

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 27 November 2024

Agenda Item: 09

Report Title:	Board Committee Activity Report	
Author(s):	Amber Wild, Head of Corporate Assurance	
Accountable Director:	<p>Executive leads and the Chairs of the Assurance Committees.</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 and Interim 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>	
Other Meetings presented to or previously agreed at:	Committee/Group:	<p>Quality Assurance Committee</p> <p>People Committee</p> <p>Finance and Performance Committee</p> <p>Audit and Risk Committee</p>
	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 September 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.

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 AAA reports for this report are detailed below:

Appendix 1 and 2 - Quality and Assurance Committee:

AAA report from October and November 2024

Appendix 3 - People Committee:

AAA report from November 2024

Appendices 4 and 5 - Finance and Performance Committee:

AAA reports from October and November 2024

Appendix 6 - Audit and Risk Committee:

AAA report from October 2024

Mental Health Legislation Committee:

None

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

Recommendation for the Board/Committee to consider:

Consider for Action	X	Approval		Assurance	X	Information	X
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To formally note the minutes of the committee meetings being presented to the Board and to receive the 'Alert, Advise, Assure (AAA)' committee activity reports within the appendices for assurance and 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?

Care Quality Commission Fundamental Standards	Yes	X	No		Well Led
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standards?	Yes		No	X	Code of Governance

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	X	No		The role of the Committee is to support Trust Board by ensuring Trust strategic priorities are met. This includes the consideration of people who use and work in services, any environmental or legal impacts and value for money. Different
Financial (revenue & capital)	Yes	X	No		

Organisational Development/Workforce	Yes	X	No		committees offer assurance on a range of these including the management of associated risks.
Equality, Diversity & Inclusion	Yes	X	No		
Legal	Yes	X	No		
Environmental Sustainability	Yes	X	No		

Collation of demographic data	Demographic data recording is not improving.	No assurance available to suggest this will improve.	Executive Director of Nursing, Quality and Professions to investigate this.		
Quality and Equality impact Assessments	It was noted the QEIAs for VIPs had reduced from 21 outstanding to 16.	VIPs outstanding remain high.	Whilst the committee noted the continued robust process in place they remain concerned about the number of outstanding QEIAs for VIPs and the need to ensure these do not impact the quality of care.	November 2024	BAF0031
Positive Alert – Some waiting times have improved	Good performance by the Psychotherapy service, Long term Neurological service, relationship and sexual service - all of whom are reporting sustained reductions in waiting lists.	There are significant reductions in the number of people waiting for these services.			BAF0029
Positive Alert Gender Commissioner Visit	Positive feedback received.	Prior to submission to the national team, the regional commissioner reported positive progress with the use of peer support workers in this service and noted the good 'waiting well' initiatives. Response to the challenging waiting times was viewed as good in the context.	n/a	n/a	BAF0029
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
Matters Arising – Safe2Share update	Verbal feedback on likely continuation of this project	Sufficient funding for the project is in place to continue until the end of the financial year. Funding will be built into the financial planning going forward. The committee are assured the project will remain ongoing.	The Director of Nursing to report back to the committee if and when any issues arise.	n/a	BAF0029

Autism Report	The committee received an update on progress against our compliance with national standards for working with autistic people	Good progress is evident with a thorough plan to address all relevant areas. The committee are assured we are following local and national guidelines and agendas.	The committee requested further evaluation to be included in the report in future in terms of where we stand as a Trust and how we are faring as a provider.	April 2025	BAF0024
Acute Inpatient Services -the clinical model	Committee received a paper that outlined how the 'Home First' initiative will incorporate a revised clinical model for Inpatient Services as well as addressing OOA beds and QI approaches.	The Home First model is in development and Committee will receive reports bi-monthly.	Going forward the committee require assurance that the quality of care is improving.	December 2024	BAF0029
Medicines Safety Report	There are continued incidents occurring with controlled drugs and a targeted plan is in place to address this	No medication incident has been declared as catastrophic. Centralised Fridge monitoring remains a problem with financial losses due to fridge doors not being closed correctly. A draft standing operating procedure (SOP) is in progress for nursing homes to support covert administration.	The committee requested assurance nurse leaders are involved in addressing this issue. The committee requested that the next report highlights work being done at Burbage and the actions around controlled drugs management.	January 2025	BAF 0024
Physical Health Report	Good progress has been made. Good practice is being shared across the Trust. The focus is shifting to 'Living Well'. Mandatory training for life	The committee are assured about the impact of work underway eg progress with moving and handling training and support for emergency physical health care (on the	For onward reporting the committee requested more details about the ambitions for 'Living Well' so that progress can be monitored.	March 2025	All BAF risks

	support remains a concern which is below the target of 80% There has been a replacement in beds for Older Adult areas with a cost saving obtaining beds from the Nightingale hospitals used during the Covid pandemic.	whole: there are still a small number of concerns). Movement towards early detection and the prevention of incidents now has a robust process in place. There is focused work within the team from a patient experience perspective.			
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ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Internal Audits – Action Tracking Report	The committee received the report.	There are 3 open actions relating to the committee which are not yet due, with no current issues.	n/a	January 2025	All BAF risks
Corporate Risk Register	The committee received the updated report	The revised risk descriptions and scoring were approved by the Board of Directors (BoD) in September 2024.	n/a	November 2024	All BAF risks

Risks monitored at QAC	
BAF risk 0024 (QAC)	Risk of failing to meet fundamental standards of care with the regulatory body caused by lack of appropriate systems and auditing of compliance with standards, resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, development of closed cultures, reputation, future sustainability of particular services which could result in potential for regulatory action.
BAF risk 0025a (QAC)	Note this risk from the 2023/24 BAF has been closed with refinement to risk 24 and 25B .
BAF 0025b (QAC)	There is a risk of failure to deliver the therapeutic environments programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in impact on service user safety, more restrictive care and a poor staff and service user experience
BAF 0029 (QAC)	There is a risk of a delay in people accessing core mental health services caused by issues with models of care, access to beds, flow, crisis care management, and contractual issues resulting in poor experience of care and potential harm to service users
BAF0031 (QAC)	There is a risk we fail to deliver on national inequalities priorities and our strategic aim to deliver inclusive services, caused by failure to adopt an inequalities based approach to care resulting in poorer access, later presentations and risk of poorer outcomes.

QUALITY ASSURANCE COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Quality Assurance Committee

Date: 13 November 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
<p>Integrated Performance and Quality Report</p>	<p>There continues to be no improvement in the recording of protected characteristics despite leadership through operational managers. This is impairing our ability to discharge our duties under the Public Sector Equality duty, as well as impairing our ability to oversee quality improvement initiatives around equality issues.</p> <p>Delayed discharge and the average length of stay in Adult Acute Services have seen an increase which is having an effect on OOA bed usage. There has been increased usage of the 136 suite and continued issues with breaches of 12 hour periods in the emergency department.</p> <p>Waiting lists in Gender Identity Service, Eating Disorder service and ADHD continue to increase.</p>	<p>To note: There is a significant increase in the number of service users on wards subject to Ministry of Justice restrictions which is having impact on the length of stay.</p>	<p>The current focus is on discovering why this action is proving so difficult for staff to achieve. This will lead to new actions.</p>	<p>December 2024</p>	<p>All BAF risks</p>

	Referrals to Liaison Psychiatry continue to be high.				
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
Mortality – Quarterly Report: Quarter 2 2024/25 And Mortality Annual Report 2023/24	<p>All the deaths reported by SHSC staff in Quarter 2 are in relation to people living in community settings.</p> <p>Delays continue in receiving the learning from deaths involving people with Learning Disabilities because of backlogs at the Local Authority. Buckwood View is also the focus for a LA review. The report is awaited.</p> <p>The committee received the annual statutory report for information and were assured that we meet reporting requirements.</p>	<p>The Group is currently identifying a cohort of service users receiving end of life care to review through a Structured Judgement Review process which will be shared through learning events, chosen due to Healthwatch raising this as an area of focus.</p> <p>SHSC reviewed 100% of all reported deaths during Quarter 2 of 2024/25 and a sample of deaths for people who had died within 6 months of a closed episode of care.</p> <p>SHSC is compliant with the 2017 National Quality Board (NQB) standards for learning from deaths</p> <p>Due to backlogs in LEDER reporting at the Local Authority there will be more information on this coming through in the next report.</p>	<p>The committee requested future reporting to focus on the embedding of learning, linking to quality improvement and dissemination. Benchmarking was also requested.</p> <p>It was noted that separation of inpatient and nursing homes deaths is required for clarification in future reporting.</p>	February 2025	All BAF risks

Patient Safety Incident Response Plan (PSIRP)	The committee received the PSIRF Plan for information which has been in place since November 2023 and reviewed at 6 months to assess implementation of PSIRF	<p>The committee are assured about the direction of the work. The plan has been reviewed in collaboration with the Clinical Governance Team and the Patient Safety Partners and will be sent to the South Yorkshire Integrated Care Board (ICB) for comment.</p> <p>There is an ongoing 360 Assurance audit regarding PSIRF implementation, and learning will be taken from any recommendations to support the continued implementation and improvement of PSIRF.</p> <p>A review of the plan has been undertaken with the Patient Safety partners who are experts by experience, with a focus on bringing the patient voice and experience to the delivery of PSIRF</p>	Committee emphasised the importance of investigations taking a collaborative approach, across systems, in the future. Increasingly our work is done in MDT teams that span organisations. This needs to be recognised. In addition, Committee recommended a more team-focussed approach to PSIRF, rather than seeing it as the remit of the PSIRF team. A strengthening of learning and improvement was also requested.	November 2025	All BAF risks
Bi-annual Population Health and Inequalities Report	The committee received the report covering the period May – October 2024.	<p>The Committee expressed satisfaction with the work being done and the ambition evident.</p> <p>Data quality continues to be a challenge to working in a population health context with</p>		May 2025	BAF 0031

		<p>our incomplete recording of personal characteristics. This is impairing our ability to measure progress.</p> <p>An Informal health inequalities support network has been created with peers from SHSC, Sheffield Children's Hospital and Sheffield Teaching Hospital, to share learning, challenges and opportunities.</p>			
Clinical and Social Care Strategy Annual Progress Update	The committee received an update on the progress of the strategy over the last 5 months.	<p>Through consultation four work streams have been developed: Person-centred, Strengths-based, Trauma-informed, and Evidence-led as principles for care to inform our approach across services, with Coproduction embedded within all the workstreams.</p> <p>73% tasks completed on track to complete whole programme of work in next 18 months.</p> <p>The committee commended the quality of analysis in the report and understanding of the issues for continued development.</p> <p>Assurance is sought to ensure changes and benefits are clearly embedded and enacted.</p>	The committee expressed concern about readiness for the move from the transformation programme to business as usual. It was requested that consideration of this forms a major part of the next report in May.	May 2025	BAF 0031
Primary Care Mental Health Transformation: Evaluation of Implementation and Outcomes/Experience	<p>The PCMH operating model is now fully operational.</p> <p>All 16 Primary Care Networks have access to the PCMH</p>	<p>Good outcomes are being reported.</p> <p>The scale of the work achieved was recognised.</p>	The committee discussed the continued need for amplification of patient experience in future reporting.	November 2025	BAF 0031 BAF 0029

	service	<p>The psychiatry strand of the MDT is now embedded and the team are working through the implications.</p> <p>All risks are either resolved or mitigated with oversight by the Joint Executive Board.</p> <p>There is ongoing triangulation of work with GPs and psychiatry about referrals, to ensure a timely reactive response whilst balancing expectations.</p> <p>Scrutiny on potential risks around waiting lists is currently being managed with a view to develop an optimisation group reporting to the Operational Management Group and Executive Management Group to ensure grip is maintained.</p>	<p>The committee is mindful of keeping track of unintentional consequences of this change on other services. It is important that services are integrated and dependent on each other whilst ensuring the partnership is kept together.</p> <p>The 'no wrong front door' approach needs to be monitored.</p>		
Integrated Performance and Quality Report – ADHD Recovery Plan	The Committee received an update on the actions to reduce waiting times for ADHD. New ways of working are being explored and implemented.	<p>Work has taken place with the Executive management Team (EMT), Directorate Leadership Team and Integrated Care board (ICB) to agree an action plan focused on short to medium term actions to enable to Trust to meet commissioned activity.</p> <p>Recruitment is underway for practitioners to join the team with a focus on moving forward with more assessments and</p>	The committee requested an improved report-style with focus on impact and new ways of working.	TBC	All BAF risks

		triage.			
IPQR -good/improved waiting list performance in a number of services	The IPQR analysis highlighted maintenance of good/improved waiting list performance in a number of services	Perinatal Mental Health Service has continued to exceed the target for the first 6 months of the year Community Services continue to maintain a much reduced waiting list Sheffield Talking Therapies continue to reach their national target Relationship and Sexual service, Specialist Psychotherapy, Long Term neurological Conditions all demonstrate good/improved waiting list performance.			
Burbage Assurance Report	Freedom to Speak up Guardian has continued to receive escalations of concern about quality of care within the ward. This has led to a new focus and improved actions. The committee expressed confidence in the new leadership and future plans.	The previous improvement plan in place has proven to be ineffective and has been paused. An experienced leader is in place to initially stabilise the ward. A weekly steering group has been convened, chaired by Executive Director of Nursing comprising of key personnel. Pharmacy technicians been supporting the staff with medication administration skills to address the discrepancies previously highlighted.	The committee will receive regular updates from the Director of Nursing, with impact measures as they develop.	December 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
<p>The quality of care for Service users during the Learning Disability Transformation Programme</p>	<p>The committee received the Learning Disability transformation plan update which has been ongoing since December 2021. Board of Directors had requested evidence that the transformation had not led to a reduction in the quality of care for service users. This report gave that assurance.</p>	<p>The results of Psychology outcome measures illustrate that service users accessing psychology in 2023 experience higher self-reported satisfaction in terms of quality of life at discharge. Extensive work on outcome measures is being undertaken.</p> <p>According to the trust data, in the period 1/10/23 – 1/10/24, the team recorded 22 compliments and 1 complaint</p> <p>There is evidence of good triangulation of service user feedback with assurance of work to be undertaken on the Multi-Disciplinary Team (MDT). A recent Culture and Quality visit gave evidence for this.</p> <p>Challenge remains with estates with the team being split across 2 sites.</p>	<p>The committee requested more information on progress with outcome measures in future reports. Also, the response to the Culture and Quality visit.</p>	<p>April 2025</p>	<p>All BAF risks</p>
<p>Annual Equality and Human Rights Report 2022/2023</p>	<p>The committee received the statutory report for information.</p>	<p>The committee were assured that we would meet our statutory requirement to publish this report.</p>	<p>The committee acknowledge the report has been produced to statutory requirements but wished to see more emphasis on equality issues with respect to our service users (there is more on our staff). Also, to be more focussed on our ambition to recognise the multiple deprivations experienced by many service users, who often meet a number of the protected characteristics. We are not yet articulating this sufficiently, nor</p>	<p>November 2025</p>	<p>BAF 0031</p>

			linking it to our other work on equalities.		
Quality and Equality Impact Assessments	The committee received the monthly report of the assessments where the panel met 3 times in October to robustly assess 10 QEIA's	The committee are assured by the robust processes in place, as evidenced by the fact that not all proposals are fully supported and that challenge is offered.	The committee requested more specific feedback given by the in future. This would provide an audit trail to demonstrate the robustness of decision-making. In addition, committee requested a consideration of our risk appetite, as this is impacting on decisions.	December 2024	All BAF risks
Corporate Risk Register	The committee received the report for information and approval. Of 11 risks on the corporate risk register 2 are monitored by the committee, 1 of which is a top scoring risk	No new risks have been highlighted as being on team or directorate risk registers between 13 September and 13 October 2024 scoring 12 or above which have not yet been escalated to the Corporate Risk Register.	The committee approved the updates to risk 5001 as detailed in the report.	December 2024	ALL BAF risks
SHSC Care Quality Commission (CQC) Statement of Purpose	The committee received the statement of purpose for information		n/a	November 2025	All BAF risks

Risks monitored at QAC	
BAF risk 0024 (QAC)	Risk of failing to meet fundamental standards of care with the regulatory body caused by lack of appropriate systems and auditing of compliance with standards, resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, development of closed cultures, reputation, future sustainability of particular services which could result in potential for regulatory action.
BAF risk 0025a (QAC)	Note this risk from the 2023/24 BAF has been closed with refinement to risk 24 and 25B .
BAF 0025b (QAC)	There is a risk of failure to deliver the therapeutic environments programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in impact on service user safety, more restrictive care and a poor staff and service user experience
BAF 0029 (QAC)	There is a risk of a delay in people accessing core mental health services caused by issues with models of care, access to beds, flow, crisis care management, and contractual issues resulting in poor experience of care and potential harm to service users
BAF0031 (QAC)	There is a risk we fail to deliver on national inequalities priorities and our strategic aim to deliver inclusive services, caused by failure to adopt an inequalities based approach to care resulting in poorer access, later presentations and risk of poorer outcomes.

APPENDIX 3 COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **People Committee**

Date: **12/11/2024**

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
People Performance Dashboard	<p>Supervision has not yet reached compliance eg clinical services at 65.3%</p> <p>Data on PDRs shows only 70% of staff had had a PDR at the close of the PDR window.</p> <p>Medical appraisal data inconsistent with PDR data</p> <p>Whilst mandatory training compliance continues to be above the target of 80%, the list of individual subjects below 80% has remained very consistent for a number of years now. This includes Respect training, which was a concern for MHLC and a cross-committee referral.</p>	<p>There is a lack of evident traction and this is a continued concern for the committee.</p>	<p>More evidence of the impact of actions is required to address the concerns with supervision and mandatory training compliance.</p> <p>Medical appraisal data to be reviewed to ensure accurate reporting</p>	January 2025	BAF 0013 BAF 0014
Acute & PICU Inpatient Ward - Supervision Compliance Recovery Plan	<p>Supervision rate are below 80% on PICU and the acute wards despite the recovery plan having been in place for many months.</p>	<p>Supervision reports are being broken down by profession to highlight and target key areas not meeting supervision compliance.</p> <p>An upward trajectory on supervision rates is still not evident on the acute wards and progress on Burbage remains a particular concern.</p>	<p>The committee requested continued focus on Burbage and actions taken to evidence improvement to assure the committee on progress.</p>	January 2025	BAF 0013
To Note: Sickness absence levels	<p>Sickness has increased slightly from 6.2% to 6.3%. This is down on last year's equivalent in-month sickness absence</p>		<p>A heat map identifying hot spots will be used to inform reporting back to the committee in</p>	January 2025	BAF0013

	rate but remains above the regional average.		January, as concerns were raised about high absence rates in eg Estates, Forest Close and some of the community teams.		
To note: ER casework increased	ER casework is on an upward trajectory, with 32% being with staff from ethnically diverse backgrounds	A greater understanding of this is needed and Committee requested more analysis than was present in the dashboard	Next meeting: further analysis of this data.	January 2025	BAF 0013 BAF 0020
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
Matters Arising RESPECT Training Update	The committee received an update following a cross-committee referral from Mental Health Legislation Committee (MHLC) to provide assurance on process in place to allow protected time for staff to complete RESPECT training. As at 8 October 2024 Respect Level 1 and Level 3 training figures remain below 80% compliance	Weekly meetings are in place chaired by clinical ops to track and monitor workforce utilisation and headroom allowances which include training. The committee cannot be assured as evidence of the impact of actions cannot be seen.	The committee requested an update in January on the results produced in the coming months	January 2025	BAF 0013 BAF 0014
Psychological Professions Plan	The committee received the final agreed Psychological Professions plan and commended the work that has gone into this.		Whilst the committee encouraged the work being undertaken it is evident further work is required relating to the KPI's. The next date for the report to come to the committee to be confirmed.	TBC	BAF 0020
People Plan	Committee received a Quarter 2 review of the People Plan with an update on progress and KPIs.	Progress has been made and actions rag-rated to provide assurance plan implementation is on track. Areas of work are reported into the Committee via Assurance group reports.	Regular reporting to the committee	Jan 2025	BAF 0013 BAF 0014
Wellbeing and Organisational Development Assurance Group Report including Values into Behaviour	Committee received a report from the WODAG assurance group about the work being done on eg improving the uptake of the staff survey, the Values into Behaviours work, Leadership development and health and wellbeing at work.	A great deal of activity has been undertaken and the committee discussed impact and results and how this could be made more prevalent in the report. To note: there is a low uptake on flu vaccinations with ongoing promotional work underway.	The next report to consider impact measures.	March 2025	BAF 0020

Acute & PICU Inpatient Ward	Mandatory Training compliance on Acute and PICU wards is now around the 80% mark in all areas with further work being taken to improve the very few areas which are falling behind.	It was requested that the recovery plan be stood down with improvement now evident. Committee commended the work that had taken place in order to achieve this improvement.	The committee approved the request to stand down the report.	n/a	BAF 0013
Mandatory Training Recovery Plan					
Bi-Annual Freedom to Speak Up Report 2024/2025	The committee received the bi-annual Freedom to Speak Up report.	<p>There is evidence of continued work to raise the profile of the FTSU Guardian and to promote a culture that actively encourages raising concerns and the removal of barriers to speaking up.</p> <p>There is a process of thematic analysis from FTSU concerns with local resolution, responsiveness and organisational learning in place.</p> <p>There is an increase in cases showing increasing confidence from staff in reporting incidents and concerns.</p>	n/a	n/a	All BAF risks
Medical Workforce Update	<p>The committee received the update for assurance.</p> <p>This new report had been requested as it is a new Corporate Risk.</p>	<p>The Medical Workforce Planning Group and Medical Engagement and Equity Group have reviewed their Terms of Reference to clarify respective areas of responsibility and will oversee the Medical Establishment Review, Appraisal and Revalidation process along with progression of the Locum Reduction programme.</p> <p>Staff development is underway to ensure we are planning to meet the long-term needs of SHSC and staff aspirations.</p> <p>Work is underway, led by Clinical Directors, on a review to agree and implement a medical staffing model for inpatient areas.</p>	The Chair and Director of People to discuss separate reporting going forward to ensure focus remains on the key areas.	TBC	BAF 0014
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
Internal Audit Action Tracking Report	The committee received the report for information.	The outcome of the internal audit on Workforce Data Quality was 'significant' – Four actions have been	The committee requested more acceleration with actions to ensure the Trust maintains	January 2025	All BAF risks

		closed and there are currently 2 overdue actions which were due in September and October 2024. Work is underway with the action owners to sign off the actions.	positive scoring.		
Learning from Mid-Year Claims and Litigation report	The committee received the report for information	Early actions have been identified to try to reduce claims in future. Claims and litigations are low in comparison to other Trusts and shared ownership and learning is anticipated to take place in conjunction with NHS Resolution.	n/a	n/a	BAF 0020
Corporate Risk Register Report	The committee received the report.	(new risk) 5409 - Risk to patient safety due to medical staffing and recruitment challenges resulting in a sub-optimal level of medical capacity in inpatient and community services.	The committee approved the amendments and updates to the current risks as detailed in the report.	January 2025	All BAF risks
Annual Equality and Human Rights Report 2023/2024	The Annual Equality and Human Rights report is provided to Committee to support compliance with this statutory duty	Committee were assured the report complies with the statutory duty.	The committee requested that conclusions drawn from the report are stated in the summary sheet prior to onward reporting to the Board of Directors	November 2025	BAF 0020
Health Education Contract - Self-Assessment (SA) 2024	The committee received the SHSC self-assessment submission for information.	Risk identified as associated with the education contract have actions in place for mitigation including improved governance, review of income flow, implementation of a safe learning environment. The committee are assured the governance process is being adhered to.	n/a	n/a	BAF 0014

BAF Risks monitored at People Committee

Risks monitored at People Committee	
BAF.0013 (PC)	Risk that our staff do not feel well supported, caused by a lack of appropriate measures and mechanisms in place to support staff wellbeing resulting in a poor experience for staff, failure to provide a positive working environment and potential for increase in absence and gaps in health inequalities which in turn impacts negatively on service user/patient care.
BAF.0014 (PC)	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 resulting in failure to deliver a modern fit for purpose workforce.
BAF.0020 (PC)	Risk of failure as an organisation to live by our values caused by not addressing closed cultures poor behavioural issues and lack of respect for equality diversity and inclusion, resulting in poor engagement and communication, ineffective leadership and poor staff experience resulting in negative impact on our staff survey results, quality of service user experience and attracting and retaining high quality staff.

Appendix 4 COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee**

Date: **08/10/2024**

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 (M5)	<p>The year-to-date deficit position of £3.433m is £0.062m worse than planned, however the forecast is expected to achieve the planned deficit of £6.514m.</p> <p>Cash forecast is lower than planned partly due to debts being higher than planned earlier in the year and the delays in the Fulwood receipt as impacts on interest received.</p> <p>Value improvement and recovery plans totalling £9.4m have been developed, the current forecast shows an expected delivery of £6.9m.</p> <p>The year-to-date under-delivery is mainly due to the increased Out of Area bed usage. Work is ongoing to strengthen and implement plans and identify further opportunities to ensure we can achieve the £7.3m required planned savings.</p>	<p>The committee were advised that of the remaining value improvement schemes, the Trust is approximately £700k under delivery.</p> <p>The committee challenged the £117k overspend on secure acute transport within Sheffield which it was advised this was a result of a value improvement plan which has not been delivered. As a result of closing Maple, more patient transfers have been required between Endcliffe and Micheal Carlise Centre (MCC).</p> <p>The current cost for this scheme is approximately £300k which the committee expressed it was urgent to review this scheme and cease any unnecessary spend.</p> <p>Work is still underway with the Local Authority regarding an outstanding £297k and have come to an agreement on £190k of this balance which will be received shortly. Staff overpayments are on payment plans. Due to an administration error at NHS England, there is a</p>	Fortnightly meetings are taking place to identify approximately £1m in additional value improvement schemes due to the material under delivery of out of area.	November 24	BAF.0022

		discrepancy in their balance and work is underway with them to resolve the balance due.			
Update on Financial Position of month 6	<p>The committee were advised that month 6 is £236k behind plan with a deterioration of £174k and that out of area has worsened by £200k. There is a risk in the financial forecast and plan of approximately £1.1m.</p> <p>A plan is being developed which will go to Executive Management Team (EMT) for consideration to assess all current and planned schemes to evaluate if they are still appropriate.</p> <p>The revised trajectory for out of area is:</p> <ul style="list-style-type: none"> Acute - 15 in October, 9 by the end of November, 6 by the end of December and 3 by the end of January 2025 and to remain at 3 for the rest of the year PICU - 7 in October, 3 by the end of November and remain at 3 for remainder of the year <p>It was noted that up to this point PICU had been quite stable so out of area usage was not reported.</p>	<p>A recovery plan for £2m is to be developed and reported to Executive Management Team. It was noted that the best-case scenario requirement would be £1.1m, realistic scenario would be £2m, and worst-case scenario would be £3.5m.</p> <p>Discussions are also underway to look at which schemes can be brought forward which would ensure cost saving such as the revision of the acute transport scheme. Analysis of all areas which are not achieving their overspend reduction targets is underway and to look at areas which have done well to see if lessons can be shared.</p> <p>It was confirmed that new grip and control measures have been put in place from October and the outcome of this will be reflected in a future forecast, however it was expressed it is going to be challenging and requires fast and effective action to see some impact on the run rate.</p> <p>The actions within the Home First Programme have been revised and twice weekly executive oversight and assurance is in place to ensure patients are being tracked towards discharge. Discussions have taken place with Executives to look at Quality Improvement options.</p>	Live financial updates will continue to be provided at each committee meeting.	November 24	BAF.0022
Fulwood disposal update and impact on the capital plan	<p>It was noted that the Trust was on track to fully utilise its CDEL of £4.7m. However, delays to the sale of Fulwood would mean that the Trust would not be able to deliver all of its 24/25 capital plan, which</p>	<p>EMT had commissioned an analysis of the quality and performance implications of deferring the unfunded elements of the capital plan, which was set out in the paper received at FPC.</p>	<p>The next steps include:</p> <ul style="list-style-type: none"> Independent review of fire doors and fire compartmentation to be received at EMT 7th November to inform 	November 24	BAF.0022

	<p>had been contingent on receipt of proceeds of sale.</p> <p>The following schemes would be delayed as a result of capital constraints in 24/25:</p> <ul style="list-style-type: none"> • Fire doors replacement (Risk score 20), • Grenoside 1 LAP removal (Risk score 10), • Switchgear (Risk score 8) • Maple Ward. <p>It was advised that delays in the sale of Fulwood have resulted in the Trust incurring additional unplanned costs related to the provision of security at the site. This cost pressure had been mitigated by reducing the on-site security presence.</p> <p>However, following an increase in security breaches and a resulting increase in risk to public safety, full on-site security presence had been requested to be reinstated.</p>	<p>EMT had agreed at the present time not to pursue brokerage to extend the capital programme in 24/25, but to keep that position under review and to respond to any critical requirements that emerged.</p> <p>Proceeds of sale from St Georges were deemed likely to be received within year which would support any such critical requirements.</p> <p>It was confirmed that a number of schemes are ready to go if funding is received within this financial year.</p> <p>The committee raised concerns around the Fire Doors and asked if there were additional mitigations in place which it was explained that many fire risks are related to smoking behaviours and this was an area of focus for operational teams and for the health and safety team. JD confirmed that he had asked that the independent review of fire doors and compartmentation made clear if any parts of buildings should not be used until remedial action had been taken, and that none of the interim results received so far had made that recommendation.</p>	<p>decisions on critical capital requirements</p> <ul style="list-style-type: none"> • Continue to pursue the sale of St Georges this year • Discussions are taking place with NHS England regarding deferral of the Fulwood receipt • Review impact on next year's capital plan 		
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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
Corporate Risk Register (CRR)	<p>There are 11 risks on the corporate risk register, three of which are monitored by Finance and Performance Committee.</p> <p>Seven risks relating to EPR, have been deescalated from the corporate risk register during</p>	<p>Work has also taken place during September, to create an overarching corporate risk (5399) relating to EPR (RIO). The committee approved the risk description and score based on including the long form for EPR and adding amending "poor engagement" to "poor staff engagement".</p>	<p>The Corporate Risk Register will continue to be presented at each committee meeting</p>	November 24	All apply

	<p>September 2024, and will continue to be managed on the Programme Board risk register.</p>	<p>There were no amendments to risk 5344.</p> <p>The committee asked that risk score for 5051 is increased to 4x4=16 as there has been no improvement and mitigations are to be put in place.</p> <p>The committee asked that the Fire Door risk is reviewed as it is noted as moderate but its score is 20 and it was requested to review the wording of the controls for the EPR risk and amend the actions to address any gaps in the controls</p>			
<p>Estates Strategy Implementation Group Report</p>	<p>The report outlined a proposal for the introduction of a new Estates & Facilities (E&F) Governance Framework aimed at enhancing the governance, oversight, and risk management processes within the directorate.</p> <p>The framework has been designed to ensure that the governance structure is robust, and aligned with the organisation's strategic objectives, while also enhancing performance management and operational delivery.</p> <p>A key component of this proposal is the establishment of a new sub-committee under FPC – the Estates & Facilities Oversight Committee. This committee is intended to replace the current Estates Strategy Implementation Group (ESIG), providing a more fit-for-purpose approach to overseeing E&F risks, statutory compliance, and operational performance.</p>	<p>The committee expressed that the revision was welcomed and requested that whilst the governance policy is being developed to engage with Dawn Pearson.</p> <p>The committee approved the recommendations and asked that the strategy element is still reported up to FPC.</p>	<p>It was requested that the master governance structure is updated with the revisions following the restructuring of the Estates and Facilities' committees and groups and that the ToRs for each group are clear in their responsibilities management processes across the directorate.</p> <p>The groups will provide an update report in March 2025.</p>	<p>March 25</p>	<p>BAF.0032</p>

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
<i>None</i>					

BAF Risks monitored at FPC 2024- 2025

BAF.0021A	There is a risk of failure to ensure digital systems are in place to meet current and future business needs, caused by failure to develop and deliver an up-to-date modern digital strategy and systems and processes to support its delivery, resulting in poorer clinical safety, quality, efficiency and effectiveness.
BAF.0021B	There is a risk of cyber security breach caused by inadequate arrangements for mitigating increasingly sophisticated cyber security threat and attacks and increased data protection incidents resulting in loss of access to business critical systems and potential clinical risk.
BAF.0022	There is a risk we fail to deliver the break-even position in the medium term caused by factors including failure to develop and deliver robust financial plans based on delivery of operational, transformation and efficiency plans resulting in a reduction in our financial sustainability and delivery of our statutory duties.
BAF.0026	There is a risk that we fail to take an evidence led approach to change and improvement caused by a failure to implement our integrated change framework effectively resulting in failure to deliver our strategy, improve outcomes, address inequalities and deliver value, growth and sustainability. Elements which would underpin this are Research, Innovation, Capability capacity and processes, and Quality Improvement
BAF.0027	There is a risk of failure to ensure effective stakeholder management and communication with our partners and the wider population and to effectively engage in the complex partnership landscape, resulting in missed opportunities to add value for our service users and to meet population needs that require a partnership approach, This may mean that we miss opportunities to also safeguard the sustainability of the organisation longer term and ultimately may fail to deliver our strategic priorities and operational plan.
BAF.0030	There is a risk of failure to maintain and deliver on the SHSC Green Plan, caused by lack of robust plans capability and capacity to deliver targets required resulting in potential to lead to poor patient outcomes, worsening of existing health inequalities, poor service delivery, disruption to services, inefficient use of resource and energy/higher operating costs, legal and regulatory action, missed opportunities for innovation, reputational damage, reduced productivity and increased environmental impact.
BAF.0032	There is a risk that our estate does not enable the delivery of our strategic priorities and meet the quality and safety needs of our service users and appropriate working environment for our staff resulting in suboptimal effectiveness, efficiency, experience and quality of care.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee**

Date: **14/11/2024**

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	<p>With the additional risks in the financial position which are being driven predominantly by an increase in the usage of out of area beds, plans are being developed for £2.25m worth of mitigations so that the planned deficit can be achieved.</p> <p>The value for Medics pay has increased in 2024/25 Medics pay remains an issue, although some work is underway.</p>	<p>The requirement to make £2.25m worth of mitigation assumes a reduction of 15 out of area beds by the end of February and the committee were not assured of delivery of the plan.</p> <p>Further work is being done to re-assess current locum usage and the expectation is that the forecast will reduce as part of the further mitigations work.</p>	Committee requested a forecast for the worst-case position with a plan proposed accordingly.	December 2024	BAF.0022

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
Transformation Portfolio Report	The Older Adults Transformation Programme and the Gleadless and Heeley Neighbourhood Mental Health Centre pilot will commence reporting to the Transformation Portfolio Board in November	In October the membership was changed to include the Project and Programme Managers who attend alongside the Senior Responsible owner to support dependency management between the programmes.	The Learning Disability Programme will continue running with Organisational development and Project Management office Support to ensure effective working relationships.	Ongoing	All apply
Corporate Risk Register	Fire Door Safety Risk	The external review of fire doors and fire compartmentation has been completed and will be discussed at	A report is being prepared for EMT and an update will be provided to the committee and	December 2024	All apply

		the internal fire safety group.	the Board on progress.		
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
Operational Plan 2024/25 Update	Strong and positive progress continues to be made to deliver quality improvements across key development areas	Committee took assurance that the operational plan deliverables are being progressed and risks to delivery are being managed appropriately	N/A	N/A	BAF.0026 BAF.0027 BAF.0032

BAF Risks monitored at FPC 2024- 2025	
BAF.0021A	There is a risk of failure to ensure digital systems are in place to meet current and future business needs, caused by failure to develop and deliver an up-to-date modern digital strategy and systems and processes to support its delivery, resulting in poorer clinical safety, quality, efficiency and effectiveness.
BAF.0021B	There is a risk of cyber security breach caused by inadequate arrangements for mitigating increasingly sophisticated cyber security threat and attacks and increased data protection incidents resulting in loss of access to business critical systems and potential clinical risk.
BAF.0022	There is a risk we fail to deliver the break-even position in the medium term caused by factors including failure to develop and deliver robust financial plans based on delivery of operational, transformation and efficiency plans resulting in a reduction in our financial sustainability and delivery of our statutory duties.
BAF.0026	There is a risk that we fail to take an evidence led approach to change and improvement caused by a failure to implement our integrated change framework effectively resulting in failure to deliver our strategy, improve outcomes, address inequalities and deliver value, growth and sustainability. Elements which would underpin this are Research, Innovation, Capability capacity and processes, and Quality Improvement
BAF.0027	There is a risk of failure to ensure effective stakeholder management and communication with our partners and the wider population and to effectively engage in the complex partnership landscape, resulting in missed opportunities to add value for our service users and to meet population needs that require a partnership approach, This may mean that we miss opportunities to also safeguard the sustainability of the organisation longer term and ultimately may fail to deliver our strategic priorities and operational plan.
BAF.0030	There is a risk of failure to maintain and deliver on the SHSC Green Plan, caused by lack of robust plans capability and capacity to deliver targets required resulting in potential to lead to poor patient outcomes, worsening of existing health inequalities, poor service delivery, disruption to services, inefficient use of resource and energy/higher operating costs, legal and regulatory action, missed opportunities for innovation, reputational damage, reduced productivity and increased environmental impact.
BAF.0032	There is a risk that our estate does not enable the delivery of our strategic priorities and meet the quality and safety needs of our service users and appropriate working environment for our staff resulting in suboptimal effectiveness, efficiency, experience and quality of care.

AUDIT AND RISK COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Audit and Risk Committee**

Date: **15 October 2024**

Chair: **Anne Dray**

KEY ITEMS DISCUSSED AT THE MEETING

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF risk
<i>There were no items to alert</i>					

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
360 Assurance Internal Audit Progress Report	<p>The committee received the updated report.</p> <p>The Trust follow up rate has deteriorated slightly with a first follow up rate of 86% and an overall follow up rate of 93%.</p> <p>The delay of 2 actions from People Directorate has impacted the deterioration in performance, whilst overall there is a marginal improvement on the position from last year.</p>	<p>Pay Expenditure and Budget Setting, Monitoring and Reporting audits have been issued with significant assurance opinion.</p> <p>Quarter 2 audits are progressing well with a draft report issued for Accounts Receivable and fieldwork completed on Business Planning.</p> <p>Audit planning for Q3 has commenced with terms of reference reviews appended to the report.</p>	<p>A cross-committee referral was made to People Committee for tracking and input on actions from individuals in response to Internal Audit actions.</p> <p>A review of the system wide discharge audit will take place to ascertain the need to be appended to the Home First recovery plan.</p>	January 2025	All BAF risks
Board Assurance Framework (BAF)	The committee received the updated BAF which was issued to assurance committees prior to ARC.	Following a deep dive on the Corporate Risk Register in August with review by EMT, proposed changes to descriptions was actioned and approved at the Board of Directors in September 2024	The committee requested a review of the current descriptors with a focus primarily on discussions relating to service actions,	January 2025	All BAF risks

		<p>Summaries, milestones, gaps, actions and assurances have been updated for receipt at Board.</p> <p>The BAF reflects cross references to the relevant corporate risks on the register.</p> <p>Board requested considering the gap between the current and target scores for strategic risks. To go through Board in January</p>	<p>financial positions and therapeutic environments.</p> <p>The lengthy descriptions of the BAF risks was noted and requested for review to simplify</p>		
Corporate Risk Report	The committee received the regular report.	Work is underway to support the directorates in preparation for the internal Audit later in the year on directorate risk management arrangements.	The committee requested the summary table on movement to include risks which have been de-escalated as well as those added, with suggestion of colour coding to display the clear movement. If there has been no movement a way for this to be highlighted showing past trends and with explanation and the likelihood and impact with a timescale for anticipated resolution to be developed.	January 2025	All BAF risks
Information Governance, Cyber Security and Artificial Intelligence Group. – AAA Report, Cyber Security Posture Review and Terms of Reference (ToR's)	<p>The Cyber Security Posture Review was presented to show how cyber security is looked at with a 7 level framework displaying different threats at relevant levels.</p> <p>The newly formed ToR's for the group were presented to the committee for approval.</p> <p>The groups AAA report was received by the committee.</p>	<p>The deadline for the Cyber Instant Response plan was reviewed and there is need for triangulation with our Emergency Preparedness Resilience and Response (EPRR)</p> <p>There is a good workforce in place for Information Governance with feedback from leaders indicating a good process is in place with quality and speed evident.</p>	<p>The committee approved the ToR's for the Information Governance, Cyber Security and Artificial Intelligence Group.</p> <p>The committee requested the impact on the service relating to Artificial Intelligence and Talking therapies due to the difficulty engaging due to capacity issues within the team to be detailed in future reporting for assurance.</p>	January 2025	BAF.0021 A (FPC) BAF.0021 B (FPC)

Trust Emergency Preparedness Group	The committee received the AAA report from the group along with the self-assessment against core standards for onward recommendation to the Board of Directors	<p>In 24/25 the focus had been on the EPRR core standards.</p> <p>Our previous years compliance sat at 10%. This year the self-assessment against the core standards indicates the Trust will achieve a compliance of 74%, a significant improvement, however, due to the availability of Chemical, Biological, Radiological and Nuclear (CBRN) training the compliance is expected to fall to the region of 57/60% after moderation. This is noted as a common problem among non AcuteTrusts.</p> <p>Some major incidents have impacted business continuity, so plans are in place to review the Trust plan to ensure it is fit for purpose and deliver training to service managers to ensure the plans are workable and that people are aware of their roles and responsibilities.</p> <p>The CBRN project is being led this year by the Yorkshire Ambulance Service (YAS).</p> <p>The Trust is on track against the overall trajectory to achieve full compliance and the committee was assured significant improvements to the rate of compliance have been made. Benchmarking with other mental health trusts is in place and the view is likely we will outperform other mental health Trusts against the standards.</p>	The committee recommended the self-assessment of the core standard to the Board for onward submission to NHSE.	January 2025	All BAF risks
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ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale	BAF risk
Counter Fraud, Bribery & Corruption Annual Report	The committee received the updated progress report.	Initial assessments against the counter fraud fundamental standards are underway to be shared with the Director of Finance	A Cross Committee referral to People Committee was made on how people who	May 2025	All BAF risks

		<p>with agreement on any actions required locally for compliance.</p> <p>A procurement review is currently underway with a review linked to a NHS Counter Fraud Authority (CFA) functional exercise with non-framework contracts, due diligence and access state of the Trust is due early November 2024.</p> <p>Closed cases are reflective on the new investigation team and of the remaining 3 open actions only one is active.</p> <p>A wholesale review is taking place internally with a revised report format reflective of counter fraud functional standards which will be reflected in the next report to the committee.</p>	are suspended and the associated costs might be overseen and monitored.		
Monitoring of Internal Audit Actions	<p>The committee received the updated report with no high priority actions identified.</p> <p>The remaining open action from the previous year's DPST delayed due to the implementation of EPR, has a confirmed revised date of March 2025.</p>	<p>3 open actions from the new DPST audit have received moderate assurance none of which are due yet</p> <p>All risk management actions receiving significant assurance have been closed.</p> <p>Head of internal audit action relating to the BAF is closed.</p> <p>The committee noted the robust process in place with reporting to Executive Management Team (EMT) prior to the assurance committees.</p>	n/a	January 2025	All BAF risks
KPMG External Audit Progress Report	<p>The committee received a verbal update on the current progress which is currently in the pre planning stage.</p>	<p>Following a review of planning and activity and preparing management lists there will be no fundamental changes to the structure of the audit process.</p> <p>The work programme is being rolled out under agreement with the Finance</p>	The committee will receive the next progress report in January 2025	January 2025	All BAF risks

		<p>Department for timelines for Value for Money, accounts planning and risk assessment.</p> <p>A debrief exercise for a year end position has been completed and preplanning training sessions have commenced with no major issues or structural changes planned.</p>			
ISA 260 Monitoring of External Audit Actions	The committee received the action tracking report providing update on the progress against actions for comment and consideration from the committee and external audit.	KPMG are to review the progress against actions and report back to DL offline	The committee are to continue to receive the regular updated reports.	January 2025	All BAF risks
Annual Report/Accounts and Quality Account (Production Plan and Timetable)	The committee received the production plan and timetable for information and review.	<p>The draft plans have been to the Executive Management Team (EMT) and will be shared for feedback with the Chair of Board and the Chair of the Audit and Risk Committee.</p> <p>Value for Money work will be submitted to KPMG in January with dates to be confirmed with an aim of having the final or near final version ready for receipt at EMT in April and ARC in May.</p> <p>Early Drafts of the annual accounts to be shared offline with the Chair.</p> <p>The first draft of the account is expected to go the EMT in February 2025.</p>	n/a	January 2025	All BAF risks
Single Tender Waivers	The committee received the single waivers tenders approved by the Executive Director of Finance since the last report in May 2024.	<p>There have been 5 competitive waivers requests authorised by the Executive Director of Finance following due consideration from the Trust's Procurement team</p> <p>No significant concerns have been identified on processes not being followed</p>	The committee will continue to receive the regular reports.	January 2025	All BAF risks
Governance Report	The committee received the report for review and support for onward presentation to the Board of Directors	The Annual Members Meeting (AMM) approved the changes to the constitution with further suggested changes going	The committee commended the comprehensive report which shows development	n/a	n/a

		through the Council of Governors (COG) in October and the Board in November.	and improvement year on year and agreed to the changes to the constitution. The committee supported the Governance report for presentation to the Board.		
Mid Year 2024-2025 Claims and Litigations Report	The committee received the mid year report.	The report provides assurance that strong processes are in place capturing key learning around claims. The learning and actions log is now presented to EMT. Details on finances and management of budgets is included in the report along with legal matters. Training and support is provided from external advisors and shared across the Trust capturing both clinical and corporate areas.	Final report to come to ARC in May 25.	May 2025	n/a
Risk Oversight Group (ROG)	The committee received the groups collated AAA reports since the last committee in July 2024	The latest group meeting discussed the EPR and fire safety risks at length with the changes reflected onto the Corporate Risk Register. Work is underway with the communications team to add support and understanding around risk appetite with the organisation and risk owners.	The group are to continue to report into the committee.	January 2025	All BAF risks
Policy Governance Group (PGG)	The committee received the group's collated AAA reports since the last committee in July 2024 for approval.	Waste management Policy EST 002 was presented to PGG and approved by the group	The committee ratified the policy decisions by PGG	January 2025	All BAF risks

BAF Risk Description 2024- 25 BAF	
Risks monitored at FPC	
BAF.0021A (FPC)	There is a risk of failure to ensure digital systems are in place to meet current and future business needs, caused by failure to develop and deliver an up-to-date modern digital strategy and systems and processes to support its delivery, resulting in poorer clinical safety, quality, efficiency and effectiveness.
BAF.0021B (FPC)	There is a risk of cyber security breach caused by inadequate arrangements for mitigating increasingly sophisticated cyber security threat and attacks and increased data protection incidents resulting in loss of access to business critical systems and potential clinical risk.
BAF.0022 (FPC)	There is a risk we fail to deliver the break-even position in the medium term caused by factors including failure to develop and deliver robust financial plans based on delivery of operational, transformation and efficiency plans resulting in a reduction in our financial sustainability and delivery of our statutory duties.
BAF.0026 (FPC)	There is a risk that we fail to take an evidence led approach to change and improvement caused by a failure to implement our integrated change framework effectively resulting in failure to deliver our strategy, improve outcomes, address inequalities and deliver value, growth and sustainability. Elements which would underpin this are: <ul style="list-style-type: none"> • Research • Innovation • Capability capacity and processes • Quality Improvement
BAF.0027 (FPC)	There is a risk of failure to ensure effective stakeholder management and communication with our partners and the wider population and to effectively engage in the complex partnership landscape, caused by missed opportunities to add value for our service users and to meet population needs that require a partnership approach, resulting in potential to miss opportunities to also safeguard the sustainability of the organisation longer term and ultimately may fail to deliver our strategic priorities and operational plan.
BAF. 0030 (FPC)	There is a risk of failure to maintain and deliver on the SHSC Green Plan, caused by lack of robust plans capability and capacity to deliver targets required resulting in potential to lead to poor patient outcomes, worsening of existing health inequalities, poor service delivery, disruption to services, inefficient use of resource and energy/higher operating costs, legal and regulatory action, missed opportunities for innovation, reputational damage, reduced productivity and increased environmental impact.
BAF.0032 (FPC)	There is a risk that our estate does not enable the delivery of our strategic priorities and meet the quality and safety needs of our service users and appropriate working environment for our staff caused by failure to effectively reflect requirements resulting in suboptimal effectiveness, efficiency, experience and quality of care.
Risks monitored at QAC	
BAF risk 0024 (QAC)	Risk of failing to meet fundamental standards of care with the regulatory body caused by lack of appropriate systems and auditing of compliance with standards, resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, development of closed cultures, reputation, future sustainability of particular services which could result in potential for regulatory action.
BAF risk 0025a (QAC)	Note this risk from the 2023/24 BAF has been closed with refinement to risk 24 and 25B .

BAF 0025b (QAC)	There is a risk of failure to deliver the therapeutic environments programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in impact on service user safety, more restrictive care and a poor staff and service user experience
BAF 0029 (QAC)	There is a risk of a delay in people accessing core mental health services caused by issues with models of care, access to beds, flow, crisis care management, and contractual issues resulting in poor experience of care and potential harm to service users
Risks monitored at People Committee	
BAF.0013 (PC)	Risk that our staff do not feel well supported, caused by a lack of appropriate measures and mechanisms in place to support staff wellbeing resulting in a poor experience for staff, failure to provide a positive working environment and potential for increase in absence and gaps in health inequalities which in turn impacts negatively on service user/patient care.
BAF.0014 (PC)	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 resulting in failure to deliver a modern fit for purpose workforce.
BAF.0020 (PC)	Risk of failure as an organisation to live by our values caused by not addressing closed cultures poor behavioural issues and lack of respect for equality diversity and inclusion, resulting in poor engagement and communication, ineffective leadership and poor staff experience resulting in negative impact on our staff survey results, quality of service user experience and attracting and retaining high quality staff.