

# Board of Directors – Public

## SUMMARY REPORT

Meeting Date: 24 November 2021  
 Agenda Item: 19

<b>Report Title:</b>	<b>Annual Review of Committee Effectiveness</b>		
<b>Author(s):</b>	Susan Rudd, Director of Corporate Governance		
<b>Accountable Director:</b>			
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	Audit and Risk Committee (ARC) Finance and Performance Committee (FPC) Quality Assurance Committee (QAC) People Committee (PC)	
	<b>Date:</b>	(May to October 2021)	

### Summary of key points in report

The attached report provides details of the activity for four of the five current Board committees during 2020/21 and sets out how they met their terms of reference and key priorities and objectives.

To note: the Mental Health Legislation Committee (MHLC) was recently established in April 2021 and will be incorporated into the report for 2022/23.

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

Consider for Action	Approval	Assurance	x	Information
---------------------	----------	-----------	---	-------------

Audit and Risk Committee (ARC) received and considered the report in October 2021 and were assured that the committees listed were compliant with their terms of reference and recommended the report is presented to Board for approval.

The Board is asked to receive and approve the Committee Annual Report 2020/21.

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

	Yes	X	No
Covid-19 - Recovering effectively	Yes	X	No
CQC Getting Back to Good – Continuous improvement	Yes	X	No
Transformation – Changing things that will make a difference	Yes	X	No
Partnerships – working together to make a bigger impact	Yes	X	No

Is this report relevant to compliance with any key standards ?					State specific standard
Care Quality Commission Fundamental Standards	Yes	X	No		
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?					
<b>Have these areas been considered ? YES/NO</b>					
					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes		No	X	<i>Not specifically applicable in relation to this report although all of these were given consideration in the appropriate reports during 2020/21.</i>
Financial (revenue & capital)	Yes		No	X	
Organisational Development /Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	

# Audit and Risk Committee

## SUMMARY REPORT

Meeting Date: 19 October 2021

Agenda Item: 10

<b>Report Title:</b>	<b>Annual Review of Committee Effectiveness</b>		
<b>Author(s):</b>	David Walsh, Director of Corporate Governance		
<b>Accountable Director:</b>	Non-Executive: Anne Dray, Chair of the Audit and Risk Committee Executive: Phill Easthope, Executive Director of Finance and Performance		
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	N/A	
	<b>Date:</b>	N/A	

### Summary of key points in report

This report summarises activity of the committee for 2020/21, and provides the equivalent reports overseen by the People Committee, Finance and Performance Committee and Quality Assurance Committee for review prior to the full suite of reports being presented to Board. The objectives of each committee are also set out.

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

<b>Consider for Action</b>	<b>X</b>	<b>Approval</b>	<b>X</b>	<b>Assurance</b>		<b>Information</b>	
----------------------------	----------	-----------------	----------	------------------	--	--------------------	--

The committee is asked to receive the annual report for 2020/21, confirm compliance against the committee's terms of reference, and approve for affirmation before the Audit and Risk Committee and Board

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

Covid-19 Getting through safely	Yes	<b>X</b>	No	
CQC Getting Back to Good	Yes	<b>X</b>	No	
Transformation – Changing things that will make a difference	Yes	<b>X</b>	No	
Partnerships – working together to make a bigger impact	Yes	<b>X</b>	No	

### Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission	Yes	<b>X</b>	No		Good Governance
IG Governance Toolkit	Yes		No	<b>X</b>	

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience	Yes		No	X	<i>Not specifically applicable in relation to this report although all of these were given consideration in the appropriate reports during the 2020/21 year described in the paper.</i>
Financial (revenue & capital)	Yes		No	X	
OD/Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	

## Section 1: Analysis and supporting detail

### Annual Report of the Audit and Risk Committee

- 1.1 This Annual Report summarises the activities of the Audit and Risk Committee (the committee) for the financial year 2020/21 setting out how it has met its terms of reference and key priorities.
- 1.2 The purpose of the committee is laid down in its terms of reference. The committee is expected to provide the Board of Directors with assurance in relation to the adequacy of controls, processes and governance structures, in consultation with other committees. In doing so, the committee seeks assurances from internal and external auditors and monitors the effectiveness of financial and corporate governance assurance processes.
- 1.3 The committee provided a regular progress report to the Board of Directors by means of a Significant Issues Report following each meeting during 2020/21. This has since been further developed into the Alert, Assure, Advise reporting mechanism.
- 1.4 Key activity during the year included:

#### Internal audit

- Progress reports throughout the year
- Receipt of final Head of Internal Audit Opinion for 2019/20 and interim reporting on development of Head of Internal Audit Opinion for 2020/21
- Receipt of final 360 Assurance Counter Fraud, Bribery and Corruption Annual Report for 2019/20
- Consideration of the Internal Audit Charter
- Approval of the 360 Assurance Internal Audit Plan for 2020/21
- Approval of the 360 Assurance Audit and Counter Fraud Plan for 2020/21

#### External audit

- Progress reports throughout the year
- KPMG External Audit Report for 2019/20
- Receipt of final Annual ISA 260 Report for 2019/20
- Receipt of draft and final opinion in relation to annual accounts 2019/20
- Receipt of the External Audit Draft Management Letter of Representation

#### Financial Matters

- Approval of accounting policies
- Consideration and approval of the Losses and Special Payments Full Year Report for 2019/20
- Consideration and approval of the Material Estimates report for 2019/20

#### Corporate Governance

- Undertaking of the committee self-assessment for 2019/20
- Approval of the Annual Report for 2019/20, including the Annual Accounts and Annual Governance Statement, and initial consideration of all of these matters for 2020/21
- Consideration and the making of recommendations to Board in respect of self-certification against provider licence conditions
- Monitoring and receipt of the Register of Interests and Register of Hospitality, Sponsorship and Gifts
- Oversight and periodic reporting of Emergency Planning and Preparedness matters, including in relation to EPRR compliance, EU Exit and Covid 19
- Development, alongside other committees, of new arrangements for Policy Management, including approval of a new Policy Framework and regular

- responsibility for ratification of policies under the responsibility of the committee
- Receipt of periodic reporting from the Policy Governance Group
- Oversight of committee-wide changes to governance structures affecting groups below committees, with specific focus on groups under the committee's responsibility and wider consideration of the review across all committees prior to reporting to Board
- Consideration of breaches to standing orders and standing financial instructions
- Receipt of bi-annual report of the Digital Information Governance Group

#### **Internal control and risk management**

- Regular monitoring and oversight of the Board Assurance Framework and Corporate Risk Register
- Oversight of information governance/security issues arising in relation to an incident affecting the Insight electronic patient record system
- Periodic consideration of the Freedom to Speak Up Bi-annual Report

#### **Other matters**

- Oversight and reporting of approved single tender waivers

1.5 The committee undertook a self-assessment early in 2020/21 and agreed the following areas for action for 2020/21:

- Improving the position in relation to the outcome of the Head of Internal Audit Opinion for 2020/21
- Improving Clinical Risk Oversight
- Improving lines of sight for improvement action plans across all services.

#### **Membership and attendance**

1.6 During 2020/21 the Committee met on six occasions. The meeting was quorate on every occasion. Attendance was as shown below:

<b>Name</b>	<b>Position</b>	<b>Attendance</b>
Ann Stanley	Chair (to 31 October 2020)	5/5
Anne Dray	Chair (from 1 November 2020)	1/1
Sandie Keene	Non-Executive Director	6/6
Richard Mills	Non-Executive Director	6/6

#### **Outcome**

1.7 The review identified that the committee has delivered the responsibilities as set out in the terms of reference. Attendance at all meetings has been 100%.

#### **Annual Reports of other Board Committees**

2.1 The Finance and Performance Committee, People Committee and Quality Assurance Committee have separately considered their annual reports for 2020/21. These are attached to this report as appendices. It is proposed that following consideration at this meeting, the full suite of reports be presented to Board for receipt at November's meeting.

2.2 In considering its report, the Finance and Performance Committee agreed its areas for action as follows:

- Embedding work relating to the Performance Framework to build on the success of the implementation of the Integrated Performance and Quality Report
- Develop a more sophisticated approach to CIP planning in consideration of additional financial challenges arising from the Covid pandemic
- Oversee key transformation projects including Leaving Fulwood

2.3 Following consideration of its report, the People Committee agreed its areas for action as:

- Ensuring adequate focus on a culture change programme including leadership development
- Maintaining oversight of recruitment and retention and monitoring risks associated with this
- Ensuring organisational prominence in relation to Equality, Diversity and Inclusion

- matters
  - Embedding the new governance arrangements to ensure greater engagement, flow of information and distributed decision making.
- 2.4 Following discussion at the Quality Assurance Committee, the following four areas for focus were agreed (wording subject to change at the time of writing this report):
- Oversee delivery of quality and clinical improvement actions in response to inspections outcomes and organisational objectives
  - Develop improved lines of sight from ward to Board through the realisation and embedding of governance structures below committee
  - Ensure the voice of those with lived experience is given increased prominence by improved engagement with service users, carers and their friends and families
  - Ensure quality and safety risks are reduced through the monitoring and delivery of actions to improve controls and mitigations.

## Section 2: List of Appendices

Appendices – Annual reports of other Board committees

# Quality Assurance Committee

## SUMMARY REPORT

Meeting Date: 13 October 2021

Agenda Item: 07

<b>Report Title:</b>	<b>Annual Activity Report of the Quality Assurance Committee</b>		
<b>Author(s):</b>	David Walsh, Director of Corporate Governance		
<b>Accountable Director:</b>	Non-Executive: Sandie Keene, Chair of the Quality Assurance Committee Executive: Beverley Murphy, Executive Director of Nursing, Professions and Operations		
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	N/A	
	<b>Date:</b>	N/A	

### Summary of key points in report

This report summarises activity of the committee for 2020/21 for presentation to Audit and Risk Committee then Board.

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

<b>Consider for Action</b>	<b>X</b>	<b>Approval</b>	<b>X</b>	<b>Assurance</b>		<b>Information</b>	
----------------------------	----------	-----------------	----------	------------------	--	--------------------	--

The committee is asked to receive the annual report for 2020/21, confirm compliance against the committee's terms of reference, and approve for affirmation before the Audit and Risk Committee and Board

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

Covid-19 Getting through safely	Yes	<b>X</b>	No	
CQC Getting Back to Good	Yes	<b>X</b>	No	
Transformation – Changing things that will make a difference	Yes	<b>X</b>	No	
Partnerships – working together to make a bigger impact	Yes	<b>X</b>	No	

### Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission	Yes	<b>X</b>	No		Good Governance
IG Governance Toolkit	Yes		No	<b>X</b>	



Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience	Yes		No	X	<i>Not specifically applicable in relation to this report although all of these were given consideration in the appropriate reports during the 2020/21 year described in the paper.</i>
Financial (revenue & capital)	Yes		No	X	
OD/Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	

## Section 1: Analysis and supporting detail

### Annual Report of the Quality Assurance Committee

- 1.1 This Annual Report summarises the activities of the Quality Assurance Committee (the committee) for the financial year 2020/21 setting out how it has met its terms of reference and key priorities. The report is provided to the Audit & Risk Committee as a form of assurance.
- 1.2 The purpose of the committee is laid down in its terms of reference. The committee is expected to provide the Board of Directors with assurance in respect of the delivery of safe care at all times, the provision of timely access to effective care, the provision of positive experience and outcomes for service users and carers and ensuring effective quality assurance and improvement underpins all we do.
- 1.3 The committee provided a regular progress report to the Board of Directors by means of a Significant Issues Report following each meeting during 2020/21. This has since been further developed into the Alert, Assure, Advise reporting mechanism.
- 1.4 Key activity during the year included:
  - Receipt of a Quality Report, developed through the year into an Integrated Performance and Quality Report with significant input from the committee into that development;
  - Oversight of a regulation dashboard in relation to activity arising from a Section 29a notice issues early in 2020, as well as regular progress reports on specific actions within the dashboard;
  - Responsibility at Board committee level for overseeing activity related to the Covid-19 pandemic, including assessments of impact on service delivery, initial actions during the height of the pandemic, recovery planning and incident reporting;
  - Improvement reviews following the CQC inspection including those for Burbage and Stanage Wards, the Adult Recovery service, Single Point of Access, Emotional Wellbeing Service, Community Mental Health and Mental Health Act compliance, and compliance against the Fundamental Standards of Care, and Ligature Anchor Point Blind Spot risk assessment progress reports;
  - Significant contribution and oversight of Back to Good activity, including receiving reports from the Back to Good Board and in relation to relevant aspects of the Well-Led Development Plan;
  - Quarterly reporting including CQUINs, Medicine Safety, Mental Health Legislation, Mortality, Clinical Effectiveness, Safeguarding Adults and Children, Incident Management and Learning Lessons from Incidents, Infection Prevention Control and Health and Safety;
  - Annual reporting in relation to Infection Prevention Control, Complaints and Service User Feedback, Litigation and Safeguarding,
  - Regular reporting in relation to Service User Engagement and Service User Experience, including significant contributions to the development of the report to widen its scope including areas such as complaints;
  - Oversight and contribution to the development of a Physical Health Strategy, Carers Strategy and Nutrition and Hydration Strategy and a Ligature Anchor Point Reduction Plan;
  - Regular review of the Board Assurance Framework and Corporate Risk Register, as well as contribution to the development of a new Board Assurance Framework for 2021/22;

- Responsibility for the Quality Report and Quality Account, including agreeing variations in its reporting and delivery arising from national recommendations prompted by Covid-19;
- Ratification of policies within its areas of responsibility, including consideration of new policy governance arrangements and contribution to their development;
- Receipt of internal audit reports including SHSC Central Alerting System;
- Input into the development of a Performance Framework with specific focus on areas of responsibility as per the terms of reference of the committee;
- Development of Quality and Equality Impact Assessments including governance review;
- Contribution to a review of corporate governance, specifically focused on the reporting arrangements of groups below committees and the appropriate flow of information;
- Oversight of the development of a programme of Board visits to services, including receipt of progress reports;
- Consideration of other matters including Research and Innovation (nursing involvement in research), Peer Review Framework, Ockenden report including implications and learning for SHSC, SCHARR report, Acute Pathway Pressures, review of bed requirements, clinical services waiting times, Do Not Attempt CPR review, relaunch of Restrictive Practice Programme;

1.5 For 2021/22, responsibility for mental health legislation will cease to rest with the committee following the creation of a Mental Health Legislation Committee.

#### Membership and attendance

1.6 During 2020/21 the Committee met on 11 occasions, including one extraordinary meeting, with attendance recorded in the table below. The meeting was quorate on every occasion. The committee, along with other Board committees, has now shifted to a more regularised approach where meetings are monthly, normally on the second Wednesday of every month.

Name	Position	Attendance
Sandie Keene	Non-Executive Director (Chair)	10/11
Richard Mills	Non-Executive Director	11/11
Heather Smith	Non-Executive Director	11/11
Dr Mike Hunter	Executive Medical Director	9/11
Liz Lightbown*	Executive Director of Nursing and Professions	0/4
Debra Gilderdale	Executive Director of Nursing (interim)	2/2
Beverley Murphy	Executive Director of Nursing, Professions and Operations	7/8

1.7 It should be noted that Liz Lightbown is included on the table at paragraph 1.5 for completeness as she was a named Board/committee member during this time. However, she was away from work in this period so unable to attend meetings and directorate representation was retained through Debra Gilderdale and then Beverley Murphy.

#### Outcome

1.8 The review identified that the committee has delivered the responsibilities as set out in the terms of reference. Attendance at meetings has been high overall, despite the fluctuation in membership during the year.

## Section 2: List of Appendices

None.

## FINANCE AND PERFORMANCE COMMITTEE

Date: 13 May 2021

Item Ref:

23

<b>TITLE OF PAPER</b>	Annual report of the Finance and Performance Committee
<b>TO BE PRESENTED BY</b>	David Walsh, Director of Corporate Governance
<b>ACTION REQUIRED</b>	To review and/or amend the attached annual report prior to its submission to the Audit and Risk Committee
<b>OUTCOME</b>	To provide the Audit and Risk Committee with assurance relating to how this committee met its terms of reference during 2020/21
<b>TIMETABLE FOR DECISION</b>	13 May 2021
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Work of the Committee for the year, significant issue reports provided to Board of Directors; Annual Report
<b>STRATEGIC AIM: STRATEGIC OBJECTIVE: BAF RISK NUMBER:</b>	Improve our Use of Resources Transformation: Changing things that will make a difference BAF.0006 BAF.0007 BAF.0008 (2020/21 BAF)
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	<a href="#">Provider Licence</a> <a href="#">Annual Governance Statement</a> <a href="#">NHS Foundation Trust Code of Governance</a>
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Committee effectiveness
<b>CONSIDERATION OF LEGAL ISSUES</b>	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement's Governance regulations and Provider Licence.

<b>Author of Report</b>	David Walsh
<b>Designation</b>	Director of Corporate Governance
<b>Date of Report</b>	11 May 2021



## SUMMARY REPORT

---

### 1. Purpose

<i>For approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (Please state below)</i>
✓					

To review the performance of the Committee against its terms of reference, provide assurance to Board of Directors on the committee effectiveness and to the Audit & Risk Committee on significant issues considered and assurance received in discharging its responsibilities.

### Finance & Performance Committee Annual Report 2020/21 - DRAFT

#### Background

This Annual Report summarises the activities of the Finance & Performance Committee (the committee) for the financial year 2020/21 setting out how it has met its terms of reference and key priorities. The report is provided to the Audit & Risk Committee as a form of assurance.

The purpose of the committee is laid down in its terms of reference. The committee is expected to provide the Board of Directors with assurance that there are robust and integrated mechanisms in place to ensure detailed consideration and oversight of our finance and investments in the context of delivering agreed strategy; the underpinning financial plan and associated clinical activity data. The committee has over-arching responsibility for financial risk on behalf of the Board and should maintain the overview of our financial processes and monitoring returns to NHS Improvement, ensuring finances are managed within the allocated resources to deliver an efficient and effective service.

The committee also maintains an oversight of the Estates Strategy.

The committee provided a regular progress report to the Board of Directors by means of a Significant Issues Report following each meeting.

#### Responsibilities

During 2020/21, the committee delivered the key responsibilities as set out in the terms of reference. Compliance with a number of the key responsibilities is evidenced by the following actions:

- The Trust's performance against its annual financial plan and budgets has been kept under review;
- Directorate performance has been reviewed as part of the finance report and the Integrated Performance Report (IPQR),. The development of the IPQR has progressed

well throughout the year and its analytical detail has been key to providing greater oversight not just to this committee, but to other committees and the Board. Since December, rearrangements in the scheduling of meeting has enabled both this committee and the Quality Assurance Committee to fully review the IPQR prior to its consideration by Board, and the People Committee is now also aligned to this sequencing. The work the committee has undertaken approving its reporting governance structure now help feed into this to ensure a high degree of data quality assurance to committees and Board;

- Aligned to this, the committee has approved a Performance Framework which became active with service level performance reviews undertaken in the final quarter of the year. The Performance Framework will form the basis for performance management, scrutiny and triangulation, and will again inform the IPQR as it continues its development.
- Updates were provided on the financial regime in the context of the Covid-19 pandemic, the challenges and risks this presented, and how those risks were managed;
- Delivery of the Committee's key responsibilities, and specifically its role in the development of our strategic and financial objectives and on-going scrutiny of the business planning processes.
- Review of investments made within and outside of the 2020/21 financial plan as part of the annual governance requirements.
- The Committee is responsible for the risks delegated to it via the Board Assurance Framework and Corporate Risk Register. These were regularly reviewed and discussed to ensure that identified controls were appropriate to mitigate the risks to a level within the risk appetite. The Committee has provided challenge to ensure the appropriate level of risk has been identified, reviewed the effectiveness of the controls in place relevant to the risks, review and challenge the strength of the assurances provided, identify any gaps in control or assurance and ensure that the risk lead identifies appropriate actions to address such gaps.
- Among the risks and areas of concern, the committee has closed monitored out of area expenditure with a focus on the financial implications. The committee has also approved an Out of Area Recovery Plan.
- Another area of concern was issues relating to the procurement of a new Electronic Patient Records system. The committee received and considered a root cause analysis report in relation to this, and an action plan was subsequently agreed.
- Reviewed contracting updates on an exception basis to ensure risks are understood and reflected in financial performance reports.
- The committee has had oversight of capital expenditure and received updates on the Capital Programme throughout the year.
- The committee received updates on the Estates Strategy confirming progression and/or change to the strategy and assurances regarding the rationale for change where necessary.
- Updates have been received in relation to the Leaving Fulwood transformation project, including consideration of the challenges that arose as a result of the requirements for a replacement headquarters in the context of Covid. Linked to this project, the committee approved the business case for the refurbishment of Wardsend Road, and the committee has also signed off the Section 106 agreement linked to the disposal of Fulwood House.
- The committee continued to highlight the financial risks/uncertainties in relation to other transformation projects.

- The committee fully participated in a review of the organisation’s governance structure, including reviewing its own terms of reference and those of the groups reporting into it, and contributing to the equivalent review at Trust Board level.
- Since the autumn, regular updates have been received in relation to progress against the organisation’s transformation programmes; the Transformation Update also reported upwards to Board;
- Following changes to the Policy Framework and the removal of the former Executive Director Group as a decision-making body, the committee retained oversight of policies within its remit, holding Policy Governance Group to account for undertaking appropriate testing of policies prior to their approval and recommendation for ratification.

### **Membership & Attendance Record**

During 2020/21 the Committee met on 11 occasions with attendance recorded in the table below. This demonstrates that every meeting of the Committee during the year was quorate.

Name	Position	No of Meetings Attended
Richard Mills	Committee Chair and Non-Executive Director	11/11
Ann Stanley	Committee Member and Non-Executive Director	6/6
Anne Dray	Committee Member and Non-Executive Director	5/5
Clive Clarke	Deputy Chief Executive	1/3
Phillip Easthope	Executive Director of Finance	11/11
Beverley Murphy	Executive Director of Nursing, Professions and Operations	3/6
David Walsh	Director of Corporate Governance	6/11

### **Reporting Requirements**

The Committee reported to the Board of Directors after each meeting during the year, via the significant issues report (reports were combined following the move to bi-monthly Board meetings). These reports included a description of the business conducted, risks identified and key actions agreed.

### **Terms of Reference**

The Terms of Reference were reviewed by the Committee in March 2021. This was linked to significant changes in the reporting groups as detailed in the changes to governance structure described above.

### **Cycle of Business**

A revised cycle of business was approved alongside the revised terms of reference. The items on the cycle of business were delivered as planned.



## **Conclusion**

The review has identified that the Committee has delivered the responsibilities as set out in the terms of reference. Attendance at meetings has been high overall, despite the numbers of meetings increasingly significantly (from seven in 2019/20). The cycle of business has been completed.

Areas for action during 2021/22 will include embedding the work in relation to the Performance Framework, building on the success of the IPQR during 2020/21. It is also intended to further develop CIP planning to make this more sophisticated, while dealing with any further financial challenges that arise following the Covid pandemic. The committee will continue to have a key role overseeing the Transformation Portfolio, including the Leaving Fulwood project, while overseeing the financial management of the organisation as we look to continue the improvements achieved during the last financial year.

**Mr Richard Mills**  
**Chair - Finance & Performance Committee**

**Phillip Easthope**  
**Executive Director of Finance, IMST and Performance**

# People Committee

## SUMMARY REPORT

Meeting Date: 7 September 2021

Agenda Item: 9

<b>Report Title:</b>	<b>Annual Reporting of the People Committee including Self-Assessment</b>		
<b>Author(s):</b>	David Walsh, Director of Corporate Governance		
<b>Accountable Director:</b>	Non-Executive: Heather Smith, Chair of the People Committee Executive: Caroline Parry, Executive Director of People		
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	N/A	
	<b>Date:</b>	N/A	
<b>Key Points recommendations to or previously agreed at:</b>			

### Summary of key points in report

This report comprises two parts:

- Summarising activity of the committee for 2020/21 for presentation to Audit and Risk Committee the Board;
- Consolidating the responses received in relation to the committee self-assessment for the 2020/21 year.

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

<b>Consider for Action</b>	<b>X</b>	<b>Approval</b>	<b>X</b>	<b>Assurance</b>		<b>Information</b>	
----------------------------	----------	-----------------	----------	------------------	--	--------------------	--

The committee is asked to:

- Receive the annual report for 2020/21, confirm compliance against the committee's terms of reference, and approve for affirmation before the Audit and Risk Committee and Board
- Consider the consolidated self-assessment returns for 2020/21 and reflect on any learning for the committee.

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

Covid-19 Getting through safely	Yes		No	
CQC Getting Back to Good	Yes		No	

Transformation – Changing things that will make a difference					Yes	X	No	
Partnerships – working together to make a bigger impact					Yes		No	
<b>Is this report relevant to compliance with any key standards ? State specific standard</b>								
Care Quality Commission	Yes	X	No		Good Governance			
IG Governance Toolkit	Yes		No	X				
<b>Have these areas been considered ? YES/NO</b>					<b>If Yes, what are the implications or the impact? If no, please explain why</b>			
Patient Safety and Experience	Yes		No	X	<i>Not specifically applicable in relation to this report although all of these were given consideration in the appropriate reports during the 2020/21 year described in the paper.</i>			
Financial (revenue & capital)	Yes		No	X				
OD/Workforce	Yes		No	X				
Equality, Diversity & Inclusion	Yes		No	X				
Legal	Yes		No	X				

## Section 1: Analysis and supporting detail

### Annual Report of the People Committee

- 1.1 This Annual Report summarises the activities of the People Committee (the committee) for the financial year 2020/21 setting out how it has met its terms of reference and key priorities. The report is provided to the Audit & Risk Committee as a form of assurance.
- 1.2 The purpose of the committee is laid down in its terms of reference. The committee is expected to provide the Board of Directors with assurance in respect of all matters relating to People, HR, Organisational Development. This is encapsulated in the delivery of the People Strategy.
- 1.3 The committee provided a regular progress report to the Board of Directors by means of a Significant Issues Report following each meeting during 2020/21. This has since been further developed into the Alert, Assure, Advise reporting mechanism.
- 1.4 During 2020/21, the committee, previously titled the Workforce and Organisational Development Committee delivered the key responsibilities as set out in the terms of reference.
- 1.5 Key activity during the year included:
  - Receipt of Health and Wellbeing Strategy updates outstanding from 2019/20, consideration of other Health and Wellbeing matters through 2020/21 including feedback on the Health and Wellbeing Festival in January 2021
  - Regular reporting on the staff survey, both in terms of delivery of actions from 19/20, preparation for engagement in 20/21, development of action plan and delivery from 20/21, and learning to take forward to improve engagement in 21/22.
  - Progress reports in relation to supervision activity arising from the Section 29a requirement imposed by the Care Quality Commission
  - Update and development of organisational development priorities and progress
  - Reporting on work to address bullying and harassment and the approval of the Zero Tolerance approach
  - Health and Safety progress updates, including assurance on compliance in relation to H&S and Fire Safety legislation
  - Confirmation of policy governance arrangements and approval/challenge relating to policy activity within the People Directorate throughout 2020/21, including contribution to development of the process through the Audit and Risk Committee
  - Regular consideration of risk activity, including the Corporate Risk Register and Board Assurance Framework, and the trialling of a new system relating to the latter commenced towards the end of 20/21
  - Consideration of the People Strategy including early development work, contribution of the delivery plan and approval of the final strategy before Board
  - Reporting on various matters relating to Equality, Diversity and Inclusion throughout 2020/21, including combined action plan in May 2020, Black Lives Matter in June 2020, Action plan incorporating WRES, WDES and GPG in July 2020, strategic overview 2020-24 in September 2020, the Big Conversation in October 2020 and the Big Conversation 2 in January 2021
  - Contribution to and development of a HR Performance Report Dashboard and prior to this specific reporting on recruitment and retention, mandatory training, supervision and other matters
  - The committee fully participated in a review of the organisation's governance structure, including reviewing its own terms of reference and those of the groups reporting into it, and contributing to the equivalent review at Trust Board level

- Regular reporting on registered nursing staffing updates, including the Rapid Improvement Plan, other challenges relating to recruitment and retention and the Clinical Establishment Review in January 2021.
- Consideration of Case Management Review in the disciplinary and problem resolution process, and separate reporting of developing a Just and Learning Culture, Listening Into Action and Freedom to Speak Up
- Briefings on Joint Consultative Forum matters, Communications Plan and staff Covid vaccinations
- Consideration of the Trust Values and contribution to significant work in this field also sighted at Board

### Membership and attendance

1.6 During 2020/21 the Committee met on nine occasions with attendance recorded in the table below. The meeting was quorate on eight occasions, with the minutes of the meeting in October 2020 noting that it was not.

Name	Position	Attendance
Heather Smith	Chair of the Committee	9/9
Jayne Brown	Non-Executive Director (Trust Chair)	3/4
Brendan Stone	Associate Non-Executive Director	1/6
Mike Potts	Non-Executive Director (Trust Chair)	1/1
Anne Dray	Non-Executive Director	3/3
Caroline Parry	Executive Director of People	9/9
Rita Evans	Director of Organisational Development	9/9
Michelle Fearon	Chief Operating Officer	3/4
Beverley Murphy	Executive Director of Nursing, P&O	3/5
David Walsh	Director of Corporate Governance	9/9
Debra Gilderdale	Acting Executive Director of Nursing	2/3

### Outcome

1.7 The review identified that the committee has delivered the responsibilities as set out in the terms of reference. Attendance at meetings has been high overall, despite the fluctuation in membership during the year.

### Committee Self-Assessment

- 2.1 Committee members undertook a self-assessment following the end of the 2020/21 year, using a model recognised and used by Audit Committees across NHS Trusts and Foundation Trusts. Certain questions were excluded as they do not apply to assurance committees.
- 2.2 The consolidated responses are included in the attachment, The scores reflect the average across the submissions returned (four in total for sections A-D). Where there were significant discrepancies not captured through the average score, this is detailed in the narrative below each section.
- 2.3 Specific attention is drawn to the following points:
- Question 2i received an average 'strongly agree' but a comment challenging this view is detailed in the narrative below it.
  - Questions 3f and 3g received an average 'strongly agree' but contrary views

were expressed by other respondents.

## **Section 2: List of Appendices**

Appendix 1 – Consolidated responses to Annual Self-Assessment