

Public Board of Directors
Item number: 9
Date: 28 May 2025

Confidential/ public paper:	Public
Report Title:	Board Committee activity reports
Author(s)	Corporate assurance team
Accountable Director:	Executive leads and the chairs of the assurance committees
Presented by:	<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>
Vision and values:	The Trust vision is to improve the mental, physical and social wellbeing of the people in our communities. The role of each Committee is to support the Trust Board by ensuring the strategic priorities are met. This ensures that we keep improving , whilst we work together so we are inclusive .
Purpose and key actions:	This report highlights key matters, issues, and risks discussed at committees since the last report to the Board in March 2025 to alert, advise and assure the Board.
Executive summary:	<p>Each committee has considered issues under three key categories in their alert, advise, assure (AAA) reports.</p> <p>Alert: items from the from the meeting that require highlighting positive or negative and how it is being actioned.</p> <p>Advise: summary of the agenda items raised, and any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments.</p> <p>Assure: specific areas of assurance received warranting mention to Board or for noting key reports received at an assurance committee.</p> <p>The AAA reports for the Board subcommittees are attached at the appendices.</p> <p>Appendix 1 and 2 - Quality and Assurance Committee AAA report from April and May 2025</p> <p>Appendix 3 - People Committee AAA report from May 2025</p> <p>Appendices 4 and 5 - Finance and Performance Committee AAA report from April and May 2025</p> <p>Appendix 6: Audit and Risk Committee</p>

	<p>AAA report from May 2025</p> <p>Minutes from board assurance committees will be shared with the board via iBABs and non-confidential minutes are available to the public upon request</p>
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Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	No		
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes	X	No		
Reduce inequalities	Yes	X	No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
<ul style="list-style-type: none"> Well-Led Development plan that effective governance systems are in place to assess, monitor and improve the quality and safety of services. Supporting principles within the Code of Governance for NHS provider Trusts (April 2023) issued by NHS England to help NHS providers deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately discharge their duties in the best interests of patients, service users and the public, through effective flow of information between the committees and the Board. 	
BAF and corporate risk/s:	The committees have oversight of all BAF and corporate risks. Different committees offer assurance on a range of these including the management of associated risks.
Any background papers/ items previously considered:	<p>Reports highlighted in the alert, advise assure reports have been received at all the assurance committees:</p> <ul style="list-style-type: none"> Quality Assurance Committee People Committee Finance and Performance Committee Audit and Risk Committee
Recommendation:	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> formally note the minutes of the committee meetings being presented to the Board receive the alert, advise, assure (AAA) committee activity reports within the appendices for assurance and discussion.

Alert Advise Assure Quality Assurance Committee 9 April 2025

Alert:

IPQR

- Issues remain around the high number of unreviewed incidents (concerns now seen for 3 months). It was noted that this tracks with the identified hotspot areas. The risk team will be linking into these areas with a mixed approach, targeting where support is needed in order to see numbers begin to reduce.
- Challenge remains around demand in communities; higher demand for triage and assessment load. Community Mental Health Team (CMHT) are under a hotspot monitoring approach which links into Home First, so impact should become evident in the coming months.
- Significant concern remains around safer staffing at Forest Lodge with fill rates at 77%
- Concern was raised around 111 crisis lines and the feedback mechanisms in place to secure the service that users are receiving. An update on 111 crisis line to come back to the next committee in May as a matter arising.
- Inappropriate use of OOA beds remains above where we would like it to be. However, the numbers are on a downward trajectory, with delayed discharges down, A&E breaches declining and use of HBPoS moving in the right direction.
- Issues remain around the gatekeeping role assigned to the Home Treatment team. This is not yet where we need it to be.

Home First Programme

- There are issues around RIO and the patient tracking lists affecting patient flow. Interim measures are being looked into in the meantime until RIO modules are in place. A **cross-committee referral** was made to **Finance and Performance Committee (FPC)** to ensure there is oversight on this and that the issue is being addressed.

RIO Manual Migration Plan

- There is a risk due to issues with the migration of patients' addresses and telephone numbers. The committee are not assured this risk has been fully addressed.

Positive Alert:

IPQR

- Home First is beginning to have impact on patient flow and out of area (OOA) with green shoots becoming evident around OOA bed usage.
- At the time of the committee there was no one waiting in Accident and Emergency or in 136 suites or in police custody. A significant milestone.
- Specialist Psychotherapy Services waiting times remain below the mean for the 8th consecutive month
- There were no seclusion episodes reported across the Trust throughout February. Good work on Restrictive Practice at Endcliffe.

Advise:

Population Health Bi-Annual Progress Report

- The Committee were impressed with the work that is progressing. Focus remains on 3 key areas: Health Inequalities statement, health inequalities self-assessment and fair and healthy Sheffield plan, all informing and shaping the Trust's health inequalities action plan and strategy refresh.

- No major risks are being managed, work is in progress with the health inequalities statement and wider system work.
- There are limits in financing and resources in the current climate.
- The committee recommended a focus on a more limited number of targeted areas, to show measurable movement and progress against milestones linked into the strategy. This will give assurance of impact.

Patient and Carer Race Equality Framework (PCREF) Update

- There is a plan in place for Community Development Workers roles to be implemented by June 2025.
- Work is in place to develop an advisory group for the Race Action Group/community leaders
- Partnership working continues to be strong, with positive feedback from community leaders and partners.
- A further 6 months has been funded for the project to further support with learnings and implementation.
- The committee noted external assurance through the positive feedback from the Governors and the Pakistani Muslim Centre.
- The committee requested a need for a focus on the impact of actions in relation to the work which is progressing, in order to gain assurance.

Quality Assurance Committee Annual Report and Review of Effectiveness

- The committee received the annual report with updates and progress on the objectives for 2024/2025 and the proposed objectives for 2025/2026.
- The committee **agreed** to the progress and **approved** the objectives.
- The terms of reference will be updated prior to submission to the Audit and Risk Committee in May 2025.

Draft Quality Account

- The committee received the draft quality account and any suggestions or comments will be circulated to the team within the next 2 weeks.

RIO Manual Migration Plan

- The committee received the migration plan and are assured on the progress evident. There are minor teething problems which are broadly being addressed in a systemic way.

Assure:

Quality Equality Impact Assessments

- In March 2025 the panel considered the following schemes: *Crisis House re-tender*
- The committee remain assured of the processes in place whilst seeking more information on the impact factors considered as part of the process.

Protected Characteristics Recovery Plan

- Proposed changing of the slides in cascade so all protected characteristics are detailed to further motivate staff detailing the current improvements which have been made.
- All 5 Pilot teams are improving in collecting this data compared to national and SHSC benchmarking and SHSC reference values i.e. performing better than the mean across SHSC and nationally
- Migration to Rio has caused challenges in capacity of staff to dedicate time to this but there are opportunities presented by Rio which will support better data collection.
- The committee noted new approach is evidently having impact and further improvements are anticipated during further rollout.

Home First - Delivering a sustainable therapeutic acute and crisis care model

- The committee are assured that impact is evident which is showing through the IPQR and the qualitative data coming through such as from the lived experience member of the governance group.

Policy Governance Group Report

- The committee received the monthly report from the group and ratified the decision of the meeting on 31st March 2025 on the 5 policies.

Eliminating Mixed Sex Accommodation Compliance Report

- The committee received the declaration and are assured there have been no breaches in compliance.

Risks reviewed: All risks reviewed by risk owners and **approved** by the committee.

- **Approval** of new risk **5438** relating to a programme of improvement and enhanced monitoring by commissioners at Forest Lodge scoring 12
- Risk **5432** relating to staffing levels at Forest Lodge, proposed for escalation will continue to be managed on the directorate risk register which has been approved by the executive lead, and the Board of Directors in March 2025.
- **Four** risks have actions that are **overdue** for review, and these have been escalated to risk owners and executive leads for immediate action.

Feedback to Trust Board:

Approved by Chair and date:

Heather Smith, Committee Chair, Non-Executive Director



Alert Advise Assure

Quality Assurance Committee 14 May 2025

Alert:

Ligature Anchor Point (LAP) Annual Statement of Compliance 2025

- The committee received the annual statement of compliance and whilst offering assurance that there is a comprehensive programme of LAP assessments and that all LAP risks associated with the CQC section 29a warning notice have been addressed, there remains a risk as some areas continue to have ligature anchor points due to constraints within the capital plan and prioritisation of this risk. Forest Lodge was a particular case in point as the LAPs have not yet been addressed.
- Assurance required in relation to how staff ensure risk management/care plans take account of LAP risks.

Integrated Performance and Quality Report (IPQR)

- Unreviewed incidents remain a concern reaching their highest level in over 2 years in March 2025. Mitigations are in place led by the risk team and assurance on progress will return to the Committee in June under matters arising.

Positive Alerts:

NHS Community Mental Health Survey 2024

- The survey consisted of 7 sections and, for SHSC, all 7 sections scored higher than average. It was pleasing to note high scores in areas such as 'seeking feedback' from service users and also 'support while waiting'.
- The recommendations in the report were commended, however a request was made to receive assurance on how the recommendations will be translated into action.

Integrated Performance and Quality Report (IPQR)

Patient flow is performing well in line with trajectory with evident improving trends:

- Health-Based Place of Safety (HBPoS) has seen the lowest number of breaches in since April 2024 representing an improving position.
- Emergency Department breaches have now returned to below the mean average (3 breaches).
- Use of out of area (OOA) bed nights is continually reducing and exceeded the target for March.
- % delayed discharges exceeded target (6.8% compared to 10% target)

A number of waiting times for specialist services show a positive trajectory:

- Specialist psychotherapy, lowest number waiting for 2 years
- Eating disorders, upward trajectory now under control and backlog being addressed
- Psychosexual service, lowest number waiting for 2 years
- Perinatal service, exceeding access target
- HAST, lowest number waiting for 2 years

[To note: SAANS, some data accuracy issues to be resolved]

Advise:

Sheffield NHS111 MH Option Telephone Helpline Service Update

- The committee received the requested key updates on the call abandonment rates, call answering performance and service user feedback mechanisms in place.
- Issues remain with service user experience feedback mechanisms; however processes are now in place to ensure that improvement will be achieved in the next 3 months. The committee requested an updated position in relation to feedback to be reported in 6-months' time.

Enhanced Support Update (formerly Hotspot Report)

- The committee received the bi-monthly report outlining the new criteria approved by EMT for determining teams that require enhanced support.
- The committee are assured on the new criteria for identifying teams requiring enhanced support. However, the Committee asked further detail regarding how the metrics that will trigger enhanced support will be monitored and identified early. This will be addressed through improved governance processes.

Tier II- Health and Safety Group Report - Annual Health and Safety Report April 2024 to March 2025

- The committee received the annual report and approved for onward reporting to the Board with some minor amendments to narrative.

Tier II- Health and Safety Group Report - Q4 2024 / 2025 Health and Safety Committee highlight report

- The committee noted the reduction in the scoring of the risk relating to fire doors and the mitigations which are in place including annual fire risk assessments (100% complete as 31 March 2025), biannual fire drills in inpatient services (100% complete as 31 March 2025), additional fire education sessions taking place, planned preventative maintenance and oversight from the Executive Management team (EMT)
- The committee asked for further tightening of the key information in the front sheet to ensure audit trails through governance routing can be identified.

Clinical Audit Programme

- The committee received and **approved** the clinical audit programme 2025-2026 noting the use of the clinical audit to support change.
- The committee noted the alignment of the programme with the Trust quality priorities and the Improvement and Change framework.

Waiting Times for CMHT Allocation

- There is a noted reduction in overall waiting times and waiting lists are being managed on a need and risk-based basis.
- There is evidence of data discrepancies, however the committee are assured these are being investigated with some issues predominantly due to data migration with the new electronic patient record (EPR)
- Whilst there is evidence of grip on the issues presented, there is limited assurance on the intended impact with challenges to practice and engagement.

Clinical and Social Care Strategy Bi-Annual Update

- Workstreams are now in place across the Trust including Quality Improvement.
- The committee are assured there is delivery against the Trust's strategic plan. The committee would like to see more data to demonstrate the impact of the strategy on quality-of-care delivery.

Freedom to speak up (FTSU) annual report 2024-2025

- The committee received the annual report for recommendation to the Board of Directors.

Quality Account – Final

- The final draft of the Quality Account was received. The committee noted the excellent patient story and how this aligned to the Trust's values. The account was approved for onward reporting to the Board of Directors.

Plan to respond to Independent Mental Health Homicide Review

- The committee received the report and action plan and noted that the action plan has been devised in a way to ensure learning translates into action. However, the committee requested a further review of the action plan to ensure improvements can be measured to demonstrate impact.

Assure:

Quality Equality Impact Assessments (QEIA)

- The Associate Director of Communications and Corporate Governance outlined work she is commencing in June 25 to change the way that equality impacts are evaluated. She is proposing to establish a knowledge base of the relevant research that wards or services can access to support them to create a service-level EIA that would be reviewed annually, and which would form the basis of their assessment of any specific changes.
- The committee are assured risks are being effectively evaluated and the process continues to be reviewed for improvements whilst remaining robust.

Internal audit open actions tracker

- The report was received highlighting the good position with a 92% follow up rate with all audit actions complete

Policy Governance Group Report

- The committee received the monthly report from the group and **ratified** and **approved** the decision of the meeting on 26th April 2025 on 5 policies.

Risks reviewed: All risks reviewed by risk owners and approved by the committee.

- Risk **5001** review of the wording – **Approved**

Approved by:

Heather Smith, Committee Chair, Non-Executive Director

Date: 15 May 2025

Alert Advise Assure

People Committee 13 May 2025

Alert:

Supervision

- Supervisions compliance has dropped to a new historic low of 49% (Trust wide) since the switch to recording as part of manager self-service on ESR.
- To further support recording of supervisions and PDRs in ESR all user guides and standard operating procedures have been updated and circulated as well as the workforce team and HR business partners providing face-to-face training and support to ensure staff are trained and feel confident with the new system. The committee expressed that it is important to maintain good staff morale during this transition phase.
- The committee asked that supervision and PDR data is broken down by area in the next report if there isn't a significant improvement.

Mandatory training

- Mandatory training continues to underperform in a number of areas with Moving and Handling at a new low of 46%,

Time to hire

- Time to hire has risen again, to 96 days. Work is progressing to ensure data accuracy, which should reduce closer to target by the next reporting cycle. Revised national guidance on reporting time to hire will also impact on the reduction.

Positive alert - Rostering benefits realisation

- The work in our e-roster system is proving to be beneficial. Data shows a reduction in agency usage (40% to 11.9%), an increase in bank usage (60% to 88.1%), no off-framework agency use and no agencies above the price cap (apart from medical locums). The reduction in temporary staffing over the past 2 years has resulted in a saving of £2.1m. The e-roster report also highlighted that 96% of annual leave has been taken in-year.

Inclusion and Equality Assurance Group Report

- Despite action focused on improving the ethnicity disparity ratio, there continues to be an underrepresentation of ethnically diverse staff in senior roles.
- There is a reduction for all staff in bullying and harassment, however disabled staff and ethnically diverse staff have a worse experience and average improvement is not matched for these groups.
- Ethnically diverse staff experience of discrimination from a manager, team leader or colleague has not reduced and is above the benchmark. Networking with Bradford Trust will take place to see if there are any lessons we can implement.

Positive alert - Inclusion and Equality Assurance Group Report

- Bullying and Harassment experienced by all staff reported in the staff survey is reducing year on year.
- The relative likelihood metric for ethnically diverse staff entering a formal

disciplinary has reduced from 2.76 in 2024 to 0.94 in 2025

Advise:

Sickness levels

- Sickness has dropped to 6.4% with 12 month rolling sickness showing a lower average sickness over the winter period than last year. Overall, the sickness target of 5.1% continues to be unmet.

Bank staff supervisions

- The committee were concerned that bank staff do not all have supervision or that supervision is not being recorded.
- It was noted that supervision is offered to bank staff, but some bank staff work trust wide and therefore a trust wide approach to supervision of bank staff is to be considered and an update presented in July.

People Plan 2025-26

- This report was received and commented on requesting that the key performance indicators are further developed

Medical Workforce Planning Update

- A verbal update was received which confirmed a separate dashboard has been developed and will be reported to People committee as a regular item. Benchmarking will also be included.

Freedom to Speak Up (FTSU) Annual Report 2024/25

- This report was received, and it was requested that future reports demonstrate what has been changed or improved across the organisation as a direct result of FTSU work.

Mandatory Training Governance Report

- The report was received. By the end of June 2025, the National Review should allow the Trust to understand the frequency and type of training required. The report will return to People Committee in September.

Annual Gender Pay Gap Report

- The organisation's mean pay gap has slightly increased to 8.8 from 7.6 but compares favourably with previous benchmarking.

Policy Governance Report

- The committee ratified the policies which had been presented to Policy Governance Group.

Assure:

The following reports were received at committee:

- Quality Outcomes Framework report (Knowledge and Libraries Service) -an excellent report for the Trust.
- Internal Audit Action Tracking Report

Risks reviewed:

The score for corporate risk 5409 relating to a risk of patient safety due to medical staffing and recruitment challenges has been reduced from 16 to 12 given that although vacancies continue, these are being managed. This was also approved at the Board of Directors in March 2025.

Feedback to Trust Board:

There was no additional feedback to the Board other than indicated in the alert and

advise section of this report.

Approved by:

Heather Smith, Chair and Non-Executive Director

Date:

19/05/2025

Alert Advise Assure
Finance and Performance Committee
Date: 10/04/2025

Alert:

- Positive alert relating £4.2m of funding for Maple ward improvements. The committee praised the work that was done regarding the Maple bid which will provide £4.2m of funding, noting that the entire capital cost of the Maple project has been sourced from external funding between 2024-2025.
- Positive alert noting that the revised deficit plan for M12 will be achieved. It was advised in committee that as of month 11, the year-to-date deficit position of £5.5m is £0.6m better than planned (£1.2m improvement on previous gap to forecast). And that with these changes since Month 10 it has been possible to improve the forecast deficit to £6m. The committee were advised that the current position is subject to change as it is presently in draft, however the revised plan should be delivered, with relevant risks and issues being accounted for.
- The committee felt unassured that the Value Improvement Programme would meet its target as its goal is £8m as currently it is static at £3.9m. A paper will be taken to Executive Management Team with costed ideas for how the Trust can meet its VIP target and it was also noted there is more benchmarking data which helps the Trust manage expectations on what can be achieved.

Advise:

- Rio went live on 25th March, within budget and on time. Work is underway to address priority one issues and a number of these have been resolved. It has been noted there have been repeat tickets which should reduce once staff become more familiar with the system. The committee were very happy with the roll out and heard that there had been positive feedback from clinicians.
- Out of area usage was at 30 at the time of the committee, with the 2025-26 forecasting for an average of 20 beds. The current figure is a large reduction from the usage in January, which was over 40, however this still represents a large financial risk to the plan. If numbers averaged around 40 for the year this would be a further circa £7.5m cost pressure. It also assumes underspending areas will continue to underspend at the same level. This remains a risk as some areas may have higher underspends due to the focus on reducing spend in 2024-25.

Assure:

- N/A

Risks reviewed:

- Risk 5344 relating to the integrity and safety of fire doors has been reviewed following the monthly clinical risk and governance (CRAG) meeting and in line with the survey's findings. The group agreed to reduce the risk score from 20 to 15 and this has been agreed by the executive lead.
- Risk 5051 relating a risk of failure to deliver the required level of savings for 2024/25 has been updated for the month 11 position. Savings have been delivered, and the 2024 - 2025 position has improved the £6m deficit. The risk has met its target score of 6 and a renewed risk reflecting the risk on planned deficit for 2025/26 has been added to the register with a proposed risk score of 15.

- There has been no change to risk 5399 relating to Rio as the although the system is live, it remains in the early life support period.

Additional information:

- N/A

Approved by:

Owen McLellan

Date

11/04/2025

Alert Advise Assure

Finance and Performance Committee

Date: 15 May 2025

Alert:

Maple Ward Improvement

- Maple Ward is planned to open by the middle of November 2025 and Dovedale 2 by the end of February 2026. This is a result of two scope changes (installing door top alarms in Dovedale 2 and replacing the seclusion space in Maple Ward), which will affect timelines and costs. It was requested that a report should come to FPC in June 2025 to outline the recommendations and costs, as well as the implication to the Home First programme as there may be additional out of area usage during this time.
- It was noted that at Executive Management Team on 15 May 2025 that some contingencies have been rejected which means the finances can be reallocated.

Home First Programme

- Home First programme is currently rated amber with 26 out of area patients as of 15 May, compared to the target of 30 for April 2025. The focus is on maintaining grip and further reduction in the usage.

2025-2026 Financial Plan

- The final SHSC revenue plan for 2025-26 shows a deficit of £4.9m with £8m efficiencies requirement. This is within the context in this paper of achieving breakeven in 2026/27
- NHS England requested that all system re-submit their plans, South Yorkshire Integrated Care System (SYICS) have already submitted a breakeven plan but NHS England still requested a re-submission to provide assurance that risks were reducing and the plan was more achievable.
- There have been the following changes to the plan submission for SHSC:
 - Updated efficiency plan – this has reduced efficiencies risk rated as high from 68% to 24%
 - Updated risk and mitigation values due to lower risk on value improvement programmes (VIP). Any risks at this point are expected to be offset by additional efficiencies, additional financial controls or additional income from Commissioners.

2025-2026 Capital Plan

- The committee noted there is further work to do to align the capital plan with the risk register however they were assured that there is a robust process in place for prioritisation via a dedicated capital project group which reports to Business Planning Group and up to senior leadership teams.
- The plan identifies several “must do” actions and this has been taken into account during prioritisation. Consideration of strategic priorities is conducted.
- The committee did not feel completely assured that there is a robust capital allocation framework in place, it was requested that when the report returns to FPC, the capital allocation framework is included for assurance.

Advise:**Month 12 Financial Performance**

- The £6m deficit described in Month 11's report was achieved. This resulted in a positive variance to plan of £0.5m due to aligning the Capital policy in the Trust to other NHS providers in South Yorkshire.
- The position has been achieved despite Out of Area overspending by £8.9m as a result of increased delayed discharges and increased length of stay. This has been possible due to the additional financial controls and mitigations put in place since Month 6.

St Georges and Fulwood Sale

- St Georges paperwork is with the lawyers and there has been no significant update. Executive Director of Strategy expressed that he intends to review this to see if there has been any movement or if there are any blockers.

Assure:**Digital Assurance and Approval Group Assurance Report**

- Yearly Digital Maturity Assessments results have been published where in 2024, SHSC had the lowest scores in South Yorkshire ICS, the Northeast and Yorkshire region and all Mental health trusts in England.
- In 2025 our scores will improve four of seven areas. The results from the assessment will be shared publicly by NHS England.
- Strengths, Weaknesses, Opportunities, and Threats analysis of Digital took place as part of Business Planning process and it was identified that all staff need support to improve digital maturity. A 3–5-year investment plan is being developed and FPC asked that actions from the assessment are shared in the next report.

Risks reviewed:

- All corporate risks have been reviewed in accordance with the review frequency outlined in the risk management framework.
- Risk 5399 relating to the implementation of Rio was closed on the 25 April 2025.
- The committee noted that for Rio the trust is transitioning to the optimisation phase meaning the implementation risk could be closed.
- There will be a new risk opened for the transition phase.

Additional information:

- N/A

Approved by:

Owen McLellan

Date

16/05/2025



Alert Advise Assure
Audit and Risk Committee
19 May 2025

Alert:

- None

Advise:

The committee received and APPROVED:

- 2025/26 Internal Audit Plan and Charter for 2025-2026
- Counter Fraud 2025/26 Work Plan for 2025-2026
- KPMG External Audit Plan including Value For Money Risk Assessment minor issues relating to the potential for accounting adjustments and the electronic patient record.

The committee APPROVED for onward recommendation to the Board

- Accounting Policies review – 2024/25 The committee **approved** the accounting policies for 2024-2025 annual report and accounts specifically the length of life and capitalisation of the EPR.
- Going Concern Basis - Preparation of Annual Accounts 2024/25 presenting the case for Sheffield Health and Social Care NHS Foundation Trust (SHSC) to produce and report their 2024/25 Financial Statement and Annual Accounts on a “**going concern**” basis. The Committee **recommend** that the Trust Board adopts this when they approve the audited Annual Report for 2024/25.
- Losses & Special Payments Full Year Report – 2024/25 with 67 cases totalling £27k reported for 2024/25. The case numbers include property damage and Ex-gratia payments. Any amendments found through the auditing process will be presented at the next Audit and Risk Committee if required. The report will continue to come to the committee annually.
- Material Estimates 2024/25 - some significant balances where estimations are required with risks being mitigated by taking independent advice.

2025/26 Interim Head of Internal Audit Opinion

- An interim opinion of **significant assurance** is provided with a generally sound framework of governance, risk management and control designed to meet the objectives of systems under review and consistent application of controls.

Internal Audit Progress Report

- The Trust's follow up rate for 2024/25 was confirmed as first follow up rate: 89% (92% for High and Medium risks) and overall follow up rate: 98%

Internal Audit Open Actions Tracker

- The current percentage rate as of 2 May 2025 for completion of actions currently stands at 92% for first follow up rate for high and medium risks

Counter Fraud Progress Report as at May 2025 including Functional Standards Report

- The committee were presented with the progress report providing assurance regarding the recommended assessment rating for each of the components of the Counter Fraud Functional Standard Return (CFFSR). The committee were assured that agreed assessment and actions are in place with further training planned in addition to that on induction linking into the national review, mandatory training will align with these updates.

- Issues remain around training and awareness, feedback and evidencing relating to counter fraud standards. Committee requested a lessons learned approach going forward in onward reporting, reviews of policies and control processes.

KPMG External Audit Progress Report

- All planning and risk assessments are completed within the timelines
- Year end audit is progressing well with good engagement from the Trust
- There is a new risk relating to the electronic patient record

Draft Accounts and Analytical Review 2024/25

- The committee received the report and requested a breakdown of cash and the reasoning for movement to be shared offline with members.

Revised SO's, SFI's and scheme of delegation

- The committee received and noted the report requesting minor amendments to the narrative relating to partnership governance prior to submission to the Board

Annual Report and Accounts Planning and submission of drafts and final versions including annual draft governance statement

- The committee received the first iteration of the annual report and the annual governance statement with final versions to be presented at Audit and Risk Committee on 16 June 2025 and Board of directors on 25 June 2025.

Board Assurance Framework (BAF) 2025-2026 and risk appetite review

- The Trust is in the process of implementing a refreshed Trust strategy, and this will require alignment of both the corporate risk register (CRR), and BAF against priorities and objectives, the committee requested more focus on the gap between targets and current positions to ensure any emerging risks are alerted and mitigations are put into place.
- The political, economic, social, technological, legal, environmental (PESTLE) and strengths, weaknesses, opportunities, threats (SWOT) will be updated to support the new strategy. Once complete the PESTLE and SWOT analysis will be used to further inform the new Board Assurance Framework.

Risk Management Framework

- The committee are confident with the processes in place.
- Work is underway to review the framework for 2025-2026. Feedback from the divisional risk management audit undertaken during 2025-2025 will be incorporated into the revised framework.

Annual Reports from the Board Committees

- The committee received the annual reports and review of effectiveness from People Committee, Quality Assurance Committee, Finance and Performance Committee, Mental Health Legislation Committee and Remuneration Committee
- ARC recommended **approval** of the annual reports from Board Committees including proposed changes to Terms of Reference (TOR) noting that there would be further review of TOR as the recommendations of the governance review by the Good Governance Institute are worked through.

Audit and Risk Committee Annual Report and Review of Effectiveness

- The committee received the annual report and review of effectiveness detailing progress on 2024-2025 objectives and **approval** of the 2025-2026 objectives.

Annual End of Year Claims and Litigation Report

- The committee received the annual report with assurance that a future approach of lessons learnt will be implemented with a review on the management of legal representation and claims functions within the Trust

Cyber, Information Governance and Artificial intelligence group Report

- Preliminary discussions with 360 Assurance have taken place to plan the 2025/26 Data Security Protection Toolkit (DSPT) audit.
- Work is ongoing to increase our cyber security including the planned rollout of new technology.
- A Cyber Incident response plan is currently being developed. This has been presented to the group and with some minor adjustments requested prior to finalisation.

Assure:**FT Annual Reporting Manual Changes**

- The committee **noted** the minor changes to the FT Annual Reporting Manual
- The DHSC Group Accounting Manual 24-25 was issued on 7 January 2025. The only change for SHSC was a minor reduction in discount rates applied to the Injury Benefits provision (2.4%, previously 2.45%)
- The NHSE Completion Instructions for the “Trust Accounts Consolidation” (TAC) confirm that there are no new accounting standards to implement this financial year and no other new financial reporting requirements.

Policy Governance Group Report

- The committee received the group’s report and **ratified** the decisions of the group from February and March 2025

Trust Emergency Preparedness Group (TEPG) Report

- As of 2025, SHSC is compliant with 65% of the NHS England (NHSE) EPRR Core Standards. Despite a significant improvement, our overall position is non-compliant.
- The group has made a significant improvement against the NHSE EPRR Core Standards.
- The aim is to be 85% compliant this year and fully compliant by 2026, which is in line with other mental health trusts nationally
- Concern remains over the issues with Hazardous Materials (HAZMAT) and Chemical, Biological, Radiological, and Nuclear (CBRN) training and exercising due to the lack of capacity from Yorkshire Ambulance Service (YAS) whilst plans are in place and the risk of incidents remains low. ARC requested that future reporting clarified those standards where compliance was wholly within the Trust’s control and those where we are reliant on external resources

Risk Oversight Group AAA Report

- The committee received the quarterly report from the group and are assured on the robust process on risk management.

Governance Report

- The report provided to the committee offers assurance that appropriate monitoring arrangements are in place

Single Tender Waivers

- The committee received a summary of the waivers approved by the Executive Director of Finance since the report to the January 2025 meeting in respect of the financial year 2024/25 including comment on sign-off of each waiver for assurance. It was noted that a number of waivers were necessary because of the need to spend newly available monies before the 31 March 2025
- The committee are assured on the processes and suggestions in place.

Risks reviewed:

- No risks under the remit of the committee were reviewed.

Additional information: n/a**Approved by:** Anne Dray, Audit and Risk Committee Chair and Non-Executive Director**Date**

21 May 2025