

## Board of Directors - Public

### SUMMARY REPORT

**Meeting Date:** 24 January 2024

**Agenda Item:** 9

<b>Report Title:</b>	<b>Board Committee Activity Report</b>	
<b>Author(s):</b>	Amber Wild, Head of Corporate Assurance	
<b>Accountable Director:</b>	<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 Quality Assurance Committee</p> <p>Mark Dundon, Non-Executive Director, Chair of People Committee</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>	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	<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>
	<b>Date:</b>	As detailed below.
<b>Key Points:</b>	This report highlights key matters, issues, and risks discussed at committees since the last report to the Board in November 2023 to alert, advise and assure the Board.	

### Summary of key points in report

Each committee has considered 'significant issues' under three key categories in their Alert, Advise, 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 where significant improvement has been made (positive alerts);

**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 or for noting key reports received at an assurance committee.

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 report from December 2023, January 2023

People Committee:

AAA Report from January 2024

Audit and Risk Committee:

AAA Report from January 2024 – [meeting held 16 January 2024 - pending Chair approval will be circulated separately](#)

Finance and Performance Committee:

AAA Reports from December 2023, January 2023

Mental Health Legislation Committee:

AAA report from December 2023.

Minutes from board sub committees will be shared with the board via IBABs and non-confidential minutes are available to the public upon request.

Minutes approved by each committee are presented to Board (available via IBABs/Google drive) 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.

**Recommendation for the Board/Committee to consider:**

<b>Consider for Action</b>	<b>X</b>	<b>Approval</b>		<b>Assurance</b>	<b>X</b>	<b>Information</b>	<b>X</b>
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To formally note the minutes of the committee meetings being presented to the Board  
To receive the ‘Alert, Advise, Assure (AAA)’ committee activity reports within the appendices for discussion.

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

Effective Use of Resources	Yes	<b>X</b>	No	
Deliver Outstanding Care	Yes	<b>X</b>	No	
Great Place to Work	Yes	<b>X</b>	No	
Ensuring our services are inclusive	Yes	<b>X</b>	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	
<b>Have these areas been considered ? YES/NO</b>					<b>If Yes, what are the implications or the impact? If no, please explain why</b>
Service User and Carer Safety, Engagement and Experience	Yes		No	X	Not directly in relation to this report – specific detail within the appendices
Financial (revenue & capital)	Yes		No	X	
Organisational Development/Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	
Environmental Sustainability	Yes		No	X	

## COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Quality Assurance Committee**

Date: **13/12/2023**

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
<b>IPQR</b>	<p>Continued concern regarding :</p> <p>waiting lists and waiting times in a number of community services.</p> <p>The use of inappropriate OOA beds, which increased during October and the Trust is not reaching trajectory for this reduction.</p> <p>The Health Based Place of safety continues to be repurposed as hospital beds.</p> <p>There continues to be individuals with long length of stay. However, the majority are receiving continued treatment.</p>	<p>There has been a reduction in the repurposing of the 136 suite.</p> <p>The length of stay is challenged on a weekly basis and raised with the Integrated Care Board (ICB) and the Chief Nurse at Sheffield PLACE to establish a bespoke package of care. This is escalated across the system to coordinate an onward pathway.</p>	Continued pursual of the Recovery plans for these areas	January 24 _OOA recovery plan and Recovery Teams recovery plan.	<b>BAF.0024</b> <b>BAF.0029</b>
<b>Sexual Safety Workplan</b>	There is slow progress with the plan which may be putting	Leadership input has been strengthened. The Deputy	Committee have requested further progress to be evidenced	March 24	<b>BAF.0024</b> <b>BAF.0029</b>

	service users at risk	Director of Nursing and Professions will be engaging with ward teams, specifically Senior Nurse Practitioners, with monitoring of specific plans where incidents have taken place.	highlighted sexual safety and cultural differences in future reports with more pace and robustness.		
<b>Implications due to RIO delays</b>	<p>Increased clinical risk identified due to the delays of RIO. Items affected</p> <ul style="list-style-type: none"> <li>• Safeguarding Alerts (work-arounds secured)</li> <li>• Development of Outcome Measures</li> <li>• Development of the IPQR</li> </ul>	n/a	Committee have alerted Finance and Performance Committee of the increased risks.	n/a	<b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b>
<b>Positive Alerts</b>	<p>There is a significant improvement in the <b>waiting times in SPA/EWS</b> and some improvement in the Recovery teams.</p> <p>Good work on Birch Avenue has resulted in a <b>reduction in falls</b>.</p> <p>Although still a significant concern there has been <b>improvements in the average length of stay</b>.</p>	Data provided via the IPQR and the information in the SPA/EWS recovery plan: significant decrease in numbers waiting and time spent waiting.	To consider SPA/EWS work as part of the PCMH transformation programme -report to QAC in February.	February 2024	<b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b>
<b>Positive Alert – CPA Compliance Cutover plan</b>	<p>Services are adopting a PROMS-based framework for the way we review care in our recovery services, to replace the old CPA approach. Training is in place for the 3 patient-reported outcome measures, with a plan to monitor and measure using these from March whilst discontinuing</p>	Committee were impressed and assured with the ongoing work to replace the Care Programme Approach and noted that this will enable a more person-centred care and evidence-based approach. The potential for this to be transformational was noted.	Updates to be provided in March 24	March 24	<b>BAF.0024</b> <b>BAF.0029</b>

	reporting on an annual review of care from April				
<b>ADVISE</b> (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)					
<b>Issue</b>	<b>Committee Update</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>	<b>BAF Risk No</b>
<b>Community Eating Disorders</b>	Waiting lists continue to exist. However, some improvements in recruitment activity have meant positive progress is being made. The Committee noted financial support from Sheffield PLACE. System-wide risks are not yet mitigated due to the slow progress with South Yorkshire pathways.	Committee received assurance there is intent for resolution. Sheffield PLACE have invested resource for additional monitoring. There is currently work ongoing on the next steps, engaging key system partners at Executive level	Recovery plan to be reviewed again at QAC	June 2024	<b>BAF.0024</b> <b>BAF.0029</b>
<b>Maple LAP Mitigations</b>	A written update of a previous verbal update was submitted to Committee.	Committee received updates on mitigations to fixed LAPs on Maple Ward, which will be fully mitigated when the Maple Ward move happens. The risk management plan is reviewed fortnightly and thorough the service line controlling the risk to a satisfactory level.	No further action required.	n/a	<b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b>
<b>Gender Identity Clinic</b>	The number of referrals outweighing capacity remains	As a result of improvements evident in the recovery plan, Committee recognised the progress made despite the difficulties with demand. We will be able to reach our commissioned capacity as the previous key issue of recruitment has improved.	Future reporting to include the collection of service user feedback and how this is used in a systematic way	May 2024	<b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b>
<b>Clinical Quality and Safety Group</b>	Progress is being made on the key issues within the report.	AAA report indicated where assurance can be taken. Discussion around the	Future reporting to include further information on the quality of patient care in OOA beds.	March 2024	<b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b>

		experience for OOA patients and the need to see more of a focus on this.			<b>BAF.0023</b>
<b>Independent Homicide Review</b>	Committee received the initial overview of the external review of Homicides and a plan by the Trust to investigate this further and propose.	Transformation and Quality Improvement projects are already in place on a number of areas identified in the preliminary report with further work take place to fully understand the findings and to provide an action plan.	The report is to come back to committee in March with the agreed improvement plans	QAC March 2024	<b>BAF.0024 BAF.0029 BAF.0025 BAF.0023</b>
<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)					
<b>Issue</b>	<b>Committee Update</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>	<b>BAF Risk No</b>
<b>Learning lessons report.</b>	Committee recognised the qualitative and quantitative data within the learning lessons report demonstrating implemented learning.	Committee received a rich and robust report and assurance through evidenced learning.	To come to committee as a stand-alone report	March 24	<b>BAF.0024 BAF.0029 BAF.0025 BAF.0023</b>
<b>Quarter 1 and 2 Safeguarding Assurance Committee Report</b>	Adult Safeguarding Training is now at the contractual requirement of 90%. Child safeguarding training needs to increase in %.	The report displays good management and minimalisation of risks. The report includes signposting to agencies and support for young carers.	n/a	June 2024	<b>BAF.0024 BAF.0029 BAF.0025 BAF.0023</b>
<b>Quality Objectives Update</b>	The health inequalities dashboard is currently being trialled in Forest Close linking patient care, race, equality framework focusing on understanding performance and data with a race lens. The National Quality Improvement Collaborative to reduce inequalities in relation to experiences with restrictions within the Mental Health Act is underway at Forest Lodge.	Committee received an update on the 3rd year of implementation of the Quality Objectives and were assured of good progress. Improvements are evident in most areas, with focussed work being done on ethnicity reporting and monthly monitoring of demographics with real-time data. The ambition is for every service to have their own health inequalities dashboard.	n/a	May 2024	<b>BAF.0024 BAF.0029 BAF.0025 BAF.0023</b>

		Committee recognised the progress being made in terms of strong partnership working.			
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#### BAF Risk Description

<b>BAF.0023</b>	There is a risk of failure to consistently maintain appropriate Infection Prevention Control arrangements to ensure protection of Service Users and staff which may result in avoidable spread of infectious diseases.
<b>BAF.0024</b>	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.
<b>BAF.0025</b>	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.
<b>BAF.0029</b>	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.



## COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Quality Assurance Committee**

Date: **24 January 2024**

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
<b>IPQR</b>	<ul style="list-style-type: none"> <li>-Continued concern regarding a number of community waiting lists and waiting times.</li> <li>-The Trust continues to be challenged to meet planned trajectory for the reduction in the inappropriate use of OOA beds.</li> <li>-The Health Based Place of safety continues to be repurposed as hospital beds (62% in November).</li> </ul>	<p>There is continued focus on reducing OOA bed usage within the Trust, although limited assurance of impact. Concerns raised by the Committee about quality issues in OOA providers are being addressed. For example, since December the Trust is now only using grade 2 providers for spot-purchased beds. Use of exclusion is being questioned and a Medicines Safety Officer is establishing contact with contract providers to ensure errors are reported in line with our expectations. Whilst translation services are contracted, we are currently unable to identify the depth of provision from providers of OOA beds with reference to translators. Work is ongoing with respect to this.</p>	<p>Committee requested continuity on the focus of quality of care with further information for comparison of potential inequalities.</p>	February 2024	<p><b>BAF.0024</b> <b>BAF.0029</b></p>
<p><b>Positive Alerts</b> <b>IPQR</b></p>	<p><b>Positive alerts</b> There is reduction in those</p>				<p><b>BAF.0024</b> <b>BAF.0029</b></p>

	<p>people on our wards who are clinically ready for discharge due to ongoing work with the local authority.</p> <p>There is an improved response to complaints within agreed timescales.</p> <p>There is an improved response relating to the perinatal service caseload.</p>				<p><b>BAF.0025</b> <b>BAF.0023</b></p>
<p><b>ADVISE</b> (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)</p>					
<b>Issue</b>	<b>Committee Update</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>	<b>BAF Risk No</b>
<b>IPQR – Recovery Services and Allocation Wait Times</b>	Committee received the latest iteration of the recovery plan.	Committee received evidence of progress being made and waiting lists getting shorter. They questioned the monitoring of the quality of the experience of people on the waiting lists and also clarification about the experience of those categorised as 'Green'.	Committee requested more information on the experience of and offer to service users on the waiting list going forward. Committee requested to see that disparity of experience across the city had now been addressed.	April 2024	<p><b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b></p>
<b>Quality Assurance Report</b>	The triangulation of identified data is beginning to emerge within the report.	There is progression in the richness of the data being collated in terms of visits which are being done and the way in which we are assuring ourselves about quality.	Further information on the triangulation of data to be identified and reported in the summary going forward eg between the fundamental standards of care visits and the Board visits. Also, high level analysis and judgements to be more evident.	July 2024	<p><b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0023</b></p>
<b>Learning Disabilities Transformation Progress Report</b>	Progress has been made on working within the model with invested support from Sheffield PLACE and governance progressing around decision	Committee commended the progress which is displayed within the report.	This is a transformation project report. The Committee wishes to see information on the quality of our service and the provisions to those members of our	September 2024	<p><b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b></p>

	making.		communities with Learning Disabilities and also Autism. This is in order to gain assurance that the quality and experience of services provided to people of Sheffield have improved and progressed. This work has been Commissioned by the Executive Director of Nursing and Professions.		
<b>Transformation Acute Inpatient Clinical Model</b>	Slow progress has been made on the model with negative impact due to related pieces of work focusing on OOA bed usage and development of the blue pathway and the crisis admission pathway. PMO and the leadership team are now on board with the development and progression of the model.	Committee recognised the increased demands, however there was evidence of slow traction. More leadership support has been aligned.	Committee requested further in-depth information on the plans for progressing the acute inpatient clinical model: to come back to the Committee next month.	February 2024	<b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b>
<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)					
<b>Issue</b>	<b>Committee Update</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>	<b>BAF Risk No</b>
<b>PCREF</b>	Committee recognised good progress which has been made against the formal framework launched by NHSE in November.	Committee received a rich and robust report and assurance through evidenced learning. As an early adopter of the PCREF, the Trust has shown good progress and ambition.	Committee recommended that PCREF report to come through a separate reporting group in the future (detached from the Lived Experience and Co-production governance group).		<b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b>
<b>Lived Experience and Co-Production</b>	The delivery and service user experience report offered assurance on the strategy delivery.	Committee received assurance that the relevant milestones and of the strategy have been attained. The Committee were alerted to low take-up of the Friends and Family test and asked for more focus on the means by which we gather feedback in the next report.	Committee requested more information on feedback mechanisms and an indication that a plan is in place to improve this.	July 2024	<b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b>
<b>Physical Health Group</b>	Implementation of national	Committee received assurance	Committee requested the next	July 2024	<b>BAF.0024</b>

	guidance is underway and mitigations to risks were highlighted.	that appropriate governance is in place with focus and risks are known and being mitigated. This is a significantly improved position within the Trust.	report to include the timeline for aspirations and an indication of what the 'gold standard' would be and how we measure up against this.		<b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b>
<b>Quality Improvement Framework Bi- Annual Report</b>	Quality improvement is more integrated and visible than 2 years ago, and the trajectory is positive. Key developments are happening across the QI collaborative with qualitative change in practice.	Committee received assurance that QI is more active and increasingly well integrated.	Future reports to highlight impact on service user experience.	July 2024	<b>BAF.0024</b> <b>BAF.0029</b> <b>BAF.0025</b> <b>BAF.0023</b>

#### BAF Risk Description

<b>BAF.0023</b>	There is a risk of failure to consistently maintain appropriate Infection Prevention Control arrangements to ensure protection of Service Users and staff which may result in avoidable spread of infectious diseases.
<b>BAF.0024</b>	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.
<b>BAF.0025</b>	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.
<b>BAF.0029</b>	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.



## COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **People Committee**

Date: **09/01/2024**

Chair: **Mark Dundon**

### 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
People Performance Dashboard Sickness	Staff sickness increased to 7.68% since reported in November which is above the 5.1% target. The S10 reason for Stress/Anxiety/Depression continues to be the biggest contributor to sickness reasons although it has dropped slightly from the previous months reported figure of 42.06%.	The separation of data by work related stress and other elements, and by corporate and clinical areas is supporting a better understanding of the data and work is ongoing with managers to reduce long-term absence. A report on long-term sickness absence will be received at EMT at the end of January.	Committee will receive an additional report outlining the different strands of work that is underway through the absence reduction workstream.  Consideration will be given to working with business performance to explore the presentation of long-term sickness details differently to support more targeted interventions.	March 2024  March 2024	BAF0013
Health and Safety	It was noted that violence and aggression incidents on staff remains high, impacting on staff health and wellbeing. Internal review of Health and Safety related policies has taken longer than originally planned to ensure the correct consultation and governance is undertaken.	The Health and Safety Committee is in place and meetings will now be attended by the Deputy Director of Nursing and the Deputy Director of People to support the cultivation of a positive health and safety culture that can aid the reduction of employee absences and enhance the productivity of staff to improve patient care and experience.	Draft Violence and Aggression Policy to be brought back to People Committee in March 2024.  Health and Safety Committee Alert, Advise, Assure reports to reflect all of the issues discussed at committee to ensure appropriate oversight at Executive Level	March 2024  March 2024	BAF0013
Supervision and Mandatory Training Recovery Plans	The supervision and mandatory training recovery plans for Acute and community and Crisis services were received and it	Committee were not assured that the recovery plan actions in place are working and requested that a clear	Target dates for the reopened actions to be reviewed and updated.	March 2024	BAF0013

	was noted that three actions have been reopened in relation to Mandatory training.	understanding of the implication for patient safety to deliver regulated care is provided.	Committee requested for a blank slate to be leveraged to create a view representing all outstanding actions and the recovery plans presented to committee at the next meeting to show demonstrable improvement and to provide assurance to committee.		
<b>ADVISE</b> (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)					
<b>Issue</b>	<b>Committee Update</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>	<b>BAF Risk</b>
People Performance Dashboard Vacancy	The vacancy rate overall for the Trust as of November 2023 was 7.9% which is under the people plan target of 10%. Turnover continues to be reported as high due to staff tupeing out of the organisation in November.	With the exclusion of Substance Misuse from the turnover data the turnover rate drops to 12.3%. There are positive retention rates across some staff groups including ACS, A&C and Medical. Although there is a high turnover of ACS staff there are also high levels of recruitment to this staff group.	The new workforce dashboards will support a deep dive of the diversity of leaving staff and this will be one of the actions on the inclusion and equality groups' strategic overview action plan.	March 2024.	BAF0014
Workforce Recruitment and Transformation Service Led workforce plans (3 year)	Progress to develop service led workforce plans is slower than planned and has not happened at the pace required.	Committee received a report outlining the original timeline and actions taken to date. The approach has been adapted and the team supporting the development of workforce plans have engaged where possible with services on an individual basis to embed workforce planning and influence recruitment and retention strategies	Enable services to develop service led plans with input from the Professions plans. The the workforce plan will be presented to committee in March 2024.	March 2024	BAF 0014
Mandatory Training Governance	Trust overall compliance with mandatory training is over 80% but 9 mandatory training subjects are below 80% compliance The main two reasons for this are lack of suitable training space and clinical pressures leading to withdrawal from planned training.	The newly formed mandatory training governance group replaces the education and training steering group as a tier 3 group. The Terms of reference, membership, and an action plan for the group will go to their next meeting in February. People Directorate training admin team are simplifying the team level reports for managers so they can easily identify individuals and subjects below	The report to committee will capture all actions and highlight the interdependencies with IPQRs and the space utilisation group to address some of the issues.	March 2024	BAF0020

compliance.

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
Professional Plan - Allied Health Professions	Allied Health Professionals (AHP) Plan has been developed as part of a suite of Professional Plans including Nursing and Peer Support Work and as such is related to wider Trust priorities.	The Plan relates to current national and regional AHP strategy and has gone through a full engagement with AHP stakeholders both within the trust and within the wider Integrated Care Service. The Plan has received feedback and approval at SHSCs Executive Management Team meeting and Workforce, Recruitment, and Transformation Group.	AHP priorities to link in with other professional plans and workforce priorities to ensure strategic clarity and compatibility for professional groups within SHSC and the wider relationship in delivering regional and national objectives.	January 2025.	BAF0014
Annual Tier 2 Effectiveness Self-Assessment Report 2023-24	Tier 2 groups provided a review of effectiveness report for 2023/24 from their respective group/committee to the Board sub- committee.	The People Committee requires all Tier Two groups to have an annual review of their effectiveness. Improving the Tier 2 effectiveness is key to maintaining standards of good governance at People Committee and Board level.	Tier 2 Group reports will support the People Committee Annual report to board for receipt in March 2024.	March 2024.	All apply
Board Assurance Framework	The updated extracts for monitoring at People committee were received.	The strategic aims have been updated and cross reference to the corporate risk register has been included.	N/A	March 2024	All apply
Corporate Risk register	Committee received the corporate risk register reports and noted the progressed made on risks scoring 12 on the team and directorate registers that have not yet been escalated.	Assurance was received that risks and actions have been reviewed within the recommended timescale.	The corporate risk on the register with a score of 9 has been agreed by the Executive lead and is expected to come off the register following a full review of the outcome of the staff survey results in March 2024.	March 2024.	All apply

**BAF Risk Description:**

<b>BAF.0013</b>	There is a risk that the Trust does not have appropriate measures and mechanisms in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care.
<b>BAF.0014</b>	There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles.



<b>BAF.0020</b>	There is a risk of failure to move our culture sufficiently to address any closed subcultures, behavioural issues and not reflecting and respecting diversity and inclusion, resulting in poor engagement, ineffective leadership and poor staff experience in turn impacting on quality of service user experience.
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## COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee (FPC)**

Date: **14/12/2023**

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
Financial Performance Report (month 7)	<p>Year to date deficit position is £0.6m worse than plan at £2.634 and the forecast is on plan with a deficit of £3.262m.</p> <p>Recovery plans and efficiency schemes must deliver by year end to achieve the forecast.</p>	Committee received assurance on the deliverables which will allow the Trust to meet the forecast deficit.	<p>A meeting is to be arranged for early January for NEDs and Executives to meet to be sighted on the latest financial position prior to the committee.</p> <p>It was noted only one recovery plan requires a Quality and Equality Impact Assessment (QEIA) but others would be completed where required to ensure safety.</p>	Ongoing	BAF.0022 BAF.0026

#### 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
N/A	N/A	N/A	N/A	N/A	N/A

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
Corporate Risk Register	<p>Committee noted there are 20 risks on the register with 8 sitting under FPC.</p> <p>The EPR risks have been reviewed with 2 risks (5224, 5225) remaining the same and 4 additional risks (5266, 5267, 5272, 4795) being added to the register, which includes a re-existing risk, 4 of these risks have been escalated</p>	<p>Progress have been made reviewing the risks which are on Directorate and Team Risk Registers.</p> <p>1 risk with a score of 15 remains for review but will be discussed at Risk Oversight Group in December and then monitored through Quality Assurance Group.</p> <p>The risks scoring 12 and above have been reviewed as there are 36 to resolve with an</p>	The Corporate Risk Register will continue to be updated and report to FPC at each meeting.	November	All apply

	<p>for Directorate Risk Registers.</p> <p>The risk score for risk 5051 relating to CIP delivery has been increased from 12 to 16. Risk 4602 relating to Ligature Anchor Points and Blind Spots will be reviewed in January 2024.</p>	<p>action plan for addressing the remaining risks which has been presented to Executive Management Team and will be monitored through EMT and ARC.</p> <p>Committee raised a concern regarding Gender Clinic Waiting Lists due to closure of services within the UK and that 2 Gender Clinics have closed their waiting lists. It was noted that due to the current financial state, it is not anticipated that there will be enough funding to cope with the additional demand.</p>			
Policy Governance Group	<p>The following policy decisions were ratified by FPC following approval at PGG:</p> <p><u>Approved Policies for ratification:</u></p> <ul style="list-style-type: none"> <li>• Hardship Salary Advance Policy FIN014</li> </ul> <p><u>Extensions to review dates for agreement by FPC:</u></p> <ul style="list-style-type: none"> <li>• Responding to Tenders for new and existing clinical and non-clinical services FIN 006</li> <li>• Service User Property and Money Policy FIN 014</li> </ul>	<p>It was clarified that there are no risks to these extensions and the committee ratified the policy extensions.</p> <p>A review of FIN 018 Delegation of Budgetary Authority is to take place in February 2024 post approval of the Standing Financial Instructions at BoD.</p>	Policy Governance Group will continue to report to FPC at each meeting.	Ongoing	All apply
Internal Audit Report	Committee noted there are no internal audit actions presently being monitoring by FPC	The action for the Health Technical Memoranda (HTMs) audit which was limited assurance has closed since the last committee meeting as evidence has been provided to Internal Audit.	None required.	N/A	All apply
Directorate Performance Reviews	An update on the Triannual Directorate Performance Reviews was shared with committee members.	Committee noted that regular meetings have been arranged with areas that have overspend and recovery plans are in place.	None required	N/A	All apply

**BAF Risk Descriptor:**

<b>BAF.0021A</b>	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
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	out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes
<b>BAF.0021B</b>	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.
<b>BAF.0022</b>	There is a risk that we fail to deliver the break-even position in the medium term caused by factors including non-delivery of the financial plans, lack of 2 – 5-year financial plans including developed CIP programmes and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.
<b>BAF.0026</b>	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 lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.
<b>BAF.0027</b>	There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs

## COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee (FPC)**

Date: **11/01/2024**

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
Financial performance Report (Month 8)	Committee received the detail of the delivery plans and a summary of the plan to deliver forecast.	<p>The forecast matches the planned deficit despite increasing cost pressures, although Out of Area is a considerable risk due to not achieving on the plan. These savings will be challenging to deliver and has a level of risk. The December AAA has detailed a comprehensive breakdown of the plans.</p> <p>A meeting took place between NEDs and Executives to be sighted on the latest financial position prior to the committee in January 2024.</p>	<p>Existing plans will be actively managed and monitored to ensure delivery and work will take place at pace to identify further opportunities to provide mitigation should any plans slip.</p> <p>The committee requested the Profit &amp; Loss statement to include a year-to-date position in the report presented in February.</p> <p>A recovery plan for out of area has been developed and its implementation is under scrutiny to ensure corrective action can be taken rapidly as required.</p>	February 2024	BAF0022
Financial plan	Committee noted that the financial plan for 2024-2025 is delayed due to national guidance and system planning guidance delays	<p>Given the prioritisation of the recovery plans for 23/24 and due to some internal processes, detailed modelling hasn't progressed beyond the previous core assumptions, issued in September 2023.</p> <p>System planning meetings have continued</p>	The CIP programme Board and Overhead Group will be reconvening in January to prioritise and progress this with further Executive lead intervention and subsequent EMT discussions.	February 2024	BAF0022 BAF0026

		with work progressing in January. Further clarity on how the system deficit will be reduced in 2024-25, and how those plans will impact at place and organisational level is required.	An update will be presented to committee in February to FPC		
<b>ADVISE</b> (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)					
<b>Issue</b>	<b>Committee Update</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>	<b>BAF Risk</b>
Sustainability and Green Plan Strategy 2022-2026	Estates and Facilities is a potential area of non-compliance of the Health & Care Act 2022	Progress reporting on Green Plan Action plan remains limited and an approach to developing a sustainable building action plan for the Estate to transition to net zero by 2030 is yet to be outlined.  An additional BAF risk has been added in respect of Environmental Sustainability.	Committee approved the strategy for onward reporting to the Board in January 2024.  A review of the implications of using the Green Plan Support Tool to benchmark performance and implications on the Green Plan Action Plan will continue to be considered with updates reported in the Sustainability Delivery Group Report	January 2024  April 2024.	BAF0030
<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)					
<b>Issue</b>	<b>Committee Update</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>	<b>BAF Risk</b>
Integrated Performance and Quality Report (IPQR)	Committee received the report containing data to November 2023 and a summary of the key messages, risks and exceptions.	Committee noted that there is nothing in the statistical process control (SPC) charts to suggest there is a worsening impact from tightening financial control.	The statistical process control (SPC) charts will be taken to the Executive Management team (EMT) for full oversight	February 2024	All apply
Estates Strategy	The committee received an update about the progress against the implementation of the SHSC estates strategy	The strategy sets out an ambitious programme of work, identifying 10 investments in the environments that support wellbeing across inpatient, community, and corporate estate.	The Director of Strategy is in post, and this will provide an opportunity to review the Estates Strategy to reflect the current position.	June 2024	All apply
Board Assurance Framework (BAF)	The updated extracts for monitoring at Finance and Performance committee were received.	The strategic aims have been updated and cross reference to the corporate risk register has been included.	The committee agreed the additional BAF risk that has been added in respect of Environmental Sustainability.	March 2024	All apply
Corporate Risk Register	Committee received the corporate risk register reports and noted the progress made on risks scoring 12 on the team and directorate registers that have not yet been escalated.	Assurance was received that risks and actions have been reviewed within the recommended timescale and it was noted that the top overall risks have increased from four to six risks, three of which are	The committee noted the updates provided and agreed the recommended increased risk score, where recommended for onward reporting to the Board.	January 2024	All apply

		overseen by Finance and Performance Committee.			
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**BAF Risk Descriptor:**

<b>BAF.0021A</b>	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
<b>BAF.0021B</b>	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.
<b>BAF.0022</b>	There is a risk that we fail to deliver the break-even position in the medium term caused by factors including non-delivery of the financial plans, lack of 2 – 5-year financial plans including developed CIP programmes and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.
<b>BAF.0026</b>	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 lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.
<b>BAF.0027</b>	There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs
<b>BAF.0030 (NEW)</b>	There is a risk of failure to maintain and deliver on the SHSC Green Plan, ensure Trust resilience to climate change and provide a safe environment for staff and service users, in line with statutory duties, national targets, the NHS Long Term Plan and 'For a Greener NHS' ambitions (80% reduction in emissions by 2030 respectively, and net zero carbon by 2040). Failure could lead to poor patient outcomes, worsening of existing health inequalities, poor service delivery, disruption to services, inefficient use of resources and energy/higher operating costs, legal and regulatory action, missed opportunities for innovation, reputational damage, reduced productivity and increased environmental impact. [Statutory duties brought in by the Health & Care Act 2022 s.68 require NHS foundation trusts to have regard to relevant guidance published by NHS England and the need to contribute towards compliance with section 1 of the Climate Change Act 2008 (UK net zero emissions target), section 5 of the Environment Act 2021 (environmental targets) and adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008]

## COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

**Committee: Mental Health Legislation Committee**

**Date: 6<sup>th</sup> December 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
Correction to September's AAA post December's committee: AHMAMS Report	There is a risk that AMHAM hearings will not be undertaken in a timely manner due to insufficient number of AMHAMs across the Trust.	Assurance was provided around work which has taken place to recruit AMHAMs – we currently have 10 and 4 more have been recruited however the issue remains a concern for the MHL team	The committee will keep a watching brief on the issue through reports received.	March 2024
Mental Health Legislation Operational Group (MHLOG) Q2 update: Provision of patient's rights	Committee challenged why provision of rights is not being done in a timely manner or at all.  It was expressed this is a serious matter which is required by law and a proactive approach to resolving this needs to take place.	Concerns were raised relating to the way that teams are working to provide patients their rights and it was suggested that this is added as a standard discussion point in MDT Meetings.  It was noted that there is a Quality Improvement and grip control angle to resolving this matter. Committee set an expectation that progress is to be seen in Q3 and Q4 data.	A task and finish group is to be established which will report through MHLOG to MHLC	March 2024
Mental Health Legislation Operational Group (MHLOG) update: Legal advice concerning repurposing of the Health Based Place of Safety (HBPoS)	Committee were informed that the legal letter regarding HBPoS was written by the Head of Mental Health Legislation and then shared with the Trust's solicitors for comment.	Committee were assured that legal advice has been sought regarding the closure of the Health Based Place of Safety (HBPoS) and a letter has been circulated to committee members.  It was noted that it is not considered unlawful to use the HBPoS as an inpatient bed on a temporary basis providing that sourcing a substantive bed can be demonstrated.  The Committee noted that whilst not unlawful, this	Policy to be worked through EMT and policy governance procedures.	March 2024



		was suboptimal practice and potentially poor service user experience.		
Mental Health Legislation Operational Group (MHLOG) Q2 Update: Mental Health Legislation Incidents	Committee noted the following incidents during Q2: <ul style="list-style-type: none"> <li>2 x legal directions were issued by the Mental Health Review Tribunal because report writers had not submitted tribunal reports by the deadlines set.</li> <li>1 x incident where a report writer did not attend a patient's Mental Health Review Tribunal to present their report</li> </ul>	The Committee received reassurance that the relevant individuals and teams had been made aware of the importance of these issues.	Will continue to report at each committee meeting.	March 2024
<b>ADVISE</b> (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)				
<b>Issue</b>	<b>Committee Update</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>
Mental Health Legislation Operational Group (MHLOG) Q2 update: Provision of patient's rights	A review of which professional disciplines will be able to perform certain tasks under the Mental Health Act is being conducted in MHLOG and will be more competency based than profession based.	The legalities of the policy and standard operating procedures (SOPs) relating to who can explain rights to patients are to be reviewed and go through consultation with shared ownership between QAC and MHLC, before being shared with BoD through a revised scheme of delegation.	Feedback from the review will be discussed in MHLOG prior to presentation at MHLC.	March 2024
Human Rights Framework Progress Report	Commenced delivery of the Human Rights training by the RESPECT programme in September 2023, with 3-4 sessions running each month since August 2023. 108 people have now completed the training.	There is a risk that once Human Rights training has left the RESPECT programme in August 2024, there may be a lack of engagement as it will no longer be mandatory.	Provision of Human Rights training is to be reviewed to see if it can be provided alongside existing training to encourage continued engagement.	March 2024
Board Assurance Framework (BAF)	Committee received a verbal update that there are no BAF risks which report into MHLC.	Committee agreed to have a high-level report showing the BAF risks from other committees that relate to compliance with the Mental Health Act and fundamental standards.	This report will be a standing item at all MHLC meetings.	March 2024
<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)				
<b>Issue</b>	<b>Committee Update</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>
Least Restrictive Practice Group	Committee were made aware that the RESPECT team were highly	N/A	N/A	N/A

(LRPOG) Q2 update	commended for their work at the HSJ Patient Safety Awards.			
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