received the report and supported the work to develop a policy**

*Tania Baxter and Chris Wood left meeting*

---

**Ligature anchor point and Blind spot risk assessment progress and associated estates work plan**

Committee received the report for assurance

The Chair reported that Committee discussed the report in detail at the last meeting, and she would like to understand the challenges to delivery and timescales.

Anita Winter reported that timescale for completion of ligature anchor point assessments in the community was 31 March 2021, there were two processes to consider for Ward to Board reporting which included the Estates Project Group or establishment of a Ligature Committee to report into the Estates Oversight Committee. The risk assessments would be reviewed to ensure alignment with existing work and to identify gaps. Pat Keeling advised that lead in times for materials varied greatly and Helen Payne, Director of Estates and Facilities had been tasked with producing a plan to ensure delivery of works by the target date. This would be presented to and monitored by the Estates Oversight Group. There also needed to be alignment with other Estates projects. eg: seclusion rooms and dormitories. Safety and functionality of all wards also needed to be considered throughout the completion of the works.

The Chair asked if completion by 31 March 2021 was achievable. Anita advised that 31 March 2021 was the target for completion of risk assessments not the works, the next steps would be to triangulate all projects with the estates team and populate with timelines. Anita suggested an update at Committee in February 2021.

Richard Mills believed the target for completion of a lot of projects was December 2021 and mindful of governance processes for procurement, he was concerned that there could be delays due to lengthy processes. Pat advised that she had been in discussion with Phillip Easthope, Executive Director of Finance and Helen Payne and agreement that Single Tender Waivers could be implemented for high risk projects. Pat added that three single rooms had been identified as being ligature free which could be used to ensure patient safety whilst works take place on the wards.

Salli Midgley whilst recognising this was a process paper had difficulty in identifying the engagement with clinical quality and the evidence review for adaptation. She would also like to understand how teams were managing the clinical environment during alterations. She referenced the ligature risk groups identified in the report and believed that suicide in older people was a higher risk than rated. Pat and Anita welcomed Salli's observations and would liaise with her outside the meeting. Dr Jonathan Mitchell added that Rehabilitation Wards also needed to be considered when risk assessing suicide.

Beverley asked how the assessments had progressed particularly for acute settings. Anita reported that all in-patient wards aside from G1 were completed by the end of December 2020 and that Woodland View had, had its assessment. Beverley believed that there would be a number of rooms that would be ligature light, and that assessment of risk was not a perfect science and the need to also ensure all areas become ligature light, without reducing responsibility. She noted that Phillip and herself had made a number of pragmatic decisions on the progression of projects to give assurance to Board that the Trust was compliant with the Code of Practice.

Salli advised that CQC had published a briefing, updating on their mental health safety improvement areas, which included ligature anchor points and environment.

**Committee received the report and noted progress and were assured that all in-Patient wards had been assessed. A number of areas to follow up included alignment with other projects and review of clinical risk.**

**Committee agreed to receive the completed plan and timeline. (March 2021)**

AW

QAC21/01/016

### **Clinical Services Waiting times**

Committee received the report for assurance

The Chair noted she would like to receive assurance on the management of waiting times and was mindful of the wide range of services.

Helen Phillips-Jackson reported it had been a complex process to bring the data together, the next steps would be to share the information at team level in order to develop specific recovery plans based on the team therapies and interventions and to look across services to identify themes and risk areas and further action.

Richard Mills was mindful that some waiting times were out of the Trust's control as they were as a result of nationally commissioned services, he used gender services as an example, but SPA and EWS were managed locally and what action was being taken. He believed Council of Governors would be interested to receive this information.

Salli Midgley noted that she had difficulty identifying the patient experience, which was referenced as not good, and would be useful for discussion with Commissioners particularly in relation to inequality and those with projected characteristics to understand the impact on their lives.

The Chair asked if allocation times for Community Mental Health Teams (CMHT) could be included as waiting time. She would also be keen to see progress of the action plans. Richard Bulmer assured the Chair that individuals on the waiting list were monitored and triaged.

**Committee received the report and noted limited assurance of the overall position. Concerns were raised in relation to the impact and well being of service users in some services experiencing long waiting times.**

**Committee agreed to receive improvement plans in February 2021, but was mindful of lockdown restrictions.**

Ops

**Committee agreed to escalate concerns to the Board**

*Heather Smith, Pat Keeling and Salli Midgely left the meeting*

---

## **Quality Related Policies**

QAC21/01/017

### **Policy Governance Update**

Committee received an update and were asked to approve a number of items.

The Chair welcomed the revised report, noting it gave committee assurance on policy governance process.

Mr Walsh reported that PGG had implemented a "4 Test" approach, and had been pragmatic in its approach to d) Conveyance and Assistance (MHA) Policy. PGG were assured that the policy was safer and agreed to short term approval.

- a) Accessible Information Standard – Case for Need
- b) Aggression and Violence Policy
- c) Complaints Policy
- d) Conveyance and Assistance (MHA) Policy
- e) Dermatitis Policy (Formerly Latex Sensitisation Policy) SCIP Exposure

**Committee received the above items and were assured that due governance process had been followed. Committee agreed to approve all items.**

*Dr Helen Crimlisk left the meeting*

---

## Any Other Business / Evaluation / Forward Planner

QAC21/01/018 The Annual Work Plan was reviewed and amended accordingly. Receipt of the Mental Health Act Internal Audit Report and discussion on the Ockendon Review were added the planner.

The Chair asked who the lead executive would be for the review of the Mental Health Act and its implications and in what forum would this take place.

The Chair confirmed a number of items for escalation to Board by way of a Significant Issues Report. (attached)

Committee noted the full agenda and acknowledged this was a reflection of the governance issues requiring attention. It was noted that the quality of reporting had improved which gave greater assurance and therefore allowed time for discussion.

---

QAC21/01/019 **Infection, Prevention and Control (IPC) Q2 Performance Report**  
Committee received the report for information. The Chair noted this report had been produced whilst managing the pressures of the pandemic and reduced capacity within the team.

---

**Date and time of the next meeting:**

Monday 22 February 2021 at 1pm  
Format: MS Teams

---

*Apologies to Sharon Sims, PA to The Chair and Director of Corporate Governance*  
[Sharon.sims@shsc.nhs.uk](mailto:Sharon.sims@shsc.nhs.uk) Tel: 0114 271 6370

## Quality Assurance Committee – Significant Issues

---

### **Quality and Equality Impact Assessments (QEIA) governance review**

Committee received the report which had identified a gap and consistent approach to QEIAs, a review of all significant decisions had been undertaken and a robust process put in place when considering service change in the future. The Committee having had limited assurance on governance functioning were assured that the measures been put in place would mitigate the risks. Committee agreed to receive quarterly reporting.

### **Care Quality Commission (CQC) Back to Good Board Progress Report**

Committee received the report and were updated on the progress against the action plan, it was noted that a number of Estates and IMST actions had not progressed as planned which would impact on wider system working. Committee had limited assurance that these actions would be completed by the target date of 31 March 2021. Committee agreed to receive information at the next meeting concerning the timescales for completion of Estates work and an update report on all outstanding issues in April 2021. It was noted that there were plans to assure that improvement actions were embedded and sustainable by undertaking mock (CQC) tests in the services affected.

### **Safeguarding Adults and Children Report Q1 & Q2**

Committee received the reports. In the light of the limited assurance the reports gave, it was noted that additional capacity had been sourced and a review of role of Safeguarding Managers would be undertaken. From an assurance perspective Committee requested that future reports are strengthened in relation risk, identification of gaps and actions.

### **Acute Pathway Pressures**

Committee received a request to approve the procurement of additional out of area beds. The discussion focused on the impact on safety and quality. The Committee supported the request to support the pressures on the acute care setting. Finance and Performance Committee (FPC) had also approved the funding for this project. Further work and due diligence is required on providers.

### **Do Not Attempt Cardiopulmonary Resuscitation (CPR) review**

Committee were informed that after the identification of deficiencies, the policy had been reviewed and amended in line with national guidance.

### **Clinical Services Waiting times**

Committee received a report, an update on the management of waiting times. It was acknowledged that waiting times varied across services and that not all services had been included, it was also noted that a number of services were nationally commissioned services which may have higher waiting times eg: Gender Identity Services. Committee were concerned about the impact and well being of service users and any issues in relation to specific groups. Assurance was given that service users on waiting lists were risk assessed and some were periodically contacted. Committee requested an improvement plan in February 2021

## People Committee

**Minutes of the People Committee meeting  
held on Wednesday 25<sup>th</sup> November 2020, via teleconference**

### Members Present:

Heather Smith	Non-Executive Director of the Board (voting) (HS) – Chair of Committee (the Chair)
Beverley Murphy	Director of Nursing, Professions & Operations / Executive Dir of the Board (voting) (BM) (part)
Anne Dray	Non-Executive Director (voting) (AD)
Rita Evans	Director of Organisational Development (non-voting) (RE)
Caroline Parry	Director of People and Executive Director of the Board (voting) (CP)
David Walsh	Director of Corporate Governance and Board Secretary (non-voting) (DWa)

### Apologies:

Brendan Stone	Associate Non-Executive Director (voting) (BS)
---------------	--

### In Attendance:

Sarah Bawden	Deputy Director of People (SB) (part)
Fleur Blakeman	Improvement Director (FB) (part)
Gaby Dale	Organisational Development Business Partner (for item 7) (GD)
Karen Dickinson	Head of Education Training and Development (KD)
Wendy Fowler	Freedom to Speak Up Guardian (for item 11) (WF)
Samantha Harrison	Corporate Governance (for items 4, 14, 15) (SH)
Aimee Hatchman	HR Systems and Workforce Information Manager (for item 12) (AH)
Liz Johnson	Head of Equality and Inclusion, Bank and eRostering (LJ)
Helen Payne	Director of Estates (for item 4) (HP)
Stephen Price	Fire and Security Officer (for item 4) (SP)
Charlie Stephenson	Health, Safety and Risk Adviser (for item 4) (CS)
Richard Taylor	Workforce Information Manager (for item 12) (RT)
Helen Walsh	PA to Director of People / Executive Director of the Board (minutes) (HW)

### Welcome and Apologies

The Chair, Ms Heather Smith welcomed members to the meeting and introduced Mrs Anne Dray, new Non-Executive Director, and permanent member of this Committee.

Apologies were received from Mr Brendan Stone, Non-Executive Director.

Min Ref	Item	Action
1/11/20	<b>Declaration of interests</b> No declarations of interest were made.	
2a/11/20	<b>Minutes of the meeting held on 15<sup>th</sup> October 2020</b> The minutes of the meeting held on 15 <sup>th</sup> October 2020 were agreed as an accurate record.	
2b/11/20	<b>Matters arising / Action Log</b> Members reviewed and amended the action log accordingly.  <b>i. E, D &amp; I Report to Board Development Session and Quality Assurance Committee</b> The Chair confirmed that an item on Equality Diversity and Inclusion is part of the next Board Development Session agenda, and Quality Assurance Committee agenda.	

	<p><b>ii. Joint report: Supervisions, Staff Survey, Training, sickness etc</b></p> <p>It was agreed at the June 2020 meeting that a report would be provided to Committee regarding the definition of what 'good' would look like and what 'outstanding' would look like so that we know what to aim for, and what the measures are, and to triangulate our data i.e. the feedback from supervisions and the outcomes of the staff survey, outputs from training, attendance, sickness. The Committee Chair requested that this formed the core of a future report to this Committee.</p> <p><b>Action bfwd (minutes 25-06-20 pg.7-8) – Ms Linda Wilkinson to provide a report to Committee. <u>Noted for March 2021.</u></b></p>	LW
	<p><b>iii. Joint report / dashboard – overall report on the People Strategy / HWB</b></p> <p><b>Action – Ms Parry to provide an overall report on the People Strategy. This will include a reflective report regarding Staff Health and Wellbeing on whether the initiatives are having an impact. <u>Noted for January 2021.</u></b></p>	CP SB
	<p><b>iv. Fair and Just Culture</b></p> <p><b>Action bfwd (minutes 14-07-20 pg.7) – Fair and Just Culture. Mrs Bawden to provide more information to Committee on how we are supporting front-line managers to implement this cultural shift and a reflective report on whether the new Unacceptable Behaviours Policy is having an impact. <u>Noted for March 2021 agenda.</u></b></p>	SB
	<p><b>v. Case management – training for managers</b></p> <p><b>Action bfwd (minutes 23-09-20 pg.7) – Mrs Bawden to provide an update to Committee on the training for managers. <u>Noted for March 2021 agenda.</u></b></p>	SB
	<p><b>vi. People Strategy and Delivery Plan to Council of Governors</b></p> <p>The Chair confirmed that Ms Caroline Parry will be presenting an item at the December meeting of the Council of Governors.</p>	
	<p><b>vii. Inequity / funding for training – Equality Impact Assessment</b></p> <p>Ms Johnson confirmed that work has commenced on the EIA for training and agreed to report back to Committee any items of significance once it has been completed. It was agreed to remove this item from the action log.</p>	
	<p><b>viii. Board Assurance Framework</b></p> <p><b>Action bfwd (minutes 23-09-20 pg.5) – Mr Walsh to articulate in more detail the relevant section of the BAF to assist report writing. <u>Noted for January 2021 agenda.</u></b></p>	DW
	<p><b>ix. Engagement Strategy</b></p> <p><b>Action – Mrs Evans and Ms Barton to provide the first draft to Committee <u>in January 2021, and the final version in March 2021.</u></b></p>	RE JB
<b>People Strategy</b>		
3/11/20	<p><b>Joint Report: measuring the impact of actions undertaken (People Strategy)</b></p> <p>Committee acknowledged receipt of the report which seeks to provide assurance to members that the Trust has effective qualitative and quantitative measures in place to evaluate the impact of workforce and organisational development interventions, to inform future decision-making (including return on investment and expectation and value for money).</p>	

	<p>Committee welcomed the expanded list of suggested qualitative and quantitative impact measures with regards to the actions undertaken within the People Strategy Delivery Plan and noted that these will be developed incrementally and included in future reports.</p> <p>Ms Parry thanked Ms Blakeman for information provided to establish how we compare with other Trusts (including 90 / 360 day quit rate and benefits realisation), and thanks also to Ms Hatchman regarding further development of our dashboard.</p> <p>Following a query from Ms Dray, Ms Blakeman agreed that the report makes useful observations that will be welcomed at Board via the Integrated Performance and Quality Report (IPQR). Ms Evans highlighted that the team are prioritising the top headlines with the overall picture of 'organisational health' being a work in progress. It was noted that quantitative measures are important for the IPQR but maintaining momentum on the qualitative measures is equally important. Ms Parry added that we are mindful to focus on the main key indicators following feedback from Audit Reports that we have too many measures. Ms Johnson added that it would be useful to ensure we measure key demographics highlighted in the Workforce Disability Equality Standard and Workforce Race Equality Standard reports. Ms Dray agreed with Ms Evans' point about qualitative measures which could be reflected at Committee via Staff / Patient Stories similar to those received at Board. The Chair welcomed this suggestion.</p> <p>The Chair thanked Ms Parry and Ms Evans for the great work so far and reported that she would be happy in future to feed back to the Board any issues of significance for the IPQR.</p>	
<b>Health and Safety</b>		
4/11/20	<p><b>Health and Safety Quarter 2 Report</b></p> <p>Ms Helen Payne, Mr Stephen Price and Mr Charlie Stephenson joined the meeting for this item. Committee acknowledged receipt of the report which seeks to provide assurance that Health and Safety and Fire Safety processes are in place, being audited regularly and the data from which is being utilised to influence service improvement.</p> <p>Ms Payne summarised that the Quarter 2 report shows marked improvement on the Quarter 1 report, including the actions taken to remedy some of the risks previously outlined. Ms Payne added that a Business Case is being developed in order to replace some of the fire doors across the Trust, and also noted that alternative arrangements are in place whilst the Trust continue to seek to appoint a Back Care and Manual Handling Adviser.</p> <p>Following a concern from Ms Dray regarding the potential timescale for replacing the fire doors and the need to address the issue much sooner, Ms Payne explained that some of the Trust's fire doors meet 'old standards' and the aim is to progress the matter as swiftly as possible being mindful that works pertaining to inpatient areas would be prioritised whilst maintaining the safety of staff, patients and estates workers. In particular, discussions are taking place regarding remedial work on Burbage and Stanage Wards, which will include the replacement of their fire doors. Ms Blakeman welcomed Ms Payne's verbal articulation of the position and added that we should absolutely prioritise the replacement of fire doors where patients are sleeping and added that she would advocate this as an immediate action for the Trust. Ms Beverley Murphy joined the meeting.</p> <p>Ms Parry agreed that the issue should be fast-tracked to address the problem.</p> <p>Following a query from Ms Blakeman, Ms Payne assured Committee that the need to replace fire doors is on the Risk Register.</p> <p>Following a further query from Ms Dray, Ms Payne agreed to report back to Anita Winter the suggestion to 'train our own' to achieve the standard required of a Back Care and Manual Handling Adviser. Ms Parry added that colleagues in HR will be able to advise on the best course of action and Ms Payne also welcomed Ms Parry's suggestion that PhysioMed may be able to provide short-term assistance in the absence of a successful appointment, but she did think that this avenue had already been explored.</p> <p>Ms Payne also acknowledged Ms Dray's comment about the Trust's Health and Safety Annual Statement, which the Trust hasn't undertaken before, and suggested that the new Head of Health and Safety (start date unknown) and Charlie Stephenson, Health, Safety and Risk Adviser should meet with our CEO Jan Ditheridge in order to provide assurances that the Trust is not exposed to additional risk, before the H&amp;S Annual Statement is signed by Jan.</p>	<p>HP</p> <p>HP CS</p>

	<p>The Chair reported that the Trust should be absolutely clear on its liabilities and agreed with the concerns raised by Committee members about the content of the report and in particular agreed that the fire door issue should be escalated to the Executive Team for scrutiny. Aside from this the Chair praised Mr Price, Mr Stephenson and colleagues for elements of the report that showed an improvement on the previous position. The Chair also agreed that other solutions should be explored in order to appoint a Back Care and Manual Handling Adviser.</p> <p>Committee noted that the <u>Health and Safety Report for Quarter 3</u> would be expected at the meeting in <u>March 2021</u>.</p> <p><b>Action – The Chair to escalate concern to the Executive Team about the content of the report and in particular the fire door issue.</b></p>	<p>HP</p> <p>HS</p>
<b>People Strategy theme: Health and Wellbeing</b>		
	<p>Noted for the January 2021 agenda as part of the overall report on the People Strategy.</p>	
<b>People Strategy theme: Recruitment and Retention</b>		
<p><b>5/11/20</b></p>	<p><b>Update on Registered Nurses Recruitment Plan</b></p> <p>Committee acknowledged receipt of the slides, presented by Ms Murphy and the following was noted.</p> <ul style="list-style-type: none"> <li>• The Trust's rate of vacancies is static at present which indicates that nurses are leaving at a similar rate as we are recruiting.</li> <li>• It was noted that pressures on staffing are more notable in Acute services than in other ward areas and the Trust have been able to appoint a number of Band 6s and 7s so we now do have a full cohort of inpatient ward managers (promotion of existing Band 5s from Acute and across the organisation). This hasn't reduced the rate of vacancies but good leadership will ensure staff retention going forward.</li> <li>• There is more work to do in terms of general nursing recruitment.</li> <li>• A number of aspirant nurses are awaiting their pin numbers before commencing roles at the Trust, this should result in a positive spike in numbers in the January report.</li> <li>• Ms Murphy thanked Georgina Hanson and the Recruitment Team for their excellent work to date in terms of operational recruitment processes, including ensuring adverts are out on time.</li> <li>• Following a query from Mrs Dray, Ms Murphy reported that the Trust's retention data is recorded in the Integrated Performance and Quality Report that is received by Board on a monthly basis. A floor to Board version of the IPQR is being developed which will help identify where our risks are. It was noted that the Workforce Performance Report Dashboard also contains Trust turnover rates.</li> </ul>	
<b>People Strategy theme: Workforce Transformation</b>		
<p><b>6/11/20</b></p>	<p><b>SHSC Workforce Plan: skills mix and new role development</b></p> <p>Ms Parry introduced the report noting that Workforce Transformation is one of the themes that make up the overall People Strategy. Ms Dickinson presented the item.</p> <p>Committee acknowledged receipt of the report that seeks to provide assurance to Committee that there is a workforce plan to respond to the staffing challenges through a process of new role development, and that progress is being made against the People Strategy Delivery Plan and aligned to priority service and transformation objectives and our response to the NHS People Plan 2020-21.</p> <p>Ms Dickinson reported that, during the process of preparing the report, it was evident that there is an increasing number of new roles across the Trust but it is too early to be able to</p>	

	<p>measure the impact and what difference these roles have made – this will be a priority for the next year as well as thinking creatively about how we use existing capacity, with the help of the Organisational Development and Quality Improvement Teams. It was noted that most clinical new roles take a minimum of two years to make a difference in teams whilst they undergo their training.</p> <p>Following a query from Mrs Dray, Ms Dickinson confirmed that the Trainee Nursing Associates will be completing their training early 2021. Discussions are taking place to establish how we are going to measure the impact these roles will have on services. Two previous bids for national funding to help with evaluation of Physician Associates roles has been unsuccessful and conversations took place with the Sheffield University early 2020 to see if they have any Masters Students to undertake the analysis. Ms Blakeman added that Health Education England are interested in evaluating new roles which could be an avenue to explore. Ms Dickinson continued, it is hoped that results will be evident by early Summer 2021 but prior to that we will undertake a scoping exercise to decide how and what we will measure. Ms Blakeman added that team job planning is crucial for these types of roles which will assist with succession planning, and, other Trusts, for example, have explored the training of existing administration staff to work in higher roles.</p> <p>In terms of the Primary Care Transformation project, Ms Blakeman pointed out that, aside the usual staffing difficulties, the Trust may discover that employees in certain job roles within our Primary Care Networks are approached by other organisations which will impact on existing retention issues. Being mindful of this from the start will ensure better facilitation of the project. The rotation of staff (utilising skills to work in different areas) will also be key to the success of the project.</p> <p>Ms Parry reiterated the point about advance workforce planning, and being particularly mindful when we start to bid for roles, about the impact on establishments, skill mix and where those posts might fit within service areas. HR colleagues are part of the Business Planning Group which ensures we are kept abreast of matters, and from an organisational development point of view, Ms Parry and Ms Evans are working closely on a piece of work that ensures staff in service areas understand the importance of their roles to benefit our service users.</p> <p>The Chair concurred with the logical thinking around improving our workforce planning, and added that the outcome of the Governance Review should ensure coherence between operational groups to assist with projects going forward.</p> <p>The Chair suggested that in future reports, our workforce plans could be described in a way that identifies what functions our Trust requires and which roles will help us achieve those goals. Ms Dickinson welcomed this approach in future. Current workforce plans have been driven by external demands such as HEE etc. Ms Parry added that a good example of demonstrating what the Chair described is the project that Fiona Goudie, Clinical Director Strategic Partnerships is working on which FG will present to Committee in January.</p> <p>In summary the Chair welcomed the update relating to workforce planning and new roles in Place, and requested an evaluative report on the impact of these new roles for a future meeting – <u>likely May / July 2021</u>.</p>	KD
<b>People Strategy theme: Leadership and Talent</b>		
7/11/20	<p><b>Update on leadership support and training</b></p> <p>Ms Dale presented the item. Committee acknowledged receipt of the report that seeks to provide assurance to Committee that a leadership and Talent Development Framework is progressing towards completion; that the three-year high-level plan is taking shape and that related development activity is in progress.</p> <p>Following a query from Mrs Dray regarding succession planning, Ms Dale explained that further discussions will take place with Mrs Evans and Ms Parry.</p>	

	<p>Following a further query from Ms Dray, Ms Dale replied that the aim is for the framework to become a routine part of induction, embedded in line management discussions / Supervision and promoted via bespoke communications around leadership, promoted on the Trust intranet, and relevant staff may be part of a wider leadership community.</p> <p>Following a query from Ms Murphy about engagement with staff to get to this stage, Ms Dale explained that it is a first draft, it isn't co-created as yet, but comprises her own and colleagues' leadership development experiences and some elements of the report have been gleaned from other conversations / workshops with staff and service users regarding the wider Organisational Development Strategy. Mrs Evans concurred with this and added that so far we've used the rich data that we already have, and more specific sessions with stakeholders are planned. It is early stages and comments / ideas are welcome from Committee members. It is being designed as something that underpins our leadership and talent development programmes and succession planning.</p> <p>The Chair concluded that Committee are assured that work has commenced in this area. There is much change in the organisation, a lot of which is dependent on our leaders, particularly middle leaders are absolutely critical, so it is important to move at pace on these issues. Engagement with various stakeholders will be key to the success of the project, aligned with and linked to other pieces of work overseen by the People Committee such as the People Strategy, HR advisory and training. Ms Parry, thanked Ms Dale and Mrs Evans for the report and added that the OD Team have recently joined the HR Team to become the People Directorate which will help to enhance the close working for both teams on a variety of projects. Ms Dickinson has previously carried out a piece of work on leadership development, using a person-centred approach (individuals' development needs) and commented that we need to be really clear what the offer is and build on the learning needs analysis work already available. Ms Parry and Ms Dickinson looked forward to working with Ms Dale and Mrs Evans on this piece of work.</p> <p>Committee welcomed receipt of the next iteration – <u>likely March 2021</u>.</p>	GD, RE (CP, KD)
<b>Organisational Development</b>		
8/11/20	<p><b>Organisational Development Strategy</b></p> <p>Mrs Evans presented this verbal item and the following was noted.</p> <ul style="list-style-type: none"> <li>• Since the last meeting of Committee further discussions with stakeholders have taken place to progress co-design of the strategy, as well as meetings with our Chief Executive Officer and Executive Team. Additionally, a session has taken place with Sheffield Flourish last week to obtain service user engagement, as well as input and feedback obtained from HR colleagues, our Service User Engagement Group and other Staff Networks.</li> <li>• The OD Strategy needs to be fully aligned with the People Strategy. Work on this is in progress and there are several options for how this can be achieved whilst driving forward the key OD priorities outlined at a previous meeting of Committee, particularly around leadership development, staff engagement and a programme of work around cultural development. It is clear that some reformatting of the OD Strategy is required to fully align it with the strategic priorities and People Strategy.</li> <li>• With this development work in mind, the next iteration of the People Strategy won't therefore be presented at December Board but assurances can be provided to Board members that we are driving forward the OD priorities and the proposal for an overall framework / umbrella strategy to be set out in the People Strategy.</li> </ul>	
9/11/20	<p><b>Trust Values Refresh – proposal</b></p> <p>Mrs Evans reported that following conversations with HR colleagues and our Chief Executive, the shared view is that our Trust adopts key elements of the NHS Constitution as our core values with additional 'behavioural' framework to underpin the values. In addition, there are lots of NHS resources we can adapt. This piece of work will be part of the wider cultural development programme.</p>	

	<p>Committee welcomed the updates on the work being undertaken to drive forward the actions and priorities regarding the OD Strategy, trust values and leadership training and looked forward to receiving the final iteration of the OD Strategy.</p>	
<b>Equality, Diversity and Inclusion</b>		
<b>10/11/20</b>	<p><b>Workforce Disability Equality Standard Action update</b></p> <p>Ms Johnson presented this item. Committee acknowledged receipt of the report that seeks to provide assurance on progress made to respond to the Workforce Disability Equality Standard findings and action.</p> <p>Good progress is being made in some areas but the majority of the measures that indicate the experience of our disabled staff are unfortunately poor for this organisation. The Staff Network Groups are being developed to ensure there is strong foundation for work going forward. The BAME Staff Network Group has been a very productive model. Following a query from Mrs Dray, Ms Johnson explained that key areas of focus for the Trust are around bullying and harassment / cultural development, particularly from staff on our wards. These staff feel that people don't understand their disability and the adjustments that they may need to carry out their role. Sexual orientation is another area to explore following concerns raised at recent network group meetings.</p> <p>The Chair was pleased to hear about the positive progress of the Staff Network Groups. Ms Parry added that the Staff Network Groups have been really useful in providing input into the development of the People Strategy and Delivery Plan. We should explore how the Disability Staff Network Group can help us to understand their concerns and how we can improve the weaker areas indicated in the WDES report. The Chair welcomed this suggestion.</p> <p>Committee thanked Ms Johnson for the report and requested a further update for the <u>July meeting</u>, to include more assurance relating to measures of progress and highlighting of links with other People Strategy themes.</p>	LJ
<b>11/11/20</b>	<p><b>Freedom to Speak Up</b></p> <p>Ms Fowler presented this item. Committee acknowledged receipt of the report that seeks to provide assurance that the Trust are meeting its legal duties with implementing FTSU requirements.</p> <p>Ms Fowler reported on three key themes: the COVID pandemic, racism and general stress levels while working on wards during COVID pandemic. We changed the way in which we delivered Freedom to Speak Up during the emergency response to the pandemic which worked really well. All COVID concerns were responded to and closed quickly. There has been a positive turning point in how the Trust respond to FTSU concerns. Part of this piece of work includes ratification of the FTSU Standard Operating Procedure which was under development before the pandemic.</p> <p>We now have a Champion Network which comprises eighteen champions from a range of services and service user volunteers. It is evident that this will be a positive and powerful part of our Speaking Up programme of work and improving equality and diversity. The aim is to strengthen the offer within clinical services by creating Speaking Up Advocates.</p> <p>Mrs Dray asked if any of our Trust's HR processes have changed as a result of the FTSU findings, Ms Fowler replied that the way we review Exit Interviews has changed and that she is currently discussing with Mrs Bawden and colleagues to establish if our policies adequately reflect the Freedom to Speak Up values. In addition, discussions are also underway with HR to establish other areas we can improve, for example, during complex change processes.</p> <p>Mrs Bawden confirmed that the team work very closely with Ms Fowler which enables HR processes to not be restrictive, for example, the recent development and re-write of the bullying and harassment procedure to achieve our co-produced Unacceptable Behaviours Policy.</p>	

	<p>Ms Parry added that the other significant improvement is - our microsystems approach to our case management and disciplinary procedures, with a focus on informal resolution where possible with the aim of a fair and just culture, avoiding sickness absence of those involved where possible, and only escalating cases to a formal process when appropriate to do so.</p> <p>Mrs Dray was pleased to hear examples of where our processes and procedures have changed as a result of Speaking Up.</p> <p>The Chair thanked Ms Fowler for the positive report and observed that the FTSU Guardian role is providing triangulation to Committee of real changes that are taking place as a direct result of staff Speaking Up.</p> <p>Committee welcomed the encouraging news that issues raised are being acted on by management.</p>	
<b>Performance Monitoring</b>		
<p><b>12/11/20</b></p>	<p><b>HR Performance Dashboard</b></p> <p>Committee acknowledged receipt of the report. Ms Hatchman and Mr Taylor presented this item and the following was noted.</p> <ul style="list-style-type: none"> <li>• More detail has been provided by breaking down the data by staff group.</li> <li>• Added in a mental wellbeing and physical health section / specific Key Performance Indicators.</li> <li>• The HR Advisory Team have added narrative pertaining to sickness absence data.</li> <li>• Sickness absence data and overall Turnover data both indicate a statistically significant downward trajectory.</li> <li>• The reduction in musculo-skeletal absences appears to coincide with COVID absences, which will be monitored ongoing to determine the key reasons behind this.</li> <li>• Following a query from Mr Walsh about targets for other themes highlighted by the report, Ms Parry replied that we could consider including the vacancy rate KPI that was developed as part of the People Plan, as well as consideration of short and long term sickness KPIs. The Chair welcomed this approach.</li> <li>• Ms Hatchman explained that the team received a late figure in terms of the Medical Directorate PDR percentage, the figure is 70.3% not 54%.</li> <li>• Mrs Dray asked that future dashboard reports for Committee contain narrative to explain the consequence of figures going up or down. <u>AH / RT to note for future reports.</u></li> </ul> <p>Ms Parry reported that the ICS have used our Trust as an exemplar with regards to how we report data. Committee acknowledged the hard work and dedication of the Workforce Information Team to reach this standard of expertise and recognised the advances made in terms of dashboard reporting to this Committee over the past year.</p> <p>The Chair welcomed this positive news and thanked Ms Hatchman and Mr Taylor for a much-improved report compared to where we were a few years ago. The Chair concluded that Committee are assured by the positive indicators, particularly with respect to staff retention statistics, sickness absence statistics and data on the cause of sickness absence as a result of musculoskeletal problems.</p>	<p>AH RT</p>
<b>General Governance</b>		
<p><b>13/11/20</b></p>	<p><b>HR Policies</b></p> <p><b>Assurance document from Policy Governance Group</b></p> <p>Mr Walsh reported that the Policy Governance Group met on 9<sup>th</sup> November 2020 and approved the following policies, noted below. Mr Walsh confirmed that where appropriate PGG have recommended longer extension periods than originally requested and confirmed that PGG approved on the basis that the four tests had been actioned.</p>	

	<p><b>a. Redeployment Policy</b></p> <p>Committee members ratified the recommendation from PGG to approve the Redeployment Policy.</p>	
	<p><b>b. Promoting Attendance Policy</b></p> <p>Committee members ratified the recommendation from PGG to approve the Promoting Attendance Policy, noting that this policy had undertaken a short-term review on a particular section as agreed with Staff Side representatives at the last full review.</p>	
	<p><b>c. Induction Policy – extension to review date</b></p> <p>Committee members ratified the recommendation from PGG in relation to extending the review date of the Induction Policy.</p>	
	<p><b>d. Parental Leave Policy – extension to review date</b></p> <p>Committee members ratified the recommendation from PGG in relation to extending the review date of the Parental Leave Policy.</p>	
	<p><b>e. Protection of Pay and Conditions of Service Policy – extension to review date</b></p> <p>Committee members ratified the recommendation from PGG in relation to extending the review date of the Protection of Pay and Conditions of Service Policy.</p>	
	<p><b>f. HR Policy status</b></p> <p>Committee received the list of HR policies that indicates the status and review date of each policy. All Board sub-Committees receive the list of policies attributed to them. Executive Leads are also provided with an update on a regular basis which provides a good indicator to policy authors when to commence consultation in order to meet the various stages of the Policy Governance Process, before expiry of the review policy date.</p>	
<b>14/11/20</b>	<b>Corporate Governance Review update</b>	
	<p>Ms Harrison presented this item and the following was noted.</p> <ul style="list-style-type: none"> <li>• Julie Houlder and Claire Lea from Charis Consultants are supporting the Trust with its Corporate Governance Review, as an action arising from the CQC report, and will be working with Ms Parry and Mrs Evans to take forward the People Committee related elements.</li> <li>• Work to date includes identifying the leads and terms of reference for the groups that currently sit underneath People Committee.</li> <li>• There are a cluster of meetings under Workforce Planning and a separate cluster under Staff Engagement. The aim is to look at the synergies between groups in order to streamline them.</li> <li>• Bespoke support has been offered to the Health and Safety Group (Executive Lead Phillip Easthope) to focus on operational governance and reporting requirements.</li> <li>• Following a query from Mrs Dray, Ms Harrison and Mr Walsh confirmed that there are a number of revisions to follow which will highlight the functions of each group and where they sit underneath Board. With the aim of achieving fewer groups and more impact.</li> <li>• Mrs Evans pointed out that the direction of the arrows on the structure chart needs to clearly indicate the flow of information into Committees and feedback back to the operational groups. Ms Johnson added that it might be useful to indicate which groups are statutory and which have emerged as good practice.</li> </ul>	

<b>15/11/20</b>	<b>People Committee Terms of Reference</b>	
	Committee acknowledged receipt of the final version of the People Committee Terms of Reference, following the amendments noted at previous meetings and in conversations with HR colleagues and the Chair.	
<b>For information (to include audits etc by exception where appropriate)</b>		
<b>16/11/20</b>	<b>Joint Consultative Forum briefing</b>	
	<p>Ms Parry reported that the Joint Consultative Forum (JCF) reports to People Committee as outlined in the newly approved Terms of Reference for JCF.</p> <ul style="list-style-type: none"> <li>• The last meeting of JCF took place on 24<sup>th</sup> November 2020.</li> <li>• It was highlighted at JCF that we should explore the reasons behind BAME staff being disproportionately involved in cases, whether formal or informal.</li> <li>• HR are also following up the suggestion from one of the regional Staff Side representatives that the Trust would benefit from having Cultural Ambassadors.</li> <li>• JCF also received an informative presentation by Ms Murphy on the leadership review in clinical areas. Staff Side welcomed the openness and transparency of the report and felt more included and informed.</li> </ul>	
<b>Any other Business</b>		
<b>17/11/20</b>	<b>To note any other business within the scope of the Committee's Terms of Reference</b>	
	No further business was noted.	
<b>18/11/20</b>	<b>Evaluation / Annual Planner</b>	
	<p><b>a. Confirmation of Significant Issues to Board January 2021</b></p> <p>i. Committee received an expanded list of suggested qualitative and quantitative impact measures with regards to the actions undertaken within the People Strategy Delivery Plan. These will be developed incrementally and included in future reports.</p> <p>ii. Committee received an update on Health and Safety matters. The Chair noted concern about the content of the report and in particular agreed that the fire door issue should be escalated to the Executive team for scrutiny.</p> <p>iii. Committee received and noted the improved picture in terms of nursing leadership posts now being filled, but there remains more work to do in terms of general nursing recruitment. Beverley Murphy thanked HR colleagues for their excellent work to date in terms of operational recruitment processes.</p> <p>iv. Committee received an update relating to workforce planning and new roles in place and requested an evaluative report on impact of these new roles for a future meeting.</p> <p>v. Committee received a verbal update on the work being undertaken to drive forward the actions and priorities regarding the OD Strategy, trust values and leadership training.</p> <p>vi. Following receipt of an update on the Workforce Disability Equality Standard, Committee requested a further update for the July meeting, to include more assurance relating to measures of progress and highlighting of links with other People Strategy themes.</p> <p>vii. Committee received encouraging news from the Freedom to Speak Up Guardian, who reported that issues raised are being acted on by management. Committee noted the useful suggestion made at JCF to introduce culture ambassadors into the Trust. HR colleagues are progressing this.</p> <p>viii. It was noted that the ICS have used our Trust as an exemplar with regards to how we report on our workforce data.</p>	

	<p><b>b. Determine meeting effectiveness</b></p> <p>Committee agreed with the Chair that reports are beginning to provide members with more assurance about key issues, and the linkage between People Strategy themes is welcomed. It was noted that future People Committee agendas should build in a 5-minute break.</p>	
	<p><b>c. Confirmation of dates for People Committee meetings in 2021-22</b></p> <p>Committee members noted that the dates for 2021-22 will be sent out as diary invitations in due course.</p>	
	<p><b>d. Key agenda items for the January 2021 meeting of Committee</b></p> <p>Committee received the Annual Planner for information and noted the following –</p> <ul style="list-style-type: none"> <li>• Overall review of the People Strategy Delivery Plan including detail about the progress of Staff Health and Wellbeing actions and initiatives</li> <li>• Board Assurance Framework and Corporate Risk Register</li> <li>• Big Conversation update</li> <li>• Staff Network Groups update – noted for March 2021 agenda</li> </ul>	

HS CHECKED 22-01-21

**Date and time of next meeting:**

**Thursday 28<sup>th</sup> January 2021, 2.30pm-4.30pm**

**via teleconference / Fulwood House**

*Apologies to: Helen Walsh, PA to Executive Director of People*

[Helen.Walsh@shsc.nhs.uk](mailto:Helen.Walsh@shsc.nhs.uk)