

Board of Directors – Public

SUMMARY REPORT

Meeting Date:

24 November 2021

Agenda Item:

17

Report Title:	Committee Activity	
Author(s):	Susan Rudd, Director of Corporate Governance	
Accountable Director:	Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee Heather Smith, Non-Executive Director, Chair of People Committee Richard Mills, Non-Executive Director, Chair of Finance and Performance Committee Dr Yinka Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	
	Date:	
Key points/recommendations from those meetings	The committee activity reports are attached to this report as appendices in line with the new approach where committees agree items they wish to categorise for alert, to advise or to assure.	

Summary of key points in report

This methodology adopted involves committees considering 'significant issues' under three key categories:

Alert – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on;

Advise – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments;

Assure – specific areas of assurance received warranting mention to Board.

The reports for October and November are attached to this report.

As minutes are not presented to Board until they have been approved by the reporting committee, the minutes available are from the September and October meetings. These have been made available to Board members in a subfolder within the Google Drive used for circulating electronic committee papers.

Recommendation for the Board/Committee to consider:							
Consider for Action	x	Approval		Assurance	x	Information	x

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

Is this report relevant to compliance with any key standards ?					State specific standard
Care Quality Commission Fundamental Standards	Yes	x	No		
Data Security and Protection Toolkit	Yes		No	x	
Any other specific standard?					

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes		No	X	<i>Not directly in relation to this report – specific detail in the appendices</i>
Financial (revenue & capital)	Yes		No	X	
Organisational Development /Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	x	

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Audit & Risk Committee

Date: 19 October 2021

Chair: Anne Dray

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
Board Assurance Framework 2021/22	Arrangements of BAF oversight across all committees, and a perceived weakness in the first half of the year that needed to be addressed to strengthen the governance arrangement highlighted as part of the Audit Opinion work.	Confirmed arrangements strengthened to ensure this is addressed.	Board discussion regarding the BAF and the assurance it provides and noted the intention to determine oversight of the new partnership risk at Board	November Board
Static Corporate Risk Register 2021/22	Concerns raised over static nature of risks for a prolonged period	Partial assurance and reassurance a series of workshops are being arranged for people responsible for corporate risks	Future Board discussion regarding the BAF and CRR; the processes surrounding these documents at committee level and the static nature of our risks as well as our expectations of trajectory and pace of change	November
360 Assurance Progress Report – Outstanding Follow Up Actions & Aged Actions	Concerns raised over the follow actions, impact of non-delivery of Committee objective and impact on Head of Internal Audit Opinion.	Committee received reassurance of the oversight at Executive Team meetings acknowledging the progress to date is not acceptable.	Executive review of all aged actions and new process established for committee oversight as necessary, in liaison with 360 assurance.	December

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale
KPMG Progress Report – Initial Areas of Risk Assessment 2021/22 Plan	Risks for 2021/22 Audit discussed, no significant changes other than understood issues including disposal of Fulwood	Significant	Full audit plan to be received at January ARC meeting	January
Digital Information Governance Group – Escalation & Update Report	Report highlighted areas where risks had been escalated to CRR Incidents of Insight document loss have reduced with ongoing mitigation having a positive impact	Report from DIGG highlights where governance arrangements are in place to report and learn from IG incidents Assurance re transformation programmes having implications for our IT systems.	Members welcomed the increasing transparency of information governance risks but stressed the need for pace in consideration being given to the options to manage and address the records risks. Oversight through Transformation Report Updates into relevant committees / Board	November

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale
Emergency Preparedness Resilience & Response Assurance Framework Update	Noted Committees assurance in the key areas and would report to Board	Significant quarterly update report Workstreams in place on three areas of partial compliance Assurance provided that learning from the pandemic is being incorporated into future work plan to better prepare for any future emergency.	Quarterly report to ARC	January

AD/JCH

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Finance and Performance Committee

Date: 11 November 2021

Chair: Richard Mills

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
Transformation Portfolio Report	Noted progress with Transformation Programmes and additional programme and removals	Discussed range of projects and pressures on Programme Management and support staff. Discussed certain projects under recovery plans	Further discussion on additional Programme support Further refinement to Timescale reporting	December 21
New Electronic Patient Record	Received report on the bidder evaluation	Consider the report recommendations	Progressed to preferred bidder status	November 21
Ligature Anchor Points Phase 1 & 2 Full Business Cases	Received report on the affordability of the business cases	Discussed financial implications and potential Phase 3 work	Approved the capital and revenue requirements in Phases 1 and 2 business cases and supported the continued progression of the ligature anchor point programme implementation, with Phase 3 to be considered further	November 21
Recovery Plans	Received updates on Out of Areas Placements, Recovery Teams and SPA/EWS	Noted all plans are off trajectory due to a combination of factors.	Undertaking processes to revise plan to provide the required impact for improvement. Further report to next meeting.	December 21

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale
Integrated Performance & Quality Report for the Period ending September 2021	Received September IPQR report prior to submission to Board	Noted continuing high levels of demand for access points as discussed under Recovery plan update	Further recovery plan report to next meeting	December 21
BAF / CRR	BAF and CRR to be reviewed to reflect risks identified in meeting	Noted no significant change	Digital issues ratings to DIGG for consideration	December 21
Digital Strategy Refresh	Received final draft of a new Digital Strategy	Received information on further engagement undertaken and further discussion	Submission to Board 24 November	November 21
Capital programme – Quarterly update	Review update on Q2 capital expenditure	Received detail on scheme progress and discussed forward phasing needs	Further work to be done on robustness of profiling. To be bought back with Capital Plan update	December 21
Primary & Community Mental Health Collaboration Agreement & Programme Governance	Received final versions of the Collaborative Agreement and the Terms of Reference for the Joint Executive Board (JEB) for approval	Discussed arrangements	Received and approved the final Collaboration Agreement as recommended for approval by JEB	November 21

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale
Finance Report for the Period ending September 2021	Received routine report of monthly Finance position	Routine reporting of financial performance.	Receive monthly report	December 21
2021/2022 Financial Plan	Received Q3/Q4 Draft Updated Financial Plan	Noted NHSE/I priorities and guidance for H2 and considered the impact on our financial plan	Submission agreed	November 21
2022/2023 Financial Planning Principles	Considered financial planning principles	Noted draft planning principles for financial year 2022/2023	Principles agreed	November 21
Financial Planning & Reporting Governance Arrangements	Received detail of reporting requirements and governance arrangements	Noted meeting external financial reporting requirements with appropriate governance arrangements	Continue reporting	November 21

2021/22 RM/jch

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Finance and Performance Committee

Date: 12 October 2021

Chair: Richard Mills

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
Transformation Portfolio Report	Noted progress with Transformation Programmes	<p>Risk to PCMHT, due to the lack of space within primary care sites.</p> <p>Risk to finances for the EPR programme.</p> <p>The Clinical and Social Care Strategy programme, Therapeutic Environments and CMHT have all reported risks regarding resources</p>	<p>A plan to address this is required and will be raised by the SRO.</p> <p>A Tech Fund bid has been submitted to support this and the programme board are also progressing other options. Recruitment is progressing for programme managers.</p> <p>The Therapeutic Environments Programme Board are looking at approaches to address their risks.</p>	November 21
Relocation of Trust HQ – Revised FBC	Received revised FBC together with additional clarifications over options	Agreed that a dispersed approach with six locations rather than the current four be adopted for the new HQ and corporate services.	Supported FBC and progression of the lease agreements with Don Valley House & Distington House, in addition to SYHA. FBC to go to Board	October 2021
Integrated Performance & Quality Report for the Period ending August 2021	Received August IPQR report prior to submission to Board	Noted continuing high levels of demand for access points. Discussion over out of area placements and reported	Further consideration over Out of Area reporting to Committee and Board	November 21

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale
BAF / CRR	BAF and CRR to be reviewed to reflect risks identified in meeting	Noted no significant change	Continue review Demand issues noted	November 21
Digital Strategy Refresh	Received further draft of a new Digital Strategy	Outlined next stages of development and indicative timescales	Needs further engagement with users. Accepted timeline will slip	November 21
Five Year Capital Programme Report	Received Five Year Capital Plan for review and information	Noted need for CIPS Noted impact of therapeutic schemes	Continued review	January 2022
Cost Improvement Programme Update & Future Plans	Received Cost Improvement Programme update proposals for future plans	Supported change of approach and focus	To implement changes in approach	January 2022

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale
Finance Report for the Period ending August 2021	Received routine report of monthly Finance position	Routine reporting of financial performance. Noted ongoing challenge over CIPs, and likelihood that financial position will become tighter	Receive monthly report	November 21
Clinical Commissioning Group – Escalations from Contract Management Group / Quality Board	Received escalation letter from Sheffield CCG with regards to progress against investments in 2021/22	Formal response to CCG letter is on track for response by 20 October 2021.	Response to be approved by Executive Director of Finance and circulated to FPC members for assurance outside of the normal meeting schedule via email.	October 2021
Operational Plan Report – Q2 2021/22	Noted update and recommendations	Received assurance over impact of latest plan guidance	Board to be updated at October meeting	October 2021
Contract monitoring report	To provide an update on the Trust's Income Contracts exceeding £200k	Noted ratings	Further information on Buckwood View and Detox noted	January 2022

2021/22
RM/jch

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Mental Health Legislation Committee**

Date: **8 September 2021**

Chair: **Dr Yinka Oluwole**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
Review of Mental Health Act – Consultation submission	No submission from the Trust, attributed to changes in personnel.	Associate Mental Health Act Managers (AMHAMs) response submitted on behalf of Local Authority	For information – no further action required.	
Mental Health Legislation Operational Group (MHLOG)	Q1 Report Number of non compliance issues reported as follows: <ul style="list-style-type: none"> Administration of medicines Place of Safety compliance with best practice standards Data quality issues KPIs for MHLC to be developed CQC – high use of agency staff 	The committee did not receive assurance that there was a robust action plan in place to address these issues.	Detailed action plan to be developed and priority actions agreed.	December 2021
Least Restrictive Practice Operational Group	Trust is not yet compliant with capturing all data relating to restrictive practice to meet Mental Health Act Data Set (MHSDS) and Use of Force Act requirements.	This is a risk for the Trust and requires focussed attention.	LRPOG arranging meeting for October 2021 to develop reporting aligned to MHSDS v5 Risk added to Corporate Risk Register	Report back to December meeting
Liberty Protection Safeguards (LPS)	Report received on the introduction of the Liberty Protection Safeguards (LPS)	In April 2022 unlike the DOLS which are currently administered by the LA LPS will become the	It is of concern that if guidance is not received soon then the Trust may not be able to meet its	Further update will be provide at the December meeting.

	which will replace the Deprivation of Liberty Safeguards (DOLS) from April 2022	responsibility of the NHS. This will require significant work for SHSC and to date the statutory regulations and the Code of Practice have not been issued.	obligations under the new legislation by April 2022. SHSCs Head of Mental Health Legislation is in regular contact with DHCS expressing concern but has been told to await the guidance.	
Court of Protection	SHSC has recently applied to the Court of Protection to deprive a service user in the community of their liberty.	This is a complex case involving a range of agencies. SHSC legal advisors have been instructed but have advised that the Trust and other agencies involved could be open to criticism about the handling of this case.	Await the outcome of the case and ensure that SHSC together with other agencies reflect on the learning.	Further report December 2021.

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale
Corporate Risk Register Risk 4672	Risk that service users whose liberty is restricted by the Mental Health Act are not being able to access a fair legal hearing caused by the lack of comprehensive WiFi in some of the Trusts locations (ie poor wifi connectivity resulting in reputation damage and litigation against the Trust.	Initial risk scored 20 High. Following mitigation score assessed as 12 Moderate.	Scoping exercise with community teams to be undertaken to establish which office locations are being used for tribunals – results fed to IT for any remedial action.	Next review 15 September 2021

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale
Mental Health Legislation Operational Group (MHLOG)	Terms of Reference, Workplan and Q1 Report received.	Terms of Reference agreed.	Reports from MHLOG to be received on a quarterly basis.	Next report due December 2021
Least Restrictive Practice Operational Group (LRPOG)	Terms of Reference, Workplan and Q1 Report received.	Terms of Reference agreed. Strategy and model development	Reports from LRPOG to be received on a quarterly basis.	Next report due December 2021

Least Restrictive Practice Strategy, Safe and Positive Care 2021 - 2024	Report received on the development of the Least Restrictive Practice Strategy,	Strategy signed off by Quality Assurance Committee.	Strategy to be launched at a Least Restrictive Practice Conference and Workshop in November 2021	November 2021
Horizon Scanning	Comprehensive report received from Head of Mental Health Legislation to enable the Committee to keep abreast of developments and issues both locally, regionally and nationally.	The committee welcomed this report and were assured that it will become a standard item on every MHLC meeting.	Relevant issue identified in the report will be highlighted through normal internal channels of communication.	December 2021

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **People Committee**

Date: **9 November 2021**

Chair: **Heather Smith**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
Workforce reporting data	Committee remains concerned about the accuracy of workforce data particularly around vacancies.	Not yet assured	Remedial action in reporting is in place for December 2021. Workforce lead working with Finance and Performance Teams to address the issues	Progress update January 2022
	Our data, generally, is presenting significant cause for concern, particularly around sickness absence which is rising (now nearly 7%). The turnover rate remains high, and our vacancy rate is also increasing. Committee noted that this will have significant impact on quality of care and our staff experience.	Partial assurance about the actions being taken	Actions in place via the Recruitment and Retention Group and the Staff Health and Wellbeing Group. Update expected at January meeting.	January 2022
Pulse Survey	There are areas of concern with regards to the Pulse Survey that indicate we aren't yet making the progress desired e.g. the % recommending our Trust as a great place to work.	Assurance concerns	Further engagement in progress with staff and a communication plan to share with staff action taken in relation to the top areas of concern highlighted in the survey	January 2022
Recruitment and Retention	Committee requested an update on the latest actions on recruitment and retention to be reported at its next meeting.	Partial assurance	Update expected at January meeting	January 2022

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale
Leadership and Culture	Committee noted a delay with initiation of the governance group in this area, due to the reorganisation of the Organisational Development Team. Work has begun to develop a Co-Design Team to take forward the externally facilitated Leadership Programme and interim solutions are in place to ensure, that the Staff Engagement work continues.	Partial assurance	Update expected at January meeting	January 2022
Capability and Disciplinary Casework	Committee were pleased to receive positive reports on our handling of casework, with the majority of cases now being closed in a more timely manner. Committee wished to advise the Board that our Trust currently has two live Employment Tribunals.	Assured	To be tracked in future reports	January 2022
Training	Committee were pleased to note some progress with the centralised training budget.	Partial assurance	Committee requested a risk analysis to monitor the impact of the budget being smaller than anticipated.	January 2022
Workforce Reporting Data	Committee were pleased to note that the data concerning Supervision, PDRs and essential training compliance is generally on track.	Assured	N/A	N/A
WRES/WDES	The Annual Equality and Human Rights Report is ready for submission, and, although our	Assured that report will be submitted in time.	Further equality updates to be tracked through the Inclusion and Equality Assurance Group	N/A

	disparity ratio is a significant issue, there has been progress, and greater clarity in other areas.			
Gender Pay Gap	The interim Gender Pay Gap report indicates that overall, our GPG is low and, in the two areas where there is a significant pay gap, the gap is reducing.	Assured	To continue to be monitored and presented in the final report	March 2022
People Strategy	Progress is being made with the actions that form the People Strategy Delivery Plan although the lack of impact on KPIs is a cause for concern.	Partial assurance	Committee noted that the Strategy will be refreshed in December/January.	January 2022
Staff Health and Wellbeing	There has been a review of rest areas for staff and actions have been identified to improve this position.	Partial assurance	Actions have been identified to improve this position.	January 2022

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale
Governance	Committee were assured that the new Tier 2 and Tier 3 Governance structures are beginning to have impact.	Report received	Continue to review	Rolling
Recruitment and Retention	A report was received from the Recruitment and Retention Group relating to the pro-active approach being taken regarding flexible working which should in turn have a positive impact on retention data. The new recruitment system TRAC is bedding in which will be able to provide us with KPI data in order to establish any trends, themes	Assured	Continue to implement	January 2022

	and areas for improvement.			
Staff Network Groups	The report from the Inclusion and Equality Group shows the increasing involvement of our Staff Network Groups in our decision-making and direction, which will be monitored and reported on at future meetings.	Assured	Continue to monitor and engage	March 2022
Leaving Fulwood	There is a plan to consult staff at Fulwood House about the detail of the relocation of the Trust Headquarters.	Assured	The Committee requested the EQIA to be completed asap.	January 2022

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Quality Assurance Committee**

Date: **10 November 2021** Chair: **Sandie Keene**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
Quality Objectives –	Progress report received with some concerns about generating, monitoring and tracking BAME data due to availability of data.	Moderate Assurance	Request for information/assurance about prioritisation of IT modifications to provide data sets in relation to quality initiatives.	Report progress at next meeting.
Mortality Review – further work on learning lessons	A report for 2 quarters was received and need for further work to be assured of lessons learned.	Moderate assurance	The next (Q3) report needs to include learning from development work with 'Better Tomorrows'.	February 2022
Emerging Quality Risks – Dovedale 2 - Birch Avenue	Committee were advised of some emerging quality concerns from two services.	Assurance of proactive action	An improvement plan is required for Dovedale 2. Potential quality issues being explored on Birch which will determine next steps, report back at December QAC.	December 2021

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale
Fundamental Standards	Committee received a full report of the outcomes of first reviews which were established to assure progress on section 29A embedding of progress.	Assurance regarding the progress and future intentions of review programme. Assurance that we understand the gaps in compliance and there are plans to address.	A programme of Clinical Quality and Safety reviews in development, committee to be provided with a full schedule and progress reports.	January 2022
Policy Governance Group – approved policy recommendations	Committee received the Policy report for ratification. An excellent summary of the key issues.	Full assurance.	N/A	Received monthly

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale
Back to Good	Committee received the year 2 Implementation Plan. Information was received concerning items in exception and strategy to measure outcomes for service users.	Assurance re the process for improvement tracking and further work on impact/outcomes noted.	Further reporting of impacts to be included in future reports	December 2021
Health and Safety Quarterly Report (Q2)	An excellent quarterly report received outlining assurance, risks and mitigations.	Full assurance on the processes for monitoring and knowledge of areas for improvement. Partial assurance on compliance in all parts of the service.	Improvement plan in operation	February 2022 (next quarterly report)
Learning Lessons from incidents – Q2 report	Information concerning incidents of all kinds including serious and untoward incidents.	Assurance that incidents increasingly well described and improved monitoring of investigation in place. Partial assurance re: strategic and thematic identification of learning to aid improvements.	Understanding and acting on trends to be incorporated into future reports.	February 2022 (next quarterly report)
Safeguarding Quarterly Report (Q2)	Full report received with increasing confidence in comprehensive overview.	Assurance that key issues identified and plan for risks to be addressed. Concerns re number of Notifications of concern from external sources, some delegated functions require review, PREVENT training targets	Plans for identified risks to be progressed as outlined. Resource to address delegated duties to be explored and reported back.	February 2022 (next quarterly report)
Deep Dive G1	Deep dive report of improvement plan	Assurance of positive progress on achieving outcomes and making positive change.	Prioritisation of recommendations from external report	February 2022 (next quarterly report)
Nursing Medication Improvement	Report from task and finish group concerning governance and priorities in respect of the 4 workstreams	Full assurance of Governance and support for improvement in practice.	Full implementation of improvement plan.	December 2021 (next monthly report)
Community Teams Transformation	Q2 progress report received.	Assurance was received concerning the programme direction, dependencies, engagement, co-production, clinical leadership etc. Risks identified concerning capacity, timescales and partnership complexity	Risks identified for further work and reporting	February 2022 (next quarterly report)

Research, Innovation, Effectiveness and Improvement Group Quarterly Report - progressing and engaging with effectiveness and improvement.	Q2 progress report received.	Committee noted considerable progress in extending remit of the group and actions being taken to improve oversight of improvement and effectiveness	Further work to report outcomes and report back findings concerning the stocktake of clinical and quality standards in services.	February 2022 (next quarterly report)
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DRAFT v2 SK/BM

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Quality Assurance Committee**

Date: **13 October 2021**

Chair: **Sandie Keene**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
IPQR – Supervision	Committee received information about an increase in overall supervision rates but outliers within the acute wards.	Limited Assurance re inpatient wards	Review of supervision policy underway and will be reported to People Committee. Further work on wards to ensure all methods of supervision are recorded.	Monthly reporting to Committee. Review considered by People Committee
IPQR – Recovery plans Waiting Times	Committee received reports on recovery plans for CPA reviews, waiting times for SPA,, Gender services and SAANS. Considerable concerns raised re service models, commissioning, vacancies and volume.	Limited assurance for CPA, SPA and no assurance for Gender Services and SAANS	Further work on trajectories linked to improvement plans where appropriate. Issue of Gender Service and SAANS to be raised with the Board for any additional engagement with CCG re commissioning.,	Progress at next Quarterly report January 2022 Board discussion November 2021

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale
Board Assurance Framework	BAF report received and noted	Assurance subject to action to identify the reason for increase in Target risk 0025.	Review of BAF 0025 Target risk	Immediate
Corporate Risk Register	CRR received and noted	Assured	Summary to include revision/changes to risks	January 2022

Committee Annual Report	Committee annual report	Agreed and assured subject to 2 additions relating to priorities for the year and 1 in relation to previous years activity	Amendments made	Immediate
Equality, Quality Impact Assessments (EQIA) – CIPs	Quarterly (Q2) report on progress. Additional lines of enquiry re coproduction and environmental sustainability were noted	Assured of process	Future inclusion of CIP and improvement projects to be pursued	Quarterly report – January 2022
Service User Engagement	Quarterly report received	Assurance concerning planned developments for improvement	Further work identifying the need to address the ‘so what’ questions re change and impact was noted	Quarterly report – January 2022
Physical Health	Committee received progress report in respect of performance and development of the strategy	Assured that developments progressing after some delays	Implementation of improvement plan and consultation for developing the strategy	Performance through monthly Back to Good report. Strategy approval prior to Board February 2022
ASSURE (Detail here any areas of assurance that the Committee has received)				
Issue	Committee Update	Assurance Received	Action	Timescale
Back to Good Programme	Monthly report	Assurance of progress	Further work to include impact measures of improvement work. Reporting of perfect ward developments.	Monthly reporting January 2022
Infection, Prevention and Control Report	Quarter 2 report	Assurance received	Compliance in some service areas required	
Firshill Rise	Committee received a report of improvement plan progress	Assurance concerning range of improvement activities	Learning event for the Committee Development of new model of care Review of governance of quality improvements	November 2021 Update to December QAC Developed after learning event – December 2021
Policy Governance	Monthly report received	Assurance received	N/A	Monthly reporting.

DRAFT v1 SK