Board of Directors - Public

SUMMARY REPORT	Meeting Date:	27 March 2024
	Agenda Item:	09

Report Title:	**Board Committee Activity Report**	
Author(s):	Amber Wild, Head of Corporate Assurance	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee Heather Smith, Non-Executive Director, Chair of Quality Assurance Committee Mark Dundon, Non-Executive Director, Chair of People Committee Owen McLellan, Non-Executive Director, Chair of Finance and Performance Committee Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	Quality Assurance Committee People Committee Audit and Risk Committee Finance and Performance Committee Mental Health Legislation Committee
	Date:	As detailed below.
Key Points:	This report highlights key matters, issues, and risks discussed at committees since the last report to the Board in January 2024 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 February and March 2024

People Committee:
AAA report from March 2024

Audit and Risk Committee:
None

Finance and Performance Committee:
Finance and Performance Committee – AAA reports from February and March 2024

Mental Health Legislation Committee:
AAA report from March 2024

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:

Consider for Action	**X**	**Approval**		**Assurance**	**X**	**Information**	**X**

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*	***X***	*No*	
Deliver Outstanding Care	*Yes*	***X***	*No*	
Great Place to Work	*Yes*	***X***	*No*	
Ensuring our services are inclusive	*Yes*	***X***	*No*	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission	*Yes*	***X***	*No*		"Good Governance"

Fundamental Standards					
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 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:	14 February 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**
Impact of the implementation of RIO affecting numerous services within the Trust.	There have been adverse effects due to the EPR implementation. • Available data in Older People Services • Change fatigue in the service line • PROMS rollout.		Committee have alerted the Finance and Performance Committee for further discussion.	n/a	**All BAF Risks**
Emerging Quality Risk - Drainage issues at Forest Close	Repeated call outs (23) within the last month on the issue with the drains at Forest Close affecting Service Users and staff	Estates have attended Forest Close, but the problem has not been resolved and continues to remain an issue.	Committee have alerted Finance and Performance Committee to the issue.	n/a	**All BAF Risks**
Clinical Safety at Maple once it transfers to Michael Carlisle with no seclusion room	Noted the reduction in access to Seclusion once Maple decants and the current data that suggests this could give rise to safety concerns. Work underway to identify a solution.	The options paper presented is to go to MHLC and the board development session for discussion.	n/a	Update at March meeting	**All BAF Risks**
IPQR –Memory Service Waiting Times	Waiting times for assessment and treatment remain below target. EPR implementation is impacting data availability. There remain continued issues with	Work is underway with General Practice colleagues to develop a pragmatic diagnosis agreement, to investigate the memory service referrals and	Review of dementia care is proposed as one of the new Quality Objectives	May 2024	**All BAF Risks**

	staffing and the service is currently running at 50% staff capacity.	adaptation of case models.			
	Positive Alert - IPQR Patient flow in Acute was improved in December with a reduction in use of OOA beds and no increase in the closure of the Health Based Place of Safety. The number of people who are experiencing delayed discharge has reduced. There are significant changes being made in the ways of working to optimise capacity. Positive improvements are evident in the perinatal service caseloads. There has been investment in the Health Inclusion Team and has resulted in a reduction on the waiting list. Improvement plans are in place on the use of the Friends and Family test resulting in a surge of activity. Significant increase in the number of compliments received.				**All BAF Risks**
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**
Inpatient Clinical Model	The Committee had requested a more detailed plan for implementation of the new inpatient clinical model.	The plan was presented. Work with the Project Management Office has been underway to collate a project brief to gain structure. There has been learning from the Community Transformation, which gave assurance about the process	The committee requested further work on the co-production elements of the plan and also how the work is integrated with the National Inpatient Quality Transformation Programme.	June 2024	**All BAF Risks**

		being undertaken.			
IPQR – ADHD Recovery Plan Progress Report	There is continued reduction in staff morale within the team due to the long waits in service which was evident at the Board revisit. There is dependency on the Primary Community Mental Health transformation programme for significant improvements to be evident within the service.	A working group is looking to develop a South Yorkshire approach to tackle the under/over diagnosis and the lack of access to treatments.	Going forward the angle of reporting to be a high-level strategic approach.	May 2024	**All BAF Risks**
Corporate Risk Register	The committee received a new report in an alert, advise and assure format.	The committee questioned the unmitigated risks becoming issues.	The risk descriptions are to be reviewed with the Executive leads for clarity on the risk and actions going forward for mitigation of the risks prior to them escalating to current issues with onward referral to the Risk Oversight Group (ROG)	March 2024	**All BAF Risks**
Research, Innovation, Effectiveness and Improvement Group Strategy and bi-annual report.	A significant amount of work has been undertaken to deliver objectives in relation to research but concerns were raised about evidence of clinical effectiveness in services.	The committee received assurance and acknowledged the commitment of the team which is reflected by the achievements noted in the report. This was particularly the case with the Research element of the work being done. Questions were raised around the assurance received about evidence-led practice.	Future reporting to include audits and assurance to show that teams are evidence- led, in line with NICE guidelines and best practice.	July 2024	**All BAF Risks**
Mortality Report	The Trust is compliant with reporting requirements	Assurance about learning was available but the report summary did not help to bring this to the fore.	Areas of possible concerns to be highlighted in the report summary going forward with a reduced length report. The audit to be used to highlight actions which have been met and the ongoing work on these.	May 2024	**All BAF Risks**
Internal Audits Action Tracking Report	One action remains on the report relating to Infection prevention and Control which is due May 2024	Sue Barnitt has been allocated to the action and is on track for completion of the action by the due date	n/a	May 2024	**BAF.0023**

ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**	**BAF Risk No**
Quality Objectives	The committee received a report showing positive progress is being made against the majority of the objectives	Further work required on the target for recording ethnicity with ongoing work to achieve all remaining objectives.	The committee requested further articulation on the progress against targets and the impact.	May 2024	**All BAF Risks**
Tier 2 Meeting Effectiveness Annual Reviews	The committee received annual review of effectiveness from each Tier II Group reporting to the committee.	The reports showed the level of engagement, commitment and focus within the groups with evident reflection and improvement.	The feedback will be reflected in the Quality Assurance Committee annual report to Audit and Risk Committee	May 2024	**All BAF Risks**

BAF Risk Description

BAF.0023	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.
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.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	Quality Assurance Committee	Date:	13 March 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**
Emerging Quality Risk - Drainage issues at Forest Close - UPDATE	it was confirmed the work has been scoped and surveyed. The work will involve a decant however there will be no loss of service. Quotes are currently being obtained for the work.	n/a	Keep QAC updated	When appropriate	**All BAF Risks**
IPQR	There are no significant changes in the risks being managed or any new issues to report. -a number of waiting lists in specialist services are subject to recovery plan monitoring. - There is continuing challenge in the 136 repurposing rate and Out of Area bed usage remains off trajectory. -Issues remain with the improvement of demographic data and a lack of a monitoring dashboard for each individual area	Recovery plans continue to be monitored and on agenda. Improvements are reported to this committee. The collection of data of unknown demographics is a piece of work underway. This work is held as part of the PCREF delivery plan, which reports in to this Committee. Work on the overrepresentation of ethnically diverse groups in restrictive practice is ongoing, with focus to understand cultural bias. This work reports into Mental Health Legislation Committee	Further improvement on the interaction between staff with service users is required to obtain the demographics data set. Date for dashboard availability to be chased and communicated to Committee. To note: The data for improvement to the quantity of Friends and Family tests to be reported to committee in the April update.	April 2024	**All BAF Risks**
Positive Alert - IPQR	-There is continued improvement in core community waiting lists plus significant reduction in the	Data in the IPQR supports these improvements	n/a		**All BAF Risks**

	waiting list for the relationship and sexual services team. -Significant and maintained improvement in the trajectory evident in the reduction of falls, largely due to the use of HUSH huddles.				
Alert from Gender Identity team Recovery plan (see more detail below)	To note that the Gender Identity team are saying that they will not meet their commissioned target. Plans are in place to address this for next year.		Recovery plan continues to be monitored at the Committee.	May 2024	
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**
IPQR-Gender Identity Service	A sound plan is in place for the use of additional investment. There is a multi-professional mix of staff with the intention to impact on the single points of failure occurring over the last few years. However, the Trust will not meet its commissioned targets this year. Service user feedback is being collated through a survey as well as one to one communication with service users. Despite the length of waiting times, positive feedback is being received on the delivered service.	There is evidence of issues being actively and innovatively addressed against the challenging national context. Quality Improvement work is ongoing. Feedback from service users indicates positive experiences within the service despite the lengths of waiting times. Recruitment has been successful, and roles have been fulfilled. A plan is in place to meet commissioned capacity within the Trust and develop the enhanced pathways available for the most complex cases.	Progress to be evidenced in the continued monitoring of the recovery plan. Impact of changes to be tracked.	May 2024	**All BAF Risks**
IPQR- CPA Compliance – Cut Over Plan	Co-produced materials and training are in place for the move to the new framework. RIO implementation is impacting on access to Dialogue and Goal-based assessments.	The committee noted the limited visibility of progress within the report offers limited assurance. It was clarified that the timescale for the move from CPA to the	The committee has requested updates on achieved progress to be evident in the next report. In addition, Committee asked for assurance about the current status of QoCare and safety in	May 2024	**All BAF Risks**

	A new patient portal will enable patients to access their own Patient recorded outcome measures (PROMS). There is continued monitoring of the four parts of the Care Programme Approach (CPA) There has been further development of the clinical assurance dashboard which will be shared in the next update.	new framework is not mandated/set by NHSE at the moment.	this transitional phase.		
Sexual Safety Workplan	A workplan has been formalised taking an approach through programme management. There is a stronger co-production element is in place linking with local communities.	There is evidence that work and progress is now more focussed. However, there is further need for assurance on a forward plan as well as the current position eg with comparative safety reporting on previous months. There has been emphasis on lived experience and coproduction. There will be closer tracking within the committee of this issue as it has been identified as a new quality objective.	The committee requested emphasis on different groups and cultural difference/sensitivities in the work plan. Information on the current status of sexual safety standards for individual wards to be confirmed going forward. To return to Committee in 3 months for an update.	June 2024	**All BAF Risks**
Learning Lessons Report Q3	The transition to the Patient Safety Incidence Response Framework (PSIRF) in November 2023 has been successful and is reflected in the ongoing development of the report. Processes are in place to ensure everyone involved in a serious incident is contacted (ref. fewer SIRs taking place). Links with the Coroners' office are being maintained due to this change in incident investigation (a national	The committee were assured of the good oversight of incidents and relevant onward learning. There was limited assurance about progress being made with communication issues: they are repeatedly identified as an issue for learning and change.	The committee has requested focus on the improvements to communication and the actions taking place in onward reporting. In addition, Committee asked for a focussed piece of work on self-harm in order to develop a Trust improvement plan around this.	June 2024	**All BAF Risks**

	issue).				
Corporate Risk Register	The risk descriptions have been reviewed as requested by the committee resulting in the amalgamation of identified risks in conjunction with the Risk Oversight Group (ROG)		n/a	March 2024	**All BAF Risks**
Internal Audits Action Tracking Report	One action remains on the report relating to Infection prevention and Control which is due May 2024	The action is on track for completion of the action by the due date	n/a	May 2024	**BAF.0023**
Infection Prevention and Control Assurance Group (IPC)	Despite sickness and vacancies within the team, core functionality has not been affected with key positions covered. A senior IPC nurse along with two practitioners are in role supporting the teams. Issue with PPE stock, specifically masks, remain a concern with stock being sourced from external suppliers. Work has commenced to align the IPC with the PSIRF Framework to move away from root cause analysis for outbreaks.	Several different outbreaks over the past months have been dealt with safely, efficiently, and effectively despite points of pressure. Implementation of new sharps bins across SHSC bedded areas has occurred, following the Improvement Notice issued following the Health and Safety Executive (HSE) visit. Conversations are underway to agree potential reintroduction of centralised store of PPE and determine staff vaccination status for measles immunity.		July 2024	**All BAF Risks**
Quality Objectives	The committee received the report detailed the proposed new objectives for 2024/2027 : sexual safety, neurodivergence, dementia and patient level reporting.	The committee agreed to recommend the new quality objectives to Board, with the understanding that existing objectives (expiring March 2024) will become embedded in business as usual.	n/a	September 2024	**All BAF Risks**
Freedom to Speak Up	The committee received the report for information for onward circulation to the Board.	n/a	n/a	n/a	**None**

Annual Report of Effectiveness	The committee discussed the proposed objectives for coming year.	n/a	The formalised objectives to be circulated to the committee for approval in April 2024	April 2024	**All BAF Risks**
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**	**BAF Risk No**
Homicide Report	The review found there is a requirement for crisis-based services to increase face-to-face contact. Standards to be set to achieve this. Areas for learning and improvement have been identified with broader improvement plans in place for record keeping, risk assessment and communication.	The report shows transparency and self-reflection about where improvements can be made. The committee are assured by the detailed plans to address identified issues and the displayed grip within the report.	There will be further updating of the risk assessment to align with best practice with a timely review later in the year. Future update to be noted through Learning Lessons report.	TBC	**All BAF Risks**
Quality and Equality Impact Assessments (QEIA)	The committee received the monthly report on the QEIA Assessments	The committee are assured there is evidence of continued significant scrutiny and challenge.	The committee to alert the Finance and Performance Committee on the financial impact of the QEIA's	April 2024	**All BAF Risks**
Safer Staffing	There have been successful recruitment initiatives over the past year. Well-established teams are going into inpatient wards with visible ward improvements. However, perceived staffing gaps (in particular with respect to RNs) is to be addressed by looking at the range of eg RNs in other roles on wards as well as an increased focus on an MDT approach that embraces team working objectives.	There is compliance with the requirements of NHS England for submission of reports. The committee are assured on the governance processes in place. The committee were assured there have been no serious or moderate incidents impacting on patient safety or care. The committee were assured that the Executive Director of Nursing and Professions is addressing issues raised.	This will primarily be tracked at People Committee.	July 2024	**BAF 0024**
Primary and Community Mental Health Care (PCMHC) Governance	A Collaboration Agreement between PCS and SHSC is in development to deliver a more	There are joint governance measures in place with the Joint Executive Committee, Quality	The frequency of reporting going forward to be confirmed by Neil Robertson. In addition,	TBC	**All BAF Risks**

Arrangements	effective primary and community mental health service for the population of Sheffield. Service user feedback has been sought following the launch of PCMHC. The governance proposal was received, as requested.	Assurance Committee and the Clinical Governance Committee.	consideration to be given to how the Committee receives assurance about the positive impact of this transformation on patient safety and experience.		

BAF Risk Description

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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	People Committee	Date:	12/03/2024	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 and Annual People Strategy 2023-2026 review, 2023/24 People Plan Update Q3/Q4 and 2024/25 People plan	The committee were advised that sickness levels have increased slightly to 7.5% and have remained a concern. Sickness rates are still an outlier and is higher than comparative trusts. There has been a slight drop in supervision to 65% with an overall target of 80%. Supervision recording will be done in Electronic Staff Record (ESR) from April 2024 and it is anticipated this will have a positive impact on reporting. The committee were advised that there are issues relating to E-Rostering utilisation.	Levels of sickness compared to last year show a slight increase, which could be due to seasonal illness and low vaccine uptake. Peer support work will take place with Bradford Mental Health Trust as they are a comparable Trust, who have made improvements relating to reducing sickness levels and improving psychological environments. It was noted that there needs to be wider communication relating to the move to ESR for supervision reporting and that supervision must be done every 6 weeks. Committee requested for more information to be provided on the E-Roster system and if this is being used effectively. A benefits realisation is about to be launched which will focus on utilisation, headroom, unused contracted hours. It was agreed there is room for	Committee requested that future reports show comparisons to last year's data to see if there are any trends. Committee requested that a report comes back to People Committee to monitor the measures related to the E-Roster system.	May 2024 May 2024	All apply

	There was a proposal to merge the Staff Health and Wellbeing Assurance Group with the Organisational Development Assurance Group. The committee received the People Strategy review, acknowledged the progress made and thanked all staff that were involved in the production of the report and strategy.	improvement with E-Roster utilisation and that additional quality measures will be included in the benefits realisation discussion. There are significant overlaps and shared working taking place in the separate groups and that merging the groups will help focus the work. The committee approved the merging of the two groups.			
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**
NHS Annual Staff Survey Results including People Pulse Results	The Committee received the Staff Survey and People Pulse results as well as the actions and identified key messages following the release of the results.	Noted steady improvement in results, particularly advocacy and achieved 52% participation target. The Health Service Journal (HSJ) published an article focused on benchmarking trusts against the "would you recommend my organisation as a place to work", and SHSC was identified as "most improved" in this question with an increase of 8%. Consideration to be given to the frequency of pulse surveys, to ensure maximum engagement and avoid survey fatigue. There will be a second staff survey learning session in April 2024 across the ICS to share good practice and progress Trusts have made based on	Committee requested that improvements made in response to staff survey results, to be shared with the committee and Trust wide by September 2024.	Sept 2024	All apply

		Staff Survey feedback.			
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**	**BAF Risk**
Psychological Professions Plan -	The Psychological Professions Plan is based on the national work force plans 2019 and 2023, and NHS long-term plan. 5 areas for development have been outlined to grow, develop, diversify, lead and transform including for example access to courses and increasing ethnic diversity.	It was expressed that as part of developing profession plans, consideration should be given to a multi-disciplinary team working, it was confirmed this is in progress.	Committee agreed that all profession plans are to be reviewed to ensure that they link to Workforce's 3-year plan.	Ongoing	All apply
Primary & Community Mental Health (PCMH) Transformation Recruitment and retention update	The committee were advised that admin staff preferencing has taken place and discussions with Occupational Therapists, Nurses and Support Workers has concluded.	A number of posts have been identified as vacant therefore a joint recruitment process with Primary Care will take place. The Committee noted that this work is taking place with a HR business partner to ensure all discussions relating to policies and legal position will be advised.	PCMHT Recruitment and Retention is to be scheduled into the People Committee work programme.	May 2024	All apply
Safe Staffing Report (Clinical Establishment Review progress)	The report is a result of the requirement to meet the National Quality Board Guidance relating to nurse staffing on inpatient wards. Clinical Establishment Reviews looked at staff nurse levels and further work is planned to focus on clinical skills The report identified poor E-Roster skills which is demonstrated in the compliance data. Weekly meetings with ward managers take place to review rosters.	Committee were advised that the process for roster management and amendments is in progress to address issues raised in the report. Committee requested a multi-disciplinary approach and that all staff have a responsibility to be part of the care planning. It was agreed that more support is required to ensure staff fully understand how to use E-Rostering.		Ongoing	All apply
Equality Objectives 2024-2028 in March 2024	The Equality objectives are a legal requirement, engagement has taken place to develop our new objectives.	Committee were assured of the engagement process, that the objectives are over 4 years and an implementation plan is being developed to indicate clear milestones. The objectives will be achieved with strategic cross		Ongoing	BAF.0020

		organisational working and they have been aligned with strategic priorities.			
People Committee Annual Report and ToR	The committee received the Annual Report for the committee which included new objectives based on the feedback from the questionnaires including improvements to reporting and a focus on Values into Behaviours.	The committee approved the merging of Staff Health and Wellbeing Assurance Group and Operational Development Assurance Groups. The committee did express that the volume of papers is a challenge and to reflect on what more can be done at an assurance level to ensure the reporting and discussions at People Committee can remain high level. It was noted that medical workforce is not discussed at committee and that medical attendance at committee is required.	The Committee terms of reference are to be reviewed to ensure appropriate medical representation before onward presentation to Audit and Risk Committee and Board of Directors.	May 2024	All apply
Corporate Risk Register	The committee were advised that work is underway to review Violence and Aggression risks which will then be taken to the Violence Reduction Group. There was an action from Audit and Risk Committee to review Information Governance risks and a working group has been established to look at physical document storage.	There are currently 6 Violence and Aggression risks and a report will be brought back to People Committee in May 2024. Work is ongoing to review directorate risks with a score of 12 which has resulted in 1 de-escalation. 11 risks were added, following engagement with risk owners, this was reduced to 7.	Monthly extraction reports are provided to support risk owners in scoring and escalation.	Ongoing	All apply

BAF Risk Description:

BAF.0013	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.
BAF.0014	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.
BAF.0020	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.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Finance And Performance Committee (FPC) **Date:** 15/02/2024 **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 including Cost Improvement Programme Update and Agency & Out of Area Recovery Plans	The committee received month 9 update of the Finance Performance report which advised there is an £850k risk to delivery of this year's plan, which comprises of approximately £0.5m in out of area stretch target and £0.35m on recovery plan shortfall.	Extensive Executive Management Team (EMT) discussions have taken place, and all discretionary spend is being stopped. Any staffing over establishment spend requests are now requiring sign of from the Director of Operations and Transformation and the Director of Nursing, Professions and Quality. These requests will be reviewed for patient safety concerns and will consider all other options before going over establishment.	The committee requested for rota costs and budgets to be included in future reports.	March 2024	BAF.0022 BAF.0026
2024/25 DRAFT Finance Plan; including Principles, CIP Plan and Capital Plan	The plan for 24/25 is currently at a deficit of £10.1m before inflation and is estimated to be £12.3m after inflation. The current view is to achieve breakeven within 2 years, which would require Cost Improvement Plans (CIPs) totalling between £5m and £7m each year. Presently, CIPs are not yet fully defined for next year.	Executive Management Team (EMT) will be reviewing areas where spends can be reduced or ceased, whilst considering patient safety and benchmarking across all areas. The committee was assured that financial grip and control messages are now consistent and supported throughout management teams and that if the overspends are tackled, it is possible to achieve the cost improvement of £5-7m.	The committee felt it was imperative to show improvements in the month 11 and 12 reporting to assure the committee that these targets can be met.	March 2024	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
National International	FPC approved the continuation of the	No further assurance required.	None required	N/A	All apply

Financial Reporting Standard (IFRS) 8 Operating Segment Declaration	current segmental reporting for the accounts - all activity is currently within one segment which continues to be relevant.				
Tier II Reviews of Effectiveness / updates for current financial year	The committee reviewed the Tier II meeting effectiveness reports for • Business Planning Group (BPG) • Digital Assurance Group (DAG) • Estates Strategy Implementation Group (ESIG) • Transformation Portfolio Board (TPB)	Many committees have seen an improvement in the self- assessment scores through the year and this has been mirrored by confidence through FPC. Digital Assurance Group and Estates Strategy Implementation Group require further work around purpose and terms of reference, and discussions with relevant Executives is taking place.	Cost Improvement Programme (CIP) will report their review of effectiveness at March Committee.	March 2024	All apply
Recovery Plans: Single Point of Access (SPA) and Emotional Wellbeing Service (EWS) Waiting Times	The committee received the recovery plans for Single Point of Access (SPA) and Emotional Wellbeing Service (EWS). As of the end of December 2023, there are 20 patients on the SPA wait list, a reduction from 350. There are 3 waiting lists within the Emotional Wellbeing Service and the recovery plan aims to clear these by the end of March 2024, when the Trust enters the new Primary Care Model.	The committee were advised that work is ongoing with Voluntary, Community and Social Enterprise (VCSE), pharmacy and primary care to look at different ways of tackling the wait lists and introduced additional capacity into the EWS service. It was discovered that the ending of the Trade Union agreement – which restricted the number of daily assessments – had not been changed and therefore this has now been enacted, increase service capacity. The committee commended the work that had taken place and agreed that continued governance of the SPA/EWS waitlists will no longer need to be reviewed at FPC as it will sit within Primary and Community Mental Health Board. This decision was also supported at Quality Assurance Committee in February.	None required	N/A	BAF.0026
Financial Accreditation	The committee were advised that the Trust has achieved Level One NHS Finance Accreditation and are working towards level 2, which puts the Trust in line with the rest if the System.	No further assurance required.	None required	N/A	All apply

	It was also noted that SHSC is the first Trust in the region to obtain Procurement Accreditation.				
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**	**BAF Risk**
Internal Audit Actions Tracking Report	There are 2 open actions for monitoring at Finance and Performance Committee related to the Capital Internal Audit which are not yet due.	The committee have been alerted to action 4.5.4 overseen at ARC related to data security standards as one action was impacted by the delayed launch of EPR. Feedback has been received from internal audit which advises the Trust is in a good position and continuing to improve its compliance.	None required	N/A	All apply
Policy Governance Group (PGG) Report	The following policy extensions were ratified by FPC post PGG: <u>Overdue Policy</u> Sustainable Procurement Policy FIN 009 <u>Extensions to review dates</u> Decontamination- Environmental Cleanliness & reusable Equipment FIN 017 Service User Property & Money Policy FIN 016 017	The extensions were deemed fit for purpose and posed no risk, and the Executive Director of Finance has been made aware of the overdue policy. The number of extensions to policies over the year has been escalated to Executive Management Team (EMT) for them to assist in ensuring timely review of policies.	Policy Governance Group will continue to report to FPC at each meeting.	March 2024	All apply
Corporate Risk Register (CRR)	Committee received the corporate risk register 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.	The committee noted the updates provided and agreed the recommendations for onward reporting to the Board.	March 2024	All apply

<u>BAF Risk Descriptor:</u>

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 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.
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 lack of 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 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
BAF.0030 (NEW)	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: Finance And Performance Committee (FPC) **Date:** 14/03/2024 **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
Transformation Portfolio Report	The committee noted there is an outstanding ligature anchor point risk at Maple Ward where radiator covers have installed as part of the phase 2 improvement works. Within the Electronic Patient Record (EPR) Programme, appointment of key roles has taken place and timelines for the work have been established.	The committee were assured that the radiator covers are a temporary measure but it was agreed that any works taking place need to ensure value for money as well as reducing LAP risks to patients. The committee was assured that progress towards the sequential ward improvements is on track and forward planning is taking place to ensure there is no slippage between improvement phases or works. The committee expressed that there are significant cost pressures and that where Maple Ward Business Case is referenced it should state consideration for approval noting that the business case needs to ensure value for money. The committee noted that the operational plan does assume that Maple Ward Business Case will be proceeding and that they would like to understand the flow and dependencies in the financial variables and what will come to fruition.	The committee requested future reports to ensure demonstrate where improvement works have taken place that the risks have been mitigated and that it represents value for money. An update on the financial impacts of EPR into next year will be presented to Board of Directors (BoD) in March 2024, with a final iteration and approval of an April 2024 go live date being presented at April BoD, which will	April 2024	All apply

			include a risk assessment.		
Financial Performance Report	The committee were advised that at month 10, the Trust is reporting a year to date (YTD) deficit £1.8m worse than plan at £4.553m and forecasting a year end deficit of £3.322m, which is £0.06m worse than plan due to recent industrial action. A forecast outturn is expected to be £4.8m, with run rate expenditure predicted to increase to between £5-6m. It was expected to deliver £0.5m recovery to the position, which would move from a £4.5 million deficit as of month 10 to £4 million deficit for a month 11, however the position was only improved by a net of £100k and there was an additional £600k mitigation added into the position resulting in the performance against plan being c£1m off compared to what was advised at the last committee meeting. Extensive E-Roster work has taken place with Neil Robertson and Salli Midgley as well as booked training being reviewed to see if it is essential to allow substantive staff to be utilised in rotas and avoid using bank and agency. Embedding of learning and challenge for managers is being included in this process which will ensure rotas are filled more efficiently during the next financial year.	The committee were advised that the non-executives do not feel assured and are not comfortable with the current position. It was also felt that the Trust does not have in place what is needed to ensure financial recovery and that has shown to be evident in the grip and control which was assumed to be in place but was not exhaustive enough. It was agreed that a weekly review of KPIs is to take place with feedback to FPC. It was suggested that further support is given to budget holders to ensure they feel supported in understanding budget planning and meetings with finance business partners are necessary to help with this. Committee queried if the right focus had been given in the meetings and what was missed which the committee can use as lessons learnt for the next financial year. Consideration is to be given to if it would be helpful for internal audit to work with FPC on key areas of improvement. NR confirmed that all rosters have been reviewed and action has taken place to ensure they are effective and provide value for money whilst remaining safe. .	Committee requested to see clear actions on how to reduce the cost base and if there will be a system impact.	April 2024	All apply
2024/25 Draft Finance Plan	The Finance Plan has been updated and is due to be submitted by the end of April 2024. However, there are material factors that are limiting the completion of the draft such as pay award and inflation planning	The committee advised that it is important to assess the financial position at year end as there is a risk in making a forecast at this time as some areas such as pay award are unknown. Therefore, the committee concluded that they	Committee requested to include the cost benefits that can be garnered from safe and effective E-Roster management before onward presentation to Board of	March 2024	All apply

	times having not yet been advised.	are not yet assured of the plan due to the outstanding variables. There is a proposal to meet break even over 3 years rather than 2 years but the implications of this are to be understood.	Directors.		
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**
Operational Plan and Priorities for 2024-25	The committee received the Operational Plan noting that there are some capital aspects of this plan which are based on assumptions of what will happen and those assumptions are currently being assessed.	Committee expressed it would be helpful to see a complete list of all the planned investment for next year with its funding source and that consideration to if the Trusts gateway processes are effective should be included in the report. It was noted that a future paper will cover the governance framework and if sufficient resources are embedded to support this. Committee challenged if the value of technology in creating financial efficiencies and improving cost base had been considered and there are concerns that opportunities may be missed. It was noted that there is an element of this in the digital strategy which should help to mobilise contribution.	A future paper is to be scheduled to inform FPC on the planned investments and funding sources as well as Trust's gateway processes.	Ongoing	All apply
Cost Improvement Programme (CIP) Review of Effectiveness / updates for current financial year	The committee noted that attendance at meetings has been good and quorate and the terms of reference have been updated but still require sign off from the programme. It was highlighted that there are too many groups and they need to be rationalised as well as the flow of information needs to be refined to support delivery and accountability. The programme board understood that there needs to be an increase in ownership of the programme in 2024/25	Committee challenged that even though the meeting effectiveness responses are positive, the programme is not delivering what it needs to and that the questions in the questionnaire don't allow the programme to determine if they have been effective in their required ask. It was noted that there may have been robust conversations in the meetings but there has been limited impact.	It was suggested that an assessment is actioned within the Cost Improvement Programme to look at the wider effectiveness of the programme.	Ongoing	BAF.0022 BAF.0026

	of accountability for delivering efficiencies which can be supported by robust communications being shared around the organisation.				
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**	**BAF Risk**
Board Assurance Framework (BAF)	The committee received the updated Board Assurance Framework Report.	The committee felt that the risk score for BAF.0022 was low considering that the committee didn't feel assured that the financial plan is on track from break even.	BAF.0022 risk score will be reviewed following receipt of the finance report for month 11 & 12 and receipt of the BAF register at BoD in April.	April 2024	All apply
Corporate Risk Register (CRR)	The committee received the Corporate Risk Register which highlighted the following: Risks 4602 and 3679 are proposed to merge following a meeting with leads at the end of February where it was agreed to amalgamate the 2 risks and for it to sit with the operational team. This was agreed at Risk Oversight Group and Quality Assurance Committee. Risk 5225 has been deescalated as the final action was closed at the end of February. Risk 5266 has been removed from the CRR as was deescalated at the last meeting.	The committee were advised that work is ongoing to review directorate risks with a score of 12 and above which has resulted in 1 de-escalation. 11 risks were added but engagement took place with risk owners and this was reduced to 7. Monthly extraction reports are being run to support risk owners in scoring and escalating. Committee were assured that work is taking place with risk owners to look at risk scoring and appetites. The Risk Management Framework has been updated to show a "on a page view" and further training and support is being provided to staff as well as a toolkit of training documents which are going to be available on Jarvis.	Ongoing reporting to FPC	April 2024	All apply
Review of Standing Orders, SFIs & Scheme of Delegation	The committee received the Review of Standing Orders, SFIs & Scheme of Delegation which is a document which sets out the financial framework for the Trust. The committee were advised that the threshold requirement has been reduced to £1m for Board of Directors on all new business and up to £1m for Executive Management Team approval.	Committee challenged if the scheme needs to have further tightening and restrictions in place, which they were assured that this scheme outlines the delegated approvals and ownership framework for budget managers and there are additional controls in place, however consideration will always be given to tightening the delegation if required.	N/A	N/A	BAF.0022

	FPC will scrutinize business cases to give assurance to Board that they are fit for approval within the delegation limit.				
FPC Annual Report to the Board and Terms of Reference	The committee received the annual report for FPC.	The objectives for the committee were reviewed and approved. There were no changes to the terms of reference.	Minor amendments are to be made to the report ahead of presentation at Audit and Risk Committee and Board of Directors.	May 2024	All apply
Annual Update on Charity Governance	The committee received the annual update on charity governance.	The committee approved continuing with the existing plan as it is fit for purpose.	N/A	N/A	BAF.0022

BAF Risk Descriptor:

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 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.
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 lack of 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 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
BAF.0030 (NEW)	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:** **6th March 2024** **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
Least Restrictive Practice Oversight Group Q3 (LRPOG)	There are still concerns over advocacy access to wards. Data continues to be detailed and is now being analysed by group to include Gender, Ethnicity, and Age, with a plan to include other protected characteristics including Neurodiversity in Q4. Access to beds for acute admission in a timely way may lead to patient delays in treatment and subsequently increase restrictive practice once admitted. This may also result in length of stay being extended. RESPECT training is at 70% with a target of 80%, which has been affect by a high number of “did not attend”. Forest Lodge Mental Health Act Project is in progress and delivering learning and outcomes that will improve patient experience. Committee were made aware that the Positive	It was noted that a quarterly report relating to advocacy is being provided to LRPOG which will aim to support the development of an action plan alongside senior matrons. Quality objectives are being presented to Quality Assurance Committee and Board of Directors with 2 which relating to MHLC (Patient feedback and Neurodiversity). Risk 5220 is on the Corporate Risk Register which is helping to reduce restrictive practise which may be a result of delayed access to beds. Risk 5220 contains an action to help increase training compliance by looking to increase capacity in the respect team.	Committee requested that updates relating to advocacy are included in future reports. It was requested that the form of advocacy (statutory or non-statutory) is advised. It was requested that the quality objectives are brought to committee for information.	June 2024

	and Safe Event is taking place on 17th April 2024 and the Least Restrictive Practice Convention is taking place on 30th April 2024.			
Mental Health Legislation Operational Group Q3 (MHLOG)	There are ongoing incidents relating to provision of information to patients (Section 132 compliance) not being conducted or recorded, which is a legal responsibility under the Mental Health Act. A task and finish group has been established to tackle the Section 132 compliance and a review of what roles can provide the information is being taken forward. Mental Health Act Compliance workbook is being replaced online in the short term until the new Mental Health Act mandatory training is developed in line with national competency framework. When the MHA mandatory training material has been completed, the Deprivation of Liberties (DoLs) training will be refreshed when national framework has been identified. A deep dive will take place at Woodland View to assess DoLs as over half of residents are being deprived of liberty but there is no lawful authority for the deprivation to take place. It is anticipated that Birch View will have similar figures however the data has not been collated yet.	It was noted that certain types of data entry mistakes can be corrected to avoid being recorded as unlawful detention and that an assessment of data is being undertaken. The committee agreed to escalate the Section 132 risk (5124) to the Corporate Risk Register whilst updating the risk descriptor to indicate the regulatory issues. It was noted that the provision of rights to patients is a prompt for advocacy and therefore if rights are being explained in an appropriate timeframe, this may also improve advocacy access. Committee were advised that so long as staff pass the assessment section of the Mental Health Act Compliance, they are not required to complete the training section. The committee felt this may not be correct and asked for discussions to take place outside of the meeting to understand this and feed back to the committee in the Q4 report. DoLs is part of a national problem and an escalation process is being developed with the Local Authority. A risk (5026) has already been added to the Corporate Risk Register.	The action plan for the Section 132 task and finish group will be brought to committee. Benchmarking data for patients to be seen within a 3-hour target when detained under section 136 is to be sought and brought back to committee. To provide further information and assurance relating to Mental Health Act compliance whereby if the assessment is passed, the training section does not need to be completed.	June 2024

Human Rights Framework Progress Report	115 staff have had Human Rights training through the RESPECT programme, however there is a concern regarding lack of staff engagement which is showing as “did not attend” in the training. There is a concern that people will operate the Mental Health Act without referencing the Human Rights Act. The RESPECT course is coming to an end in September, which presents a risk of staff not accessing the Human Rights training in the same way as they have been able to this year, however, discussions are taking place to assess where the training can onboard. An additional 20 new practice leads have been trained, with 22 enrolled for the training in April 2024, meaning by the end of June 2024, there will be 56 practice leads. In the June Committee, the Human Rights Plan for 2024/25 will be presented, therefore any feedback and suggestions are to be done over the next month so they can be considered or included. Tallyn Gray attended a presentation to talk about the role of a Human Rights Officer within the context of an NHS Trust, which promoted expressions of interest for Human Rights Officer roles nationally. He also attended the CQC’s launch for its new approach to Human Rights and asked committee members to review the document which is available on CQC’s website.	It was noted that it may not be possible to continue to include Human Rights training in mandatory packages such as RESPECT and that engagement with areas such as Community teams and safeguarding may be beneficial to ensure staff are aware of training and the role of the Human Rights Officer. Committee expressed that it would be good to try to quantify the effect that the Human Rights Act training has had on the Trust, appreciating that the changes are mainly in culture and language and are difficult to collate. It was suggested to do this through the feedback from the training sessions or by meeting key performance indicators. Committee requested that the Human Rights Leaflet is to be available in other languages as well as an easy read version. However, this will be done once feedback have been sought on the current leaflet as further improvements are to be made.		June 2024
Associate Mental Health Act Managers (AMHAMs) Activity Q2 Report	There still are not enough AMHAMs within the Trust, however 3 people have expressed interested but formal submissions have not yet been received. There are several cases which were not	Support from the Communications Team may be sought to promote the role and several organisations outside of SHSC have been approached to help improve diversity. It was confirmed that monthly meetings with	JMid to meet monthly with the	June 2024

	reviewed within the appropriate timeframes, which are not unlawful but are poor practice and leaves the Trust liable to challenge from the regulators. Feedback from AMHAMs post hearing/reviews have been positive however there has been comments that some wards were not ready for the hearings and that the reports were not of a good quality. Ongoing training to AMHAMs including shadowing, buddying, and legal theory specific to the AMHAM role and the Mental Health Act.	the Mental Health Act Office have been established to review the feedback from AMHAMs. This will then be feedback to the relevant teams for learning. The Committee also expressed concern that staff are not always attending the hearings and that even though this is not unlawful, it is not reflective of the Trust values.	Mental Health Act Office to discuss the AMHAMs feedback	
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**
Tier II Committee/Group Annual Effectiveness Reports with TORs	The meeting effectiveness reports for Mental Health Legislation Oversight Group (MHLOG) and Least Restrictive Practice Oversight Group (LRPOG) were received by committee.	Learning has been extracted from the questionnaire responses and improvements in key areas will be made.	Reports will continue to present at MHLC and meeting effectiveness will be reported annually.	June 2024
MHLC Annual Report with Terms of Reference Review	The committee received the draft annual report for MHLC.	The report was approved for onward presentation to Audit and Risk Committee and Board of Directors in May 2024 with minor edits, however the attendance within the terms of reference is to be reviewed to include a senior operational manager.	OFO and HC to meet to discuss senior operational manager attendance at committee and to revise the terms of reference to include this before the report is shared at Audit and Risk Committee and Board of Directors in May 2024.	May 2024
ASSURE (Detail here any areas of assurance that the Committee has received)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Clinical Safety at Maple Ward	A report on the clinical safety of the work taking place with Estates and Nursing to assess the viability of using Maple for Seclusion was received noting the site provides separate access which would not compromise privacy and dignity.	This report was also shared with Quality Assurance Group and once a final agreed approach has been agreed, an update will be provided.	SMid to provide an update to Board Committees on the agreed process for utilising Maple Ward as a means for seclusion.	May 2024