

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 24 May 2023

Agenda Item: 7

Report Title:	Board Committee Activity Report	
Author(s):	Amber Wild, Corporate Assurance Officer	
Accountable Director:	<p>Deborah Lawrenson, Director of Corporate Governance</p> <p>Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee</p> <p>Heather Smith, Non-Executive Director, Chair of People Committee, and Chair Quality Assurance Committee</p> <p>Mark Dundon, Non-Executive Director</p> <p>Owen McLellan, Non-Executive Director, Chair of Finance and Performance Committee</p> <p>Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee</p>	
Other Meetings presented to or previously agreed at:	Committee/Group:	<p>Quality Assurance Committee</p> <p>People Committee</p> <p>Audit and Risk Committee</p> <p>Finance and Performance Committee</p> <p>Mental Health Legislation Committee</p>
	Date:	As detailed below.
Key Points:	<p>This report highlights key matters, issues, and risks discussed at committees since the last report in March 2023 to advise, assure and alert the Board.</p> <p>Minutes approved by each committee are presented to Board to provide assurance that the committees have met in accordance with their terms of reference and to advise Board of business transacted at their meeting.</p>	

Summary of key points in report

Each committee has considered 'significant issues' under three key categories in their Alert, advice, Assure (AAA) Reports:

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 areas attracting particular focus are those under the ‘red’ alert headings on each page of the committee reports.

AAA reports for Board subcommittees are included in this report and attached at Appendix 1. Minutes from board sub committees will be shared with the board via the shared folder and non-confidential minutes are available upon request.

Details of the minutes and AAA report for this report are detailed below:

Quality and Assurance Committee:

AAA reports from April, May 2023
Minutes from March, April 2023

People Committee:

AAA Report from May 2023
Minutes from March 2023

Audit and Risk Committee:

AAA Report from April 2023

Finance and Performance Committee:

AAA Report from April, May 2023

Mental Health Legislation Committee:

AAA Report from March 2023.

This report was made available in the Board shared folders, following the previous Board meeting and is included in this bundle for completeness.

Recommendation for the Board/Committee to consider:

Consider for Action	X	Approval		Assurance	X	Information	X
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To formally note the minutes of the committee meetings being present to the Board
To receive the ‘Alert, Assure, Advice’ committee activity reports within the appendices.

Please identify which strategic priorities will be impacted by this report:

Recover Services and improve efficiency	Yes	X	No	
Continuous Quality 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		“Good Governance”
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standards?	Yes		No	X	

Have these areas been considered ? YES/NO If Yes, what are the implications or the impact? If no, please explain why

Service User and Carer Safety, Engagement and	Yes		No	X	Not directly in relation to this report – specific detail within the appendices
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Experience					
Financial (revenue & capital)	<i>Yes</i>		<i>No</i>	X	
Organisational Development/Workforce	<i>Yes</i>		<i>No</i>	X	
Equality, Diversity & Inclusion	<i>Yes</i>		<i>No</i>	X	
Legal	<i>Yes</i>		<i>No</i>	X	
Environmental Sustainability	<i>Yes</i>		<i>No</i>	X	

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Quality Assurance Committee**

Date: **12 April 2023**

Chair: **Heather Smith**

KEY ITEMS DISCUSSED AT THE MEETING					VA
TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Integrated Performance & Quality Report (IPQR) <ul style="list-style-type: none"> • Waiting Lists • Length of Stay • Out of Area • Recruitment • Falls • Violence & Aggression • Race Equality 	<p>Key Concerns:</p> <p>Waiting times across several Community services continue to be a challenge; improvements noted in SPA and EWS</p> <p>Waiting Times in Memory Service (Recovery Plan received). To note that referrals rate is back to pre-pandemic level.</p> <p>Positive Alerts:</p> <p>Length of Stay improvements eg in PICU and Older Adults: work on reduction of length of stay aligned with out of area usage</p> <p>Out of Area spot bed purchases remain high but recovery plan is having impact</p> <p>Recruitment: headcount continues to rise and reduction in agency usage (eg 50% reduction</p>	<p>Data provided in the IPQR</p>	<p>Recovery plans for areas of concern are planned into agendas and therefore reviewed on a regular basis</p>	<p>On work plan for regular review of recovery plans</p>	<p>24 25a/b 29</p>

	<p>in use of agency for Health Care Support Workers)</p> <p>Falls: continued decrease in Older Adult wards attributed to Hush Huddles</p> <p>Violence and Aggression: Sustained improvement</p>				
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 Risk No
Recovery Plan Memory Service	Received recovery plan	Plans in place to deal with back log, based on recommendations of external review. Questions raised about new roles/skill mix in the service	Update to be received at June Committee	June 2023	24 29
Recovery Plan Out of Area	Received recovery plan	On track against trajectory for reduced usage; increased focus on quality (eg only using CQC Good providers)	Update to be received at June Committee	June 2023	29
Recovery Plan Gender Identity Service	Received recovery plan	Plan seen for first time.	Trajectories and milestones requested for the next iteration	June 2023	29
Quality Key Performance Indicators	First Draft	Good co-production on development	Firm proposals to Committee in September	Sept 2023	24
Learning Disability Transformation	Verbal update	Delays to consultation due to impact of local elections (purdah)	To keep Committee updated with revised timescales when available		29
In-patient Rehabilitation Pathway	An update on this service	Evidence-based changes proposed to this pathway -a more proactive approach to moving people more quickly from acute to rehab or community	To continue with work proposed. No current plan to return this to Committee.		29
Clinical Audit Programme	Plan discussed	Committee requested more work to be done on this. Eg clearer link to strategy and external drivers. Request for more 'so what' reporting of	To be resubmitted for approval	May 2023	

		outcomes and more read-across to QI and Learning Lessons groups			
Quality & Equality Impact Assessments	Latest report received on recent EQIAs	Process working efficiently	Monthly reporting	May 2023	
<u>Governance Reporting</u>				On agenda at all future meetings	
Polices	Approved policy recommendations				
BAF	Fuller report due in May				
CRR	Fuller report due in May				
Internal Audit Tracker	Report received	On track			

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Lived Experience and Co-Production Assurance Group Annual Report	Annual report received	Good progress being made against plans	No action required -report and progress commended		
Clinical and Social Care Strategy	Annual Update to Committee prior to Board	Amber rated progress but assurance received of grip on this. Significant assurance about engagement and communication actions	To be presented to Board	May 2023	24 29
Provider Collaborative (Forensic Services)	Update received about this service	Good engagement. Governance arrangements in place.	No action required, apart from a request to update if issues arise		
Eliminating Mixed Sex Accommodation (EMSA)	Annual report received	Assurance received that the Trust is Compliant against all the guidance	Next report due in April 2024	April 2024	25b
PLACE assessment	Proposal for next assessment received	Good planning for engagement now in place and an improved approach to increased activity in this area	Final report will come to Committee	June 2023	23

BAF Risks		
Number	Descriptor	Risk Rating
BAF0023	There is a risk that service users and staff are exposed to an avoidable spread of infectious diseases caused by a failure to consistently maintain appropriate Infection Prevention Control arrangements and safe working practices	12
BAF.0024	There is a risk of failure to anticipate issues with, and achieve, maintain and evidence compliance with fundamental standards of care, caused by capacity and capability issues cultural challenges, high use of agency and vacancy in some teams, use of out of area placements, lead in time for major estate changes, resulting in avoidable harm or negative impact on service user outcomes and experience, staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action.	12
BAF.0025a	There is a risk to patient safety caused by the delays to deliver of failure to effectively deliver essential environmental improvements for the including the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings at the required pace.	16
BAF.0025b	There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks	16
BAF.0029	There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users.	16

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Quality Assurance Committee**

Date: **10 May 2023**

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	BAF Risk No
<p>Integrated Performance & Quality Report (IPQR) Key Concerns:</p> <p>Out of Areas bed use</p> <p>Waiting Times</p> <p>Positive alerts:</p> <ul style="list-style-type: none"> • Waiting Lists SPA/EWS • Restrictive Practice 	<p>Out of Area Usage remains high</p> <p>Increase in number of days HBPOS beds repurposed</p> <p>Waiting Times across a number of community services remain high. Committee expressed concern about lack of impact of recovery plans. New areas being monitored: STEP and HIT.</p> <p>Waiting times Continued improvement in SPA and EWS</p> <p>Restrictive Practice. Closure of seclusion rooms on G1 and Burbage have not had an adverse</p>	Data provided in the IPQR	Recovery plans for areas of concern are planned into agendas and therefore reviewed on a regular basis	Monthly	24 25a/b 29

<ul style="list-style-type: none"> Falls Recruitment 	<p>impact on other areas of restrictive practice.</p> <p>Falls: continued decrease in Older Adult wards attributed to Hush Huddles</p> <p>Recruitment: increase in number of Health Care Support Workers and nurses on the acute wards</p>				
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 Risk No
Quality Account	First Draft received	Agreed statutory elements in principle, further work to develop the report, suggested inclusion of a glossary	QAC invited to review and forward amendments prior to final version in June 2023	QAC June 2023 Board June 2023	
Quality Objectives	First Draft received	Agreed in principle – suggestions made for further work to develop the final version, Y3 to be outcome focussed. Evidence of alignment with strategies (Clinical and Social Care and Quality).	Final version in June 2023	QAC June 2023 Board June 2023	
Back to Good	Report received including Section 29a quality check reports.	Assurance of continued but slow progress against the actions. Two of four 29A embeddedness visits had been completed, which demonstrated good embeddedness of change actions.	Remaining 29A visit reports to Committee Monitoring of Supervision to be overseen by People Committee	QAC June 2023	24
Primary Care and Mental Health Transformation	Received an update on progress	Assurance of good engagement and co-production. Committee fed in areas for consideration including safeguarding, family & carer support, consistency of roles specifically peer support work, staff care around the change, equity across the networks	Committee to receive an update on progress in June 23 prior to FPC and Board	QAC July 2023 FPC July 2023 Board July 2023	29

Sexual Safety Workplan	Received workplan following EMSA Compliance Report April 2023	Report welcomed as an initial oversight. Assurance of progress against national standard. Several suggestions made for improvement eg to include service user voice, addressing under-reporting, presentation of data in a different way (including by protected characteristics), use of CQC categories and governance reporting route. Every ward to have a sexual safety lead to enact the plan.	Quarterly progress updates until the plan has ward level leadership and clear timescales for actions.	QAC Nov 2023	24 25a
Clinical Audit Programme	Plan represented to Committee for approval	Revised report submitted to Committee, (discussion outside QAC meeting)	Approved plan to be monitored through the year.	Nov 2023	
Quality & Equality Impact Assessments	Latest report received on recent QEIAs	Process working efficiently, inclusion of request that was not approved but signposted for escalation to Commissioners	Monthly reporting	QAC June 2023	
<u>Governance Reporting</u>					
Board Assurance Framework	Report received, recommendation to reduce the BAF0023 (infectious diseases) risk score to 9	Evidence: Business as Usual for infection outbreaks and protocols in place.	Committee approved reduction of risk score, present to Board in June 23 for approval	BOD June 2023	
Polices	Approved policy recommendations	Assurance of process	Monthly reporting	On agenda at all future meetings	
CRR	Report received	DL working with Execs to update and close down (May 23)			
Internal Audit Tracker	Report received	On track to deliver actions from two audits (Complaints; Infection, Prevention & Control)			
Emerging Risks (Mandatory Training)	Safer Staffing breach reported to CQC/ Place (Resuscitation Training non compliant for G1)	Mitigated by rapid response to increase training, no incidents occurred.	Monitor compliance, on track to deliver 80% training (1 week)	QAC June 23	

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Mortality Report	Report received prior to Presentation to Board	Assured that we are compliant with national standards for learning from deaths. To note potential future risk around learning from deaths of service users who engage through substance misuse services and the need for cross-organisational learning.	Committee requested that future reports break down data by protected characteristics. Also, that the review into deaths by suicide is presented at the next Committee meeting.	Board May 2023	25a/b
Freedom To Speak Up Annual Report	Report received prior to Presentation to Board	Assurance of continued support for people to speak up, in addition to recognition of developmental work this year around F2SU Champions, strategy and ambition statements.	Amendments to report following QAC and PC prior to Board and inclusion of Board self assessment	Board May 23	
Ligature Risk Assessment, Annual statement of compliance	First Report to Committee	Assurance of the process to review ligature risks in all areas and take appropriate action where necessary, training for staff etc. Work on acute wards and PICU completed or mitigated. Further work to do in Community settings.	Monitor progress	QAC Nov 2023	25a
Quality Strategy	Annual progress update against the Strategy	Initial delays in delivery due to capacity, good progress now being made in terms of achievement of milestones plus development of 2023 plans. Risk in development of dashboards with delayed implementation of Rio	Progress of year 1 to be presented to Board	Board May 23	

BAF Risks		
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BAF.0025a	There is a risk to patient safety caused by the delays to deliver of failure to effectively deliver essential environmental improvements for the including the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings at the required pace.	16
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BAF.0029	There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users.	16

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **People Committee**

Date: **09/05/2023**

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	BAF Risk No
POSITIVE ALERT Staff vacancy rates	ESR data from the workforce dashboard reports a reduction in vacancies for the organisation: currently at 6.2% and 264wte.	A breakdown of staffing numbers across the organisation by directorate, banding, age, and gender is presented in the dashboard to give a highly granular level.	Leaving reasons and destination on leaving details will allow for targeted action to retain staff. Innovative new recruitment methods to be continued.	July 23	BAF0014
POSITIVE ALERT Agency reduction rates	Registered nurse staff agency usage remains on a level trajectory and is within the budgeted establishment. Unregistered staff bank usage has increased as less agency is used.	The number of above tier 3 Agencies (above price cap and off framework) has reduced month on month.	Agency use will be further reduced through continued agency controls, rolling recruitment to the bank, and improved eRoster management including absence and annual leave..	July 23	BAF0013
POSITIVE ALERT Time to hire	There is a continued reduction in the time to hire process which is currently at 67 days against the target of 60 days.	There has been a decrease in the average time to hire which is showing as a reduction of 5 days since the previous month.	A new KPI target (60 days) has been agreed by ICS, which all South Yorkshire Trusts will report against to enable comparison and benchmarking.	July 23	BAF0014
POSITIVE ALERT Gender Pay Gap	The gender pay gap based on 2023 data, indicates a positive reduction in the mean gender pay gap and more females in senior roles.	The new workforce dashboard includes disparity ratio data -the non-clinical disparity ratio has improved from 4.80 to 1.33.	Areas for focused improvement are career progression in non-clinical roles and staff survey indicator that the trust provides equal opportunities for career progression or	Nov 23	BAF0020

			promotion.		
POSITIVE ALERT New Workforce Performance dashboard	Committee noted the new workforce dashboard is providing high level quality data	There is now a single source of establishment data as a result of the alignment of the ledger and ESR.	Future reporting will continue to provide granular data to improve reporting and provide assurance.	July 23	All apply
NEGATIVE ALERT Sickness	Committee noted that sickness has reduced to 6.6% from February to March and this remains a cause for concern. The data presented shows that the main reason for sickness is stress/Anxiety/Mental Health at 37%.	The new dashboard will enable a view of any trends in absence reasons across SHSC and within services.	There will be focused work through the agency reduction project group to monitor sickness reasons, and support including. reasonable adjustments, phased returns and other support and actions to prevent absence...	July 23	BAF0013
NEGATIVE ALERT Mandatory Training	Four subjects which are Resuscitation (BLS), Respect Level 3, Safeguarding Children L3 and Information Governance are below the Trust target and have been so for many months.	Detailed breakdown by team is now available as a result of the new dashboard. Mandatory training compliance is monitored closely at clinical team governance and through clinical Directorate IPQR meetings.	A review of mandatory training is underway and updates will be reported to People committee.	July 23	BAF0020
NEGATIVE ALERT Supervision	The average compliance for supervision is below Trust target and is at 72.62% Trustwide.	Weekly updated information is monitored and reviewed weekly by Directors and Service Leads. Clinical Directorate Service Lines and team performance is monitored each month at Directorate IPQR reviews; Corporate Services at triannual performance reviews.	A recovery(improvement) plan is in progress for Acute and PICU wards and all supervision rates will be monitored quarterly through People Committee from July 2023.	July 23	BAF0020
NEGATIVE ALERT Workforce Race Equality Standard (WRES): Disparity Ratio	The race disparity ratio against the national benchmark data is high.	The EDI dashboard reports progress on the organisations disparity ratio and is now reported by clinical and non-clinical groupings.	The risk related to the organisation not meeting its disparity ratio will be considered for inclusion on the corporate risk register.	May 2024	BAF0020
NEGATIVE ALERT Workforce Disability Equality Standard (WDES)	There has been an improvement from 2021 in five of the nine metrics however, all but one metric remains worse than the benchmark group average.	Committee requested a recovery plan and detailed report with revised action plans for the WDES in July 2023.	The risk related to the workforce disability equality standard will be considered for inclusion on the corporate risk register.	July 23	BAF0020

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 Risk No
Staff Voice - Library and Knowledge Service	The new Library and Knowledge service Manager started in October 2022, the role will support an evidenced-led organisation, and provide support for the development of staff and workforce transformation.	Key drivers are the education contract with NHS England to have a knowledge and library service that's available for all staff and learners, the Clinical and Social Care strategy, which has as one of its key pillars for the organisation to be evidence-led, and the Research, Innovation and Effectiveness strategy	A programme of bookable training sessions is available to staff on Jarvis. The service will conduct a consultation survey and impact evaluation and will continue to market the service and explore options for expansion.	July 23	BAF0020
People Delivery Plan 2023-24	Committee received the People Strategy Delivery Plan for 2023-24.	The plan outlines the way progress will be monitored and recorded, and lists the milestones, outcomes and measures for 23/24 under each of the four priority areas which are linked to the NHS People Plan.	Performance will be monitored through KPI's benchmarked against best practice. Updates will be provided quarterly through People Committee and Assurance groups as scheduled.	July 23	BAF0014
Freedom to Speak Up (FTSU) Guardian Annual Report 2022-23	Actions taken to develop and embed speaking up at SHSC during 2022/23 include FTSU Champions, FTSU ambition and strategy, and FTSU training which is now mandatory.	FTSU Reports are submitted to the People Committee, Audit & Risk Committee, Quality Assurance Committee, and the Board.	Committee requested a review of diversity in the champions (to ensure different lenses) and for the learning from issues raised to be included in the report. The reporting structure will be reviewed in 2022/2023 to ensure that it is effective. Reports will be provided every six months	Jan 23	BAF0020
National and Regional People Updates and News	Committee noted key points relating to industrial action, the South Yorkshire Health and Care Workforce Strategy development, staff pay award and NHS England restructuring	The NHS Workforce Plan will be published imminently.	No further action is required.	N/A	All apply
Board Assurance Framework	Committee noted the milestones that have been incorporated into the BAF risks.	All risks have identified action owners and target dates.	Committee agreed recommendations on changes to the risks on 2 items.	July 23	All apply
Corporate Risk Register	Committee noted a new corporate risk	Risk owners and the executive leads	Work will be rolled out to	July 23	All apply

	that is related to the use of the apprenticeship levy.	are reviewing all risks on the CRR to make sure that they are reviewed in line with the risk management strategy.	address risks on the corporate risk register and underneath the CRR across the organisation to address reviews, risk appetite and scoring.		
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Gender Pay Gap report	People Committee received the report and approved the proposal to publish 2023 pay gap in May 2023	People Committee are assured that the organisation is compliant with its legal duties to publish its Gender Pay Gap data	No further action is required.	N/A	BAF0020
Recruitment and Workforce Assurance Group - Recruitment strategy	Committee noted the highlighted impacts of improvement initiatives.	The Recruitment and Workforce Assurance group regularly review outcomes and work as part of several benchmarking groups within the ICB System	The development of a retention plan for SHSC for all professions linked to the workforce plan and People Strategy will be developed	Sept 23	BAF0014
Staff Survey 2022 – Progress report	Committee noted the activity underway aligned to building on strengths and improvements observed in the Staff Survey 2022 results, whilst responding to areas of development needed across SHSC.	There is a clear plan has been identified that is tracked closely to actions and the People strategy with data and audit points embedded.	Progress and impact on well-being, culture and engagement will continue to be reported to People Committee.	Mar 24	BAF0013
Policy Governance Group report	Six policies were presented to committee for extension to review and five were presented for approval.	Committee ratified the decisions of the Policy Governance Group in relation to the policies presented	N/A	N/A	All apply
Internal Audit	People Committee noted and discussed the update provided on open Internal Audit actions overseen by the People Committee.	All 2022/23 actions overseen by the committee which were due by the end of March 2023 were closed by year end	There are currently no new actions for monitoring at People Committee.	N/A	All apply

BAF Risk Description:

BAF.0013	There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services, leading to ineffective interventions; caused by failure to engage with staff in a meaningful way around concerns raised in the staff and pulse surveys as well as through engagement with, and demonstration of the values; and failure to implement demonstrable changes resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.
BAF.0014	There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs caused by ineffective workforce planning, insufficiently attractive flexible working offer, competition, limited availability through international recruitment, reluctance of staff to remain in the NHS post Covid19, any national ICS requirements resulting in a negative impact on delivery of our strategic and operational objectives and provision of high-quality safe care.
BAF.0020	There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme, caused by a lack of engagement in the wide range of leadership activity and opportunities for development provided, inability to adapt and engage to enable organisational change, resulting in failure to improve the culture of the organisation, ineffective leadership development, application of learning, engagement with our values, emergence of closed subcultures and low staff morale which in turn impacts negatively on service quality and service user feedback.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Audit and Risk Committee

Date: 18 April 2023

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
Internal Audit Progress Report	Received an update, areas to note included: <ul style="list-style-type: none"> • Estates • Risk Management 	Further work required to progress the actions. Leads are monitoring progress and assured ARC of timelines	Alert to Board Next progress report	Board May 23 ARC June 23

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
Internal Audit Plan 23/24	Received draft report	Further discussion to agree the plan and additional areas to test Business planning, Budget setting and “core” business areas out of cycle attributed to pandemic. Agreed to continue with Q1 programme	Advise Board Further discussion to agree plan	Board May 23 ARC June 23
Head of Internal Audit Opinion	Received final draft	Good progress in particular the development of the Board Assurance Framework and Audit Action Plans and Follow U	Advise Board Final report to ARC as part of Annual Reports/Accounts sign off	Board May 23 ARC June 23
External Audit	Received update	Improved Project Management and process, timely sharing of documentation, Significant Risk related to financial sustainability (identified nationally)	Advise Board	Board May 23

Annual Report and Accounts	Received update to deliver (inc plan and timeline).	Good assurance. Plan in place to deliver, this version to be shared with NEDs for review	Advise Board Final report to ARC as part of Annual Reports/Accounts sign off	Board May 23 ARC June 23
Audit and Risk Committee Annual Report	Received report	Changes to Terms of Reference in relation to Freedom To Speak Up Guardian moving to People Committee Progress of 2022/23 Objectives Objectives for 23/24 agreed: <ul style="list-style-type: none"> • Maintain Significant HIAO • Improve Risk Management Audit • Tender Process for External Audit (Council of Governors) • Planning for 2023/24 Annual Report/Accounts 	Advise Board	Board May 23
Standing Financial Instructions (amendment)	Request to amend the SFIs	Agreement to amend the delegated authorisation of appointment post change forms to Service Manager level	Advise Board	Board May 23
Risk Oversight Group	Update received	ROG alerted limited assurance	Advise Board	Board May 23
Board Assurance Framework		Good assurance	Advise Board	Board 25/1/23
Emergency Preparedness Resilience Response (EPRR)	Received update on compliance against the EPRR. Partial (amber) compliance achieved to date, further work to progress through 2023.	Good assurance, plans in place to achieve full compliance (green) into 2023.	Advise Board	Board 25/1/23

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

Issue	Committee Update	Assurance Received	Action	Timescale
Counter Fraud Function Standard Return and Work Plan 23/24	Received report	Good assurance	Next report to ARC	ARC June/July 23
Annual Reporting: <ul style="list-style-type: none"> • FT Annual Reporting Manual Changes • Accounting Policies Review • Going Concerns (Prep of Accounts) • Losses/Special Payments • Material Estimate 	Received reports which align with production of Annual Accounts	Good assurance work had been progressed.		
Emergency Preparedness, Resilience and Response (EPRR)	Received report	Good assurance of progress and compliance with standards	Next report to ARC	July 2023
Board Assurance Framework	Received Update	Good assurance	Advise Board	Board May 23
Corporate Risk Register	Received Update	Good assurance	Advise Board	Board May 23
Single Tender Waivers	Received Update	Good assurance of process to note high number attributed to new EPR	Advise Board	Board May 23
Tier II Groups effectiveness	Received AAA reports : Risk Oversight Group (ROG), Policy Group (PGG) Data & Information Governance Group (DIGG)	Good assurance of the groups effectiveness	Next report to ARC	ARC July 23

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee**

Date: **13 April 2023**

Chair: **Owen McLellan**

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	BAF Risk No
Finance Report – debt owed to SHSC	The debt owed by Sheffield City Council (SCC) for the 22/23 management fee for the Staff Supply Agreement remains a concern. There is a risk that SCC may breach contract and not pay the contract value for the year.	The Guinness Partnership balance in respect of the Buckwood View contract has previously been noted as a concern but all invoices have been settled in March.	There is a continuing effort to improve collections for debts	May 23	BAF0022
Financial Plan – underlying deficit related to agency	One of the two key drivers in the forecast deficit is Agency. The agency overspend is partly due to the high level of planned efficiency savings and partly due to assumptions about the ability to fill vacancies.	There was increase in Admin agency usage due to the EPR training team. The Health care assistants are reducing as expected.	A new workstream had been set up to deliver improved E Roster management including planning of annual leave and aims to deliver savings over the next three years with progress reported to FPC.	May 23	BAF0022
Financial Plan – underlying deficit related Out of Area	One of the two key drivers in the forecast deficit is pressure from Out of area (OOA) spend for the purchase of healthcare.	Out of area spend is broken down into 3 components of acute, PICU and rehab. Acute is the key area of concern as expenditure has gone up significantly year on year	Work continues to improve control of local and OOA length of stay, and implementation of the Positive Inpatient Admission Framework.	May 23	BAF0022

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 Risk No
Capital Expenditure	Committee noted that all the available CDEL has been utilised	During the final quarter there was a significant increase in the	A number of schemes that commenced in 2022/23 will	Sept 23	BAF0026

	during the year 2022-23.	expenditure run rate as many of the larger schemes didn't start until the second half of the year	continue into 2023/24 and an update will be reported to FPC.		
BAF Risk register _ BAF0022	Committee discussed BAF0022, regarding the break even position and the CIP plan in relation to the current BAF score.	Committee noted an increased assurance around the CIP and delivery of the financial plan but less assurance on the breakeven position and it was agreed the current scoring will remain the same.	A full update of the BAF will be presented to FPC in May to include any outstanding identification of owners or target dates for actions. A further Board discussion will take place regarding the risk appetite as part of the annual BAF review.	June 23	BAF0022
Corporate Risk Register – Risk 5051	Committee discussed risk 5051 relating to failure to deliver the required level of CIP, which is newly added to the corporate risk register.	It was acknowledged that although a CIP delivery plan is in place, there remains some risk to delivery. In addition, the headroom for CIP delivery has increased to 4% and it was agreed that the current score will remain the same.	The risk will need to be updated to reflect any changes and in line with the risk appetite for CIP identified on the BAF.	June 23	BAF0022

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Policy Governance Group Report	One policy was presented to committee for approval and one for an extension to review.	Committee ratified the decisions of the Policy Governance Group in relation to the policies presented	N/A	N/A	All apply
Annual Report of the Finance & Performance Committee	Committee received the final version for approval prior to submission to the Board of Directors.	It was noted that the annual report of the Finance & Performance Committee has met its obligation as a sub-committee of the Board but that further detail is required to include examples of referral between committees across the year.	Additional work on the committee annual report to be finalised for presentation to ARC in July	July 23	All apply

BAF Risk Description:

BAF.0021A	There is a risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology caused by complex historic system issues requiring on-going maintenance, inadequate system monitoring, testing and maintenance, delays in procurement and roll out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes.
BAF.0021B	There is a risk that adequate arrangements are not in place to sufficiently mitigate increased cyber security and data protection incidents. This has been compounded by low Information Governance mandatory training levels across the Trust, unawareness of Phishing attacks as well as legacy core systems that may not meet current security standards and so remain vulnerable to cyber-attack. An attack may compromise or disable key systems and prevent their operation until we either have confirmation that is safe to do so following the application of software security patches or alternatively the system in its entirety is no longer deemed fit for purpose and removed from active service.
BAF.0022	There is a risk that we fail to deliver the break-even position agreed for 2022/23 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.
BAF.0026	There is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.
BAF.0027	There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services, leading to ineffective interventions; caused by failure to engage with staff in a meaningful way around concerns raised in the staff and pulse surveys as well as through engagement with, and demonstration of the values; and failure to implement demonstrable changes resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee**

Date: **11 May 2023**

Chair: **Owen McLellan**

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	BAF Risk No
Transformation Portfolio Report – Ligature Anchor Point removal project	Further slippage has occurred within the Stange Ward project, 37 weeks in total and the planned completion date is now September 2023.	The overall rating is amber, this is an improvement from previous months in which budget, resources and risks had a red rating. These remain a cause for concern, but progress is being made in seeking resolutions and risks are being managed well.	Additional costs are expected to move into 23/24 increasing the affordability risk of next year's capital plan. Underspend to be utilised on other capital schemes will be brought forward.	September 23	BAF0026
Transformation Portfolio Report – Electronic Patient Record Project	Committee noted an overall amber project rating. There has been one months slippage from the planned go live at the end of May 2023.	The overall project rating is forecast for green in May. The readiness for go live remains under regular review. The implementation period is planned to end in November.	The Rio go live will take place in two tranches on 19 June and on 31 July.	July 23	BAF0026

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 Risk No
Financial Performance Report - (month 12)	The significant remaining older debt is with Sheffield City Council who have an overdue balance.	The year-end position assumes that the local authority will pay the 2022/23 management fee. Verbal assurance of payment has been received but not yet written. There remains a risk however that there may be a breach of contract while the	Discussion with the Council is taking place and all overdue debt is regularly chased.	June 23	BAF0022

debt remains outstanding

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Integrated Performance and Quality Report	<p>No new risks noted.</p> <p>Committee noted the persistent challenges relating to flow across the acute pathway; waits for treatment across some community service and agency spend.</p> <p>Committee noted discussions re CIP plans for Agency and OOA and the expected impact on performance.</p>	Noted previous CIP plans	Ensure Performance framework specifically ensuring recovery plans are enacted.	June 23	All apply
Review of Performance Framework	<p>Committee approved framework, which included lists of KPIs approved at Committees.</p> <p>Update to the Performance Framework to reflect legislation and structural changes regarding Integrated Care Boards and NHS England. performance framework. Updated to reflect changes in national and ICB priorities.</p> <p>Other updates include Changes to organisational values, strategy and enabling strategy changes.</p> <p>Electronic Patient Records work and delays had impacted data warehouse and therefore automation work causing delays to the revised IPQR and dashboards.</p>	<p>Framework had been updated to reflect legislation and structural changes regarding Integrated Care Boards and NHS England structural and regulatory changes.</p> <p>People and Quality Committee have received and approved KPIS for next year which are enclosed alongside approved FPC KPIs.</p>	<p>Committee approved KPIS need consolidating into single list and standard format.</p> <p>Further work will be undertaken on tiering KPI during 23/24. Which will start with development of Regional KPI dashboard. (in next few months)</p>	May 23	All apply
Internal Audit	Committee noted and discussed the update provided on open Internal Audit actions overseen by the Finance and Performance Committee.	Actions identified for closure by the end of April have been confirmed as on track.	There are currently nine actions for monitoring.	June 23	All apply

Board Assurance Framework	Committee noted the milestones that have been incorporated into the BAF risks.	All risks have identified action owners and target dates	Any impact of the discussion on the CIP plan will be incorporated on the BAF risk.	June 2023	All apply
Corporate Risk Register	Committee noted the de-escalation of two risks to the Directorate risk register relating to teams moving out of Fulwood House.	Risk owners and the executive leads are reviewing all risks on the CRR to make sure that they are reviewed in line with the risk management strategy.	Work will be rolled out to address risks on the Corporate Risk register and underneath the CRR across the organisation to address reviews, risk appetite and scoring.	June 2023	All apply
Performance Reviews	Supervision and mandatory training still remains a challenge. Financial management and ownership of budgets recognised as an issue	There has been a focus on leadership, staff engagement, and customer feedback when creating KPIs.	Well led assessment improvements have been included and will form part of future reviews. Some areas need to focus on the positive delivery, celebrating and building on successes, including quality improvement initiatives.	August 23	All apply

BAF Risk Description:

BAF.0021A	There is a risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology caused by complex historic system issues requiring on-going maintenance, inadequate system monitoring, testing and maintenance, delays in procurement and roll out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes.
BAF.0021B	There is a risk that adequate arrangements are not in place to sufficiently mitigate increased cyber security and data protection incidents. This has been compounded by low Information Governance mandatory training levels across the Trust, unawareness of Phishing attacks as well as legacy core systems that may not meet current security standards and so remain vulnerable to cyber-attack. An attack may compromise or disable key systems and prevent their operation until we either have confirmation that is safe to do so following the application of software security patches or alternatively the system in its entirety is no longer deemed fit for purpose and removed from active service.
BAF.0022	There is a risk that we fail to deliver the break-even position agreed for 2022/23 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.
BAF.0026	There is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.
BAF.0027	There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services, leading to ineffective interventions; caused by failure to engage with staff in a meaningful way around concerns raised in the staff and pulse surveys as well as through engagement with, and demonstration of the values; and failure to implement demonstrable changes resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Mental Health Legislation Committee**

Date: **15 March 2023**

Chair: **Olayinka Monisola Fadahunsi-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	BAF Risk No
Mental Health Legislation Operational Group (MHLOG)	Concerns with compliance and gaps in Mental Capacity Act (MCA) mandatory training Serious incidents (2 Major) in quarter, related to delays in Mental Health Assessment (MHA)	Reporting via MHLOG to MHLC, triangulated with Back to Good report to QAC and BoD Reporting via MHLOG to MHLC triangulated with IPQR at QAC and BoD	Escalate to recovery plan as per performance framework. Inclusion of MHLOG Risk Register (standing item) with quarterly reports.	Reporting to MHLC June 2023	
Least Restrictive Practice Oversight Group (LRPOG)	Incomplete compliance with Post-Incident Reviews Limited data pertaining to ethnic diversity Over-representation of people from ethnically diverse backgrounds in seclusion	Reporting via LRPOG to MHLC, triangulated with IPQR at QAC and BoD, and Patient and Carer Race Equity Framework reporting to BoD	These issues to be captured as standing items at MHLC to monitor progress	Quarterly at MHLC	
MHLC Annual Effectiveness Report	Delays in production due to capacity and timing of meetings	Reporting to Audit and Risk Committee in April 2023 to align with Annual Reporting deadlines	Committee will finalise the report through e-governance	ARC April 2023	

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 Risk No
Mental Health Legislation Operational Group (MHLOG)	New Electronic Patient Record (EPR; Rio) - work is underway with other Trusts who have successfully used Rio with their Mental Health Legislation systems to optimise implementation	Reporting via MHLOG to MHLC triangulated with EPR progress via Transformation Board to FPC and BoD	Review progress via quarterly reporting	MHLC June 2023	
Least Restrictive Practice Oversight Group (LRPOG)	Out of Area – concerns with quality of care on “spot purchase beds”	Reporting via LRPOG to MHLC triangulated with IPQR to QAC and Bod	MHLC to send paper on to QAC to enable the Committees to work together on the risk	QAC April 2023 MHLC June 2023	
Associate Mental Health Act Managers (AMHAMs)	Recruitment is underway and training is being implemented	Quarterly reporting to MHLC	Monitor progress via reports	MHLC June 2023	
Human Rights	Human Rights Act elements have now been introduced within RESPECT training	Quarterly reporting to MHLC	Monitor progress via reports	MHLC June 2023	

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Mental Health Legislation Operational Group (MHLOG)	Mental Capacity online mandatory training established according to national standards and each level mapped to roles in SHSC	Reporting via MHLOG to MHLC triangulated with training progress in Back to Good report to QAC and BoD	Review progress with compliance via quarterly reporting	MHLC June 2023	
Policy Governance	Committee received: Searching of Persons, their Property and Environments Policy (OPS013)	Committee ratified the decisions of the Policy Governance Group in relation to the policy presented	MHLC to remain sighted on all relevant policies including their timely update and progress through the Policy Governance processes	Quarterly at MHLC	All BAF risks may apply
Internal Audits	Action Tracking Report	There were no internal audits for review at this committee	No further action identified at this time.	N/A	N/A

BAF Risk Description

BAF.0024	There is a risk of failure to anticipate issues with, and achieve, maintain and evidence compliance with fundamental standards of care, caused by capacity and capability issues cultural challenges, high use of agency and vacancy in some teams, use of out of area placements, lead in time for major estate changes, resulting in avoidable harm or negative impact on service user outcomes and experience, staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action.
BAF.0025	There is a risk of failure to effectively deliver essential environmental improvements including the reduction in ligature anchor points in, inpatient settings (the therapeutics environment programme) at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skilled staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks.
BAF.0029	There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users.