

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 25 May 2022

Agenda Item: 07

Report Title:	Committee Activity	
Author(s):	Amber Wild, Corporate Assurance Officer	
Accountable Director:	<p>Deborah Lawrenson, Director of Corporate Governance</p> <p>Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee</p> <p>Heather Smith, Non-Executive Director, Chair of People Committee, and Interim Chair Quality Assurance Committee</p> <p>Richard Mills, 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>Finance and Performance Committee</p> <p>People Committee</p> <p>Mental Health Legislation Committee</p> <p>Audit and Risk Committee</p>
	Date:	As detailed below.
Key Points:	<p>This report highlights key matters, issues, and risks discussed at committees since the last report in March 2022 to advise, assure and alert the Board.</p> <p>Minutes approved by each committee are presented to Board to provide assurance that the committees have met in accordance with their terms of reference and to advise Board of business transacted at their meeting.</p>	

Summary of key points in report

Each committee has considered 'significant issues' under three key categories in their Alert, advice, 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;

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.

The areas attracting particular focus are those under the 'red' alert headings on each page of the committee reports.

The AAA reports presented to Board are attached to this report and include the following:

Quality and Assurance Committee – April, May 2022

Finance and Performance Committee – April, May 2022

Mental Health Legislation Committee – March 2022 (verbal report provided at March 2022 Board)

Audit and Risk Committee – April 2022.

Minutes are presented to Board after they have been approved by the reporting committee and this reporting cycle to Board includes the following minutes:

Quality and Assurance Committee - March, April 2022

Audit and Risk Committee – January 2022

People Committee – March 2022

Minutes presented to the confidential Board:

Finance and Performance Committee – March, April 2022

Recommendation for the Board/Committee to consider:

Consider for Action	X	Approval		Assurance	X	Information	X
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To formally note the minute of the committee meetings being present to the confidential Board
To receive the 'Alert, Assure, Advice' committee activity reports within the appendices.

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

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

"Good Governance"

Data Security and Protection
Toolkit

Yes

No

X

Any other specific standards?

Yes

No

X

Have these areas been considered ? YES/NO

If Yes, what are the implications or the impact?
If no, please explain why

Service User and Carer Safety
and Experience

Yes

No

X

Not directly in relation to this report – specific detail within the appendices

Financial (revenue & capital)

Yes

No

X

Organisational
Development/Workforce

Yes

No

X

Equality, Diversity & Inclusion

Yes

No

X

Legal

Yes

No

X

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Quality Assurance Committee

Date: 13 April 2022

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
Top three risks in the IPQR	Achieving flow across Acute Adult Inpatient System, CPA Annual Review completion (South Recovery Team), waiting times in EWS, SPA, and allocation of the permanent care coordinator in Recovery	Waiting list recovery plans for EWS/SPA did not provide Committee with assurance and a further report was requested	CPA Reviews South Recovery Team Matters Arising paper to May 2022 QAC	QAC 11/05/2022
Data issues impeding progress with Supervision, and waiting lists	Risk around data accuracy and ESR concerns are impeding progress of Supervision monitoring and waiting list management	Committee were not fully assured and noted the need for continuous improvement of the progress that has been started. The Trust must get ESR right. Technical fixes underway on Insight to allow for waiting list to be moved over, reducing risk	Quality of Supervision paper to go to People Committee May 2022 and QAC June 2022 Matters Arising paper to May 2022 QAC (no later than June 2022 QAC) outlining timeline to give assurance that matters highlighted by Internal Assurance Report are being addressed	PC 17/05/2022 QAC 08/06/2022 QAC 11/05/2022 / QAC 08/06/2022

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
Back to Good Reporting - Supervision	Compliance with new Supervision standard discussed and report received	Number of Supervisions has improved from previous schemes but variable across the Trust. Committee noted the need to be aware of how this is improving and what improvement is	Quality of Supervision to go to People Committee May 2022 and QAC June 2022	PC 17/05/2022 QAC 08/06/2022

		expected over time		
Back to Good Programme	Back to Good Programme continues to progress. Risks around Supervision and Mandatory Training, looking to do more on the Quality Assurance of completed actions	Committee received the report and were assured by its content	Committee requested that future reports highlight internal assurance process outcomes re impact and longevity of actions taken	Monthly reporting
IPQR: Service User Experience Report – Impact of waiting list improvement actions (Psychological Services)	Improvements in the Specialist Psychotherapist Service waiting times has led to plans for more Service User engagement: a good model for other services. The paper detailed the Trust's approach moving forward using the Service User Engagement SOP and all services are completing the template. These will be collated at the end of April 2022	Committee received the report and were assured of how it is being handled	Completed templates to be collated at the end of April 2022	IPQR monthly reporting
Commissioning for Quality and Innovation (CQUINs)	Trust produced plans for CQUINs and presented to QAC for approval	The five proposed CQUINs are Nationally devised and applicable to Mental Health Services. Committee requested more challenging targets	Matters Arising report at May 2022 QAC to reflect on Committee's feedback	QAC 11/05/2022
IPQR: Right Care – Challenges to Achieving Flow in Inpatient Services and How We Are Improving	Committee received the paper on flow and acknowledged the complexity of the issues	Committee were assured that there is a good grasp of issues. Assurance cannot be given around actions as the impact has not yet been seen. Question of recommendation on bed numbers remains	Board paper will be going forward	BoD 25/05/2022
Annual Clinical Audit Programme	Committee received the annual report	Report was welcomed but more detail requested regarding links to Trust's learning. Committee feedback: <ul style="list-style-type: none"> What help is needed to ensure this is understood by 	Outcomes of Clinical Audits, report from Tier 2 Committee advising on quality of services and Service User experience,	Annual reporting QAC 11/05/2022 Work Plan

		<p>services?</p> <ul style="list-style-type: none"> • Could variability in level of quality standards be expanded? 	Technology Appraisals as each NICE Standard published and reviewed is necessary going forward – to be included in the review of the QAC Work Plan for the coming year	
Sheffield Adult Crisis Pathway Review	Committee received report for information	Committee heard that much of the work is already underway	Schedule of actions in terms of recommendations to be taken and presented to May 2022 QAC	QAC 11/05/2022
Patient and Carer Race Equality Framework (PCREF)	Trust is an early adopter of the PCREF. Committee gave significant encouragement to continue with approach	Work shows great promise. Focus is on quality and approach. Engagement with and working alongside communities. Aligns to Human Rights Work. In line with Trust's Strategic Objectives around equality and partnerships	Board Development Session upcoming, NHS England presenting. Next report to QAC October 2022	QAC 12/10/2022
Ockenden Report	Ockenden Report detailed to the Committee and implications for the Trust were discussed	Three recommendations aligned to Provider Trusts – Information given to patients, ensuring time to reflect on diagnosis and treatment options, how complaints are raised. NED Safety Champion and NED Freedom to Speak Up Champion also raised	SHSC Quality Directorate developed self-assessment tool for critical reflection and assurance. Findings to come back to QAC in June 2022	QAC 08/06/2022
ASSURE (Detail here any areas of assurance that the Committee has received)				
Issue	Committee Update	Assurance Received	Action	Timescale
Learning Disability and Autism Transformation Progress – service model progress and consultation plans	Effective process for the review of Acute and intensive support for people with Learning Disability and Autism	Assurance received from report and discussion. Many partners engaged. Recruitment to senior leadership roles have been positive	Committee recognise risk to people in Sheffield during this interim period and the need to continue to monitor the mitigation. Staff engagement improvement planning in May 2022. Timeline as a Matters Arising paper at May 2022 QAC	QAC 11/05/2022

IPQR: Good Performance	Good performance coming through the IPQR	<ul style="list-style-type: none"> • Older Adults – continued reduction in length of stay • Rehabilitation and Specialist Services – Supervision rates improved • Inpatient wards – continue to reduce restrictive practice • IAPT Recovery Rates • 72 Hour Follow Up KPI – improved narrative, oversight, and learning 	Continue to monitor performance through IPQR	Monthly reporting
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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Quality Assurance Committee**

Date: **11 May 2022**

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
IPQR – top 3 risks	We continue to have persistent and not fully mitigated risks evident in the IPQR: flow of acute and PICU beds, compliance with CPA Reviews in South Recovery Team, waiting times in EWS / SPA and allocation of care coordinators	Limited assurance of improvement.	Improvement trajectories requested to enable a further conversation about acceptance / or not of risks.	QAC 08/06/2022 BoD Alert 25/05/2022
Health and Safety	Persistent unresolved health and safety risks: RIDDOR and addressing fire door safety. Progress needed	Limited assurance of improvement.	QAC alert to BoD. Health and Safety manager to actively engage to unblock barriers to progress.	BoD Alert 25/05/2022 QAC 10/08/2022
Back to Good	Issues with closure of actions due to lack of evidence.	Assurance of progress overall - a need to remain focussed so that assurance is reliable for all closures.	Report to show how improvement actions are leading to embedded change.	BoD Alert 25/05/2022 QAC 08/06/2022

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
Community Transformation Programme	Committee received progress report including information about progress with Primary Care Mental Health Sheffield.	Good assurance of progress and partnership working.	At next reporting articulate what the model would look and feel like to someone using services.	QAC 10/08/2022

QEIA	Standing QEIA report. Mitigations of protecting quality in one item thought to require further detail. (Closure of Health Based Place of Safety)	Good assurance of a systematic QEIA process and reporting.	Matters Arising report with mitigations listed to go to QAC June 2022	QAC 08/06/2022
Sheffield Adult Crisis Pathway Review	SHSC responded to Sheffield Adult Crisis Pathway Review	Positive assurance that SHSC is engaged with regional review and developing services in line with expected standards.	QAC requested progress report to close the loop on actions being delivered as planned.	QAC 13/07/2022/ QAC 10/08/2022
Mortality and Learning from Deaths Report	Report received. There was a discussion about what practice is changing locally and nationally as a part of this process.	Positive assurance that we are compliant with requirements. Further assurance required that the reviews lead to learning and improvements in practice.	Better Tomorrow timeline to be provided as a Matters Arising at June 2022 QAC. Future reports to detail learning and changes in practice.	QAC 08/06/2022
Draft Annual Quality Account	Draft Annual Quality Account received by QAC	Assurance that requirements were being met.	The report requires greater focus to ensure it captures our quality improvements in year.	Comments by 13/05/2022 CCG review 06/06/2022 QAC final 08/06/2022 Publication 30/06/2022
RIEIG	Report received. Strategy now agreed by Board. Working on implementation plan and steering group. Investment requests in progress.	Committee were assured that plans are on track to implement the strategy.	QAC noted the intent to be more cognisant of the research participant group, considering issues of inclusion. Requirement to clearly articulate clinical effectiveness.	QAC 10/08/2022
Ockenden Report	Committee considered the recommendations of the Ockenden Report appropriate to the Quality Assurance Committee.	Assurance that we are assessing the recommendations of the Ockenden report.	Will consider implications for the Trust in report to July 2022 QAC.	QAC 13/07/2022
Physical Health	Quarterly report received	Progress is being made despite recruitment challenges. There is not yet consistency of actions across the Trust. Plans are in place to address this.	Quality Team to present plans to support the implementation and use of Tendable. Include the positive PHC practice in next report	QAC 08/06/2022 QAC 10/08/2022

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

Issue	Committee Update	Assurance Received	Action	Timescale
IPQR	<p>Positives:</p> <p>Changes in G1 – impact of the significant reduction in seclusion.</p> <p>Older Adults – significant reduction in length of stay ensuring beds are available at point of need.</p> <p>R&S Services – consistently high Supervision compliance across the majority of services.</p>	Excellent progress being made on a number of issues across the IPQR	Continue to progress, recognise good work and outcomes	Monthly reporting
EMSA	Report received. QAC approved report for onward reporting to the Board.	Strong Assurance. Compliance against standards achieved. Monitored daily, can be escalated easily via Daily Huddle. SOP in development.	Board to approve prior to publication.	BoD 25/05/2022 Annual report
IPC	Report received	Good assurance that there is a strong grasp of key issues and triangulation of issues.	Next report to QAC September 2022	QAC 14/09/2022

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Finance and Performance Committee

Date: 14 April 2022

Chair: Richard Mills

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
2022/23 Financial Plan	The final plan was presented to the Committee, the current final plan was verbally updated as £2.7m deficit and ICS oversight is ongoing requesting organisations to improve positions, this is expected to develop and we could be requested to increase CIP.	An update was given re development of CIP planning process and plans for the current financial year.	The Committee will continue to monitor the situation. Will be considered at April 22 Board meeting. Agreed reporting of CIP will come monthly to the committee via Transformation report, and a quarterly substantive item will be added to the plan. In addition a highlight will be provided in monthly finance report.	May 2022 May & June 22 and ongoing
Recovery plans	All three plans have been analysed at the April 22 Quality and Assurance Committee meeting. Achievement is reliant on transformation of services work.	Progress reported through the Transformation Board with onward reporting to the committee.	Trajectory for improvement to be included within the plans. Out of Area spend to be a focus of the plans.	Ongoing in monthly reports
Operational Plan	Triangulation between the operational plan and the financial plan in terms of activity and workforce is required, and needs to be aligned with the Commissioner.	Further update to be presented at the May Financial and Performance Committee meeting.	The Committee will continue to monitor the situation. Will be considered at April 22 Board meeting.	May 2022

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
IPQR Report	Noted triangulation across all items and good updates	Recovery plans in place and monitored	Update required on outstanding KPI development including Equality, Diversity and inclusion.	May 2022
Quarterly Contract update	Performance against contract with no significant areas of concern	Committee were assured re performance but felt the report did not reflect some of the known potential contractual changes / loss business	Consideration to be given to development of report to provide fuller update in future	July 2022
BAF	The BAF was received.	Committee discussed about risks throughout agenda including impact of updates	Further time to be factored into future agendas to allow more detailed discussion on the BAF	May 2022

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

Issue	Committee Update	Assurance Received	Action	Timescale
Finance Report	The Committee noted: <ul style="list-style-type: none"> the financial position of £2m surplus The forecast outturn of £2.5m surplus Further potential expenditure planned (e.g. finalising gift of time costs) will reduce surplus further 	Assurance was noted regarding Capital position and expected delivery against budget. The Committee noted previous discussion regarding Cost Improvement Planning during the planning item and £2.65m delivery in 21/22 largely via non recurrent means (2.18m). (negative assurance)	None	N/A
Five Year Capital Plan	The plan was presented to the Committee.	The paper gave assurance to the Committee that a plan is in place.	The plan was approved by the Committee	N/A

2022/23

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Finance and Performance Committee

Date: 12 May 2022

Chair: Richard Mills

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
Delay in completion of works to Burbage Ward	Due to unforeseen repairs to the roof, there has been a delay of 4-8wks in the completion of repair works to the Burbage Ward.	<p>Delay will impact the removal of Ligature Anchor Points and result in out of area placements continuing for longer.</p> <p>The works were unforeseen and were not missed at planning stage due to capacity and capability.</p>	<p>Repair works due for completion now in January/February 2023 Ongoing monitoring and reporting on the situation</p> <p>Monthly updates in Transformation report to FPC</p>	June
Clinical Services at HQ	The delay and challenge in finding locations for clinical teams relocating from Fulwood means timescales are now tight.	<p>The Trust is aware of the issue, and this is an existing risk which is being monitored.</p> <p>The programme board has requested updates on timescales to ensure critical path is not impacted. Teams need to relocate from Fulwood by September.</p>	<p>CEO and Director of Operations and Transformation aware.</p> <p>Monthly updates in Transformation report to FPC</p>	June
Therapeutic Environments	The Trust has submitted 3 Expressions of interests.	No feedback has been received from the centre.	To go to The May meeting of the Board	May Board
Leaving Fulwood proposal by Espresso	Espresso's planning application was presented to the committee for approval. This is part of the agreed pre-application engagement processes.	The committee was assured that the planning permission being sought under reserve matters is in line with the original outline planning, no significant changes outside the original scoring	Members approved the plan and alert the Board of this.	May Board

		mechanisms. The Board approved the sale. This forms part of that plan and further Board approval is not needed.		
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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
IPQR Report	Out of area and Placement spend continues to be an ongoing area of concern.	Recovery plans in place and monitored via the Quality & Assurance and Finance & Performance Committees	Reporting on the Recovery plans at the two committees has been aligned.	Recovery plans to Quality & Assurance and Finance & Performance Committees in June
CRR risk 4377 increased risk rating	The risk rating change for 4377 failure to deliver CIP was discussed but not agreed.	It was agreed the risk hadn't changed in the last few months.	Director of Finance to review for learning	July FPC

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

Issue	Committee Update	Assurance Received	Action	Timescale
Finance Report	<p>The Committee noted:</p> <ul style="list-style-type: none"> All end of year accounts were submitted within timescales set. the organisational wide surplus was £1.8 million The Local Authority pension adjustment was the main change from the initial draft £1.3m reported last month Finance teams are still working to understand some of the movement at 21/22 year end 	<p>FPC was notified that KPMG have started their audit of the Trust's end of year 21/22 accounts.</p> <p>Committee noted that the Trust utilised its capital programme and has a healthy cash balance at the end of the year 21/22.</p>	Inform FPC of the outcome of KPMG's audit of end of year accounts.	June

Cost Improvement Programme	The draft programme was presented to FPC.	FPC were assured that significant progress is now being made in this area.	Progress will be reported monthly from the CIP Programme Board to FPC, summary information will continue to be reported in the Finance Report.	Monthly reporting.
Triannual Performance Reviews	FPC were notified that work was ongoing. Supervision data was reported at the last performance review and has improved significantly since then.	The Committee is assured the performance reviews are in place in accordance with the performance framework. Actions are tracked and followed up. Workforce information data needs improvement	The Chair is to raise Workforce information data issues at the May meeting of the People Committee.	People Committee meeting 13/05/22

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Audit and Risk Committee

Date: 19 April 2022

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
Internal Audit Progress Report	Follow Up rates not where they should be. Performance dropped in last month to 72% second follow up. Achieving on moderate assurance. (Committee objective was significant assurance)	Final reports issued: Procurement and Waiting Lists – limited assurance Incident Management and Ledger & Financial Reporting – significant assurance	Director of CG and Executive Finance Director to review follow up process. Procurement Audit and verbal update on Procurement Strategy at next Finance and Performance Committee	May 2022 FPC 12/05/2022
Interim Head of Internal Audit Opinion	Moderate assurance overall Trust has improved on individual assignments – recognised Overall Strategic Risk Management remained the same	Moderate assurance overall: Strategic Risk Management – moderate assurance Individual Audit assignments – significant assurance Follow Up – moderate assurance	Focus on effective management of risk, closing actions. Content to be discussed at Board	BoD 25/05/2022
Data Security and Protection Toolkit (DSPT)	Mandatory Training compliance concerns	Executive-led Group – an update on DSPT including Mandatory Training is routinely reported on, will be discussed, and escalated accordingly	ARC to forward concerns to People Committee via Board re Information Governance training compliance	PC 17/05/2022 ARC 14/06/2022
Provider Licence Conditions	Recommendation that the Trust declares compliance against all three conditions	Committee reviewed and approved recommendation	Board for final approval	BoD 25/05/2022

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
Internal Audit Plan 2022/23	Committee received and reviewed Plan Plan approved	Prioritised list of potential audits – list compiled 196 audit days agreed (final number no more than 200) – scope of Risk Management piece to be finalised, changes will be minimal	Any changes will be highlighted to the Committee	ARC 14/06/2022
Draft Counter Fraud Work Plan 2022/23	Committee received and reviewed Plan for 60 days Plan approved	Complies with new Counter Fraud Standards	Continue to work with Counter Fraud on remaining red-rated risk. Annual report to June 2022 ARC	ARC 14/06/2022
Accounting Policies and Financial Reporting Manual 2021/22 Update	Committee reviewed and approved the report	No changes in preparation from previous year	Any changes to be brought to Committee with final accounts	ARC 14/06/2022
Annual Governance Statement 2021/22 First Draft	First draft received by Committee	Committee were updated on the remaining areas of work to be completed	Comments to go to Director of Corporate Governance and Head of Communications. Next draft first week of May	May 2022
Preparation of Financial Accounts 2021/22 – Going Concern	Committee approved the report and endorsed the recommendation to Board	Confirmation that accounts were prepared on a Going Concern basis	Board for final approval	BoD 25/05/2022
Draft Accounts and Related Issues	First draft verbal update received by Committee	Committee noted assurance from report	Full review, then assurance report to FPC	FPC 12/05/2022 / FPC 08/06/2022
Annual Report and Accounts 2021/22 First Draft	First draft and update received by Committee	Committee noted assurance from progress detailed in report. External Audit have viewed first draft	Green Plan, Equality report, and technical tables to be included. Comments required by end of April 2022. Comments to go to Director of Corporate Governance and Head of Communications. Next draft first week of May Returns to ARC June 2022	End April 2022 ARC 14/06/2022
Losses and Special Payments Full Year Report	Annual report received	Committee noted assurance from report. Reduction in value from last six months. Most	N/A	Annual report item

		reduction is on damage to Estate. Important to monitor and understand reasons		
Material Estimates 2021/22	Overview of estimates used in the final accounts process provided. Some driven by national regulations. Full revaluation of Estates completed this year – due to Ligature Anchor Point work and sale of Fulwood House	Committee reviewed and endorsed methodology and recommended ratification by Board	Board to review and ratify methodology	BoD 25/05/2022
KPMG Progress and Value for Money (VFM) Update Report	Audit – planning and interim visit almost complete. Following up on payroll evidence	KPMG has now received all information from the Trust	KPMG, Director of Corporate Governance and Executive Finance Director to liaise on timescales for draft completion	ARC 14/06/2022
Board Assurance Framework (BAF)	Good improvement this year, movement noted	Work (setting baseline and taking forward to next year) to be discussed	To be discussed with Board in June 2022 ARC in July 2022	BoD 22/06/2022 ARC 19/07/2022
Risk Oversight Group	Group will report into ARC. Were not able to meet in April 2022 as planned	Will be included in discussions with consultant for independent review of risk management. Important to have this overview	Consultant to discuss with Board in June 2022	BoD 22/06/2022
Single Tender Waivers	Committee received the report for information. Improvements needed around proactive planning. Rationale for waivers acknowledged	Trust cleared capital allocation for first time. Overall, no significant concern. Long-standing issues aware of and under discussion. Procurement Strategy improvements will assist with Estate items and longer-term arrangements	N/A for information	N/A

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

Issue	Committee Update	Assurance Received	Action	Timescale
Emergency Preparedness Resilience and Response (EPRR) Assurance Framework Update	Trust remains substantially compliant. One Standard not being met – risks and mitigations associated are understood Covid19 Risk Register now	Committee noted a good level of assurance and encouraged the progress highlighted within the report	Continue to append report with Covid19 Risk Register	Standing report item

	appends each report			
ARC Terms of Reference Annual Review	No recommendations for amendments	Committee agreed terms subject to minor location of meeting amendment	Membership is three NEDs – recruitment in progress	Annual report item
Data and Information Governance Group (DIGG) – Escalation and Update Report	FOIs, SARs, and DSPT discussed	DIGG report received. Work underway regarding FOIs and SARs, improvements detailed in report	Annual report at next ARC from Senior Information Risk Owner and Caldicott, then to Board July 2022	ARC 14/06/2022 BoD 27/07/2022

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **People Committee**

Date: **13 May 2022**

Chair: **Heather Smith**

• KEY ITEMS DISCUSSED AT THE MEETING

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

Issue	Committee Update	Assurance Received	Action	Timescale
Sickness levels within the Trust	Short term sickness levels continue to be of concern	<ul style="list-style-type: none"> Long term absence has decreased Short term absence has increased 	A clear narrative of data and actions taken has been requested at future meetings so that members have a full understanding of the issue.	July 2022 meeting of the People Committee
Supervision update	The Committee received an update on the outcome of the Staff Supervision Survey.	<ul style="list-style-type: none"> Supervision rates have improved since last year but are still variable across services Some small improvements in the perceived experience of staff of supervision There are completion issues on the acute wards. 	<p>There is more work to be done to improve the quality of experience of supervision as some feedback indicates that people would like to see things done differently.</p> <p>It was proposed that work is triangulated with workforce data (e.g. Staff Survey). This work is ongoing.</p>	
Mandatory Training	The Committee were notified that there are some issues regarding completion of mandatory training.	Completion of some key training programmes (e.g. Respect and Life Support) are not at the rate that the Trust needs them to be in order for it to be able to be confident of the quality of care that is offered in all services.	A clear narrative accompanying People performance data is to be given to Committee in future so that issues can clearly be identified and resolved.	July 2022
Equality and Inclusion	The Committee raised concerns about what analysis of the staff survey was saying about the	There has been an increased response rates from diverse groups but scores from these	Many actions are underway to address these issues. Committee asked for a prioritisation of actions and for future reports to	

	experience of diverse staff groups	groups of staff were almost universally lower which had a negative impact on overall indicators. Scores from these groups were lower than the benchmark group and this has impacted on our WRES indicators (all are below our benchmark group) and WDES indicators (7/9 are lower than our benchmark group).	indicate progress and impact of this work.	
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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
Vacancies	There has been a reduction in the number of vacancies within the Trust.	2 percentage point reduction in vacancies since January 22.	To continue to monitor.	
Recruitment and Retention	The Trust is losing Band 5 nurses at an above expected rate. Committee was recommended to approve a retention premium.	<ul style="list-style-type: none"> The premium is expected to retain Band 5 nurses for an average of an extra 2.5years The proposal to offer a retention premium is part of the agenda for change terms and conditions 	The Committee approved in principle the recommendation to Board for a retention bonus for Band 5 nurses, but requested more work being done on ICS level.	Recruitment and retention updates to be given to the July 22 People Committee meeting.
Freedom to Speak Up	The Committee received the annual Freedom to Speak Up Report.	There have been strides taken to improve training and awareness.	More work is needed to action concerns and to communicate those actions in terms of assurance.	

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

Issue	Committee Update	Assurance Received	Action	Timescale
EDI Update	There has been good progress	Governance structure is in place.	Continue to report as part of Tier	

	made with the Governance structure for EDI across the Trust.		2 assurance groups	
Workforce planning and development	Significant progress made with workforce planning methodology.	<ul style="list-style-type: none"> significant progress has been made with regards to increasing the sophistication of the workforce planning process and support is being received from external partners Peer Support Worker workforce development is progressing well 	Continue to report as part of the assurance process.	
Staff Survey results	The results of the Survey have been received.	A full analysis of the Staff survey results has been completed.	<ul style="list-style-type: none"> There are plans to instigate Big Conversations in order to make sure that issues raised in the survey are a consistent focus throughout the year and not just a one-off event The Committee requested information to enable it to continue to monitor the impact of planned actions throughout the year. 	

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Mental Health Legislation Committee

Date: 16 March 2022

Chair: Olayinka Monisola
Fadahunsi-Oluwole

KEY ITEMS DISCUSSED AT THE MEETING

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

Issue	Committee Update	Assurance Received	Action	Timescale
Mental Health Legislation Operation Group Q3 Report	Significant process gaps identified that are more evident on Acute inpatient wards and PICU, particularly on PICU at Endcliffe Ward	Mitigations and actions agreed by Committee. Endcliffe Ward - Development Plan and substantive Ward Manager now in place. SOP signed off relating to Health Based Places of Safety	Taken as an action to triumvirate to ensure clear processes and audit cycle in place	April 2022 Quarterly reporting

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
Human Rights Framework Report	Committee were updated on Human Rights Training Development Plan and its research and co-production phases	Training schedule on track in partnership with the British Institute for Human Rights. First training scheduled for 21/03/2022	N/A	Quarterly reporting
MHA Code of Practice Equality and Human Rights Policy NPC5 010	There is a requirement in the MHA Code of Practice that this policy must be reviewed at least annually by the Board or equivalent	The policy has been through QAC, and it was brought to MHLC for the Committee's to attention. An interim review refresh of the policy is underway	N/A	N/A

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

Issue	Committee Update	Assurance Received	Action	Timescale
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MHLOG – KPIs	Committee received the KPI recommendations	Committee received assurance around detail on approach and consultation. KPIs will be under constant scrutiny and are subject to change. Many are dictated by legislation and CQC requirements	Committee agreed recommended KPIs to be added to Annual Work Plan Continue to review KPIs going forward	March 2022 Quarterly reporting
Least Restrictive Oversight Group Q3 Report	Committee received the report and update on the progress of the strategy	Committee received some assurance and some reassurance regarding the strategy and progress. Use of seclusion reduced in Q3	N/A	Quarterly reporting
Use of Force Implementation Plan Update	Use of Force Act comes into practice from 31 March 2022. Three areas to complete before deadline: Policy going to PGG 28/03/2022, memorandum of understanding of Police using body-worn cameras, and the co-produced leaflet	Committee received some assurance and some reassurance. RAG rating for Implementation Plan mostly green, amber items are on target for completion	Complete actions ready for implementation 31 March 2022 Review success of going live from April 2022 to be reviewed at next MHLC meeting in June 2022	31 March 2022 Quarterly reporting



Quality Assurance Committee (QAC)

CONFIRMED Minutes of the Quality Assurance Committee held on Wednesday 9 March 2022 at 10am. Members accessed via Microsoft Teams Meeting.

Present: Heather Smith, Non-Executive Director (Chair)
 (Members) Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director
 Dr Mike Hunter, Executive Medical Director
 Beverley Murphy, Executive Director of Nursing, Professions and Operations
 Richard Mills, Non-Executive Director
 Professor Brendan Stone, Associate Non-Executive Director

In Attendance: Susan Barnitt, Head of Clinical Quality Standards
 Tania Baxter, Head of Clinical Governance
 Neil Robertson, Director of Operations and Transformation
 Susan Rudd, Director of Corporate Governance
 Christopher Wood, Head of Nursing
 Simon Barnitt, Head of Nursing, Rehabilitation and Specialist Services
 Vin Lewin, Patient Safety Specialist
 Deborah Cundey, Interim Head of Performance
 Shrewti Moerman, Pharmacist
 Dana Wood, Interim Lead Nurse for Infection, Prevention and Control
 Teresa Clayton, Head of Experience
 Adele Eckhardt, Care Standards Lead
 Maggie Sherlock, NHS Sheffield Clinical Commissioning Group (CCG)
 Linda Wilkinson, Director of Psychological Services & Consultant Clinical Psychologist
 Hester Litten, Interim Head of Safeguarding
 Amber Wild, Corporate Assurance Manager
 Francesca O’Brine, Corporate Assurance Officer, (Minutes)

Apologies: Alun Windle, NHS Sheffield Clinical Commissioning Group
 Emma Highfield, Head of Nursing, Acute Inpatient and Older Adult Services

Minute Ref	Item	Action
QAC22/03/268	Welcome & Apologies The Chair welcomed everyone to the meeting and noted the apologies.	
QAC22/03/269	Declarations of Interest Professor Brendan Stone noted his Board membership of Sheffield Flourish.	
QAC22/03/270	Minutes of the meeting held on 9 February 2022 The minutes of the meeting held on 9 February 2022 were agreed as an accurate record.	
QAC22/03/271	Matters Arising These items are for clarification. A full report was not required.	

a) Learning Disability and Autism Transformation Progress – service model progress and consultation plans (verbal update in advance of a substantive paper in April 2022)

Simon Barnitt presented this update to the Committee for assurance, on behalf of Dr Jonathan Mitchell.

Progress highlights:

- The Programme is on track
- The paper was received positively at Board of Directors (BoD) in January 2022. The approach to development was appropriate and in line with the Clinical and Social Care Strategy
- Understanding of the bed-based agreement is out of the Trust's control. The Integrated Care System (ICS) and regional offer and request are under review
- The Inpatient Pathway Group is progressing well and is considering what the inpatient pathway skill mix, therapy, and environment should be
- Workstream is based upon best evidence and benchmarked against other providers
- Community offering mirrors the use of a workstream, best practice, and consideration of the most appropriate skill mix. The offer does not currently benchmark in terms of provision. A re-design is being implemented to prevent admission to bed-based or inpatient services
- Recruitment: A Clinical Director starts in May, a Matron/Pathway leader starts in April, a Band 7 Unit Manager and Band 6 Deputy Manager to start at Firhill Rise, and a Service Manager and Band 5 Inpatient and Community new starters are now in post

Current and ongoing risks and mitigation:

- No inpatient admissions offer. Robust Admission Protocol is in place for the management of admissions
- Engagement with Sheffield Voices has been slow, but a Project Manager is now in place for six months who will support the collaboration

Mike Hunter added:

- This Programme provides monthly reports to the Transformation Board
- Bed requirements may be so small that place-based commissioning and provision is not a viable option. The ICS has agreed that the resolution of this issue is one of its top three priorities for 2022/23

Neil Robertson noted that, System-wide, alternatives such as respite and crisis offers are also being reviewed.

The Committee were reassured by the awareness of risks and progress.

- b) Physical Health Care – risk and action measurement plan**
c) Quality and Culture Visits

	<p>Committee received update reports on the above from Susan Barnitt for assurance.</p> <p>Report summary:</p> <ul style="list-style-type: none"> • Actions due for completion by end of March 2022 are on track • Two actions completed ahead of timescale <p>The Chair noted that there may need to be an additional paper in the future to note progress with the Physical Health Care strategy as it is on our radar.</p> <p>In a discussion about out of area placements, Olayinka Monisola Fadahunsi-Oluwole highlighted that the distance of out of area placements was not listed. Sue Barnitt confirmed that some placements are located far from Sheffield.</p> <p>Richard Mills was assured by the thoroughness of the Quality and Culture process, including with reference to OOA provision. Having people placed very remotely is far from ideal and means that sufficient assurance of quality may not be achieved in these locations.</p> <p>Beverly Murphy informed the Committee that there will be a Deep Dive at the Board of Directors in May 2022 on Therapeutic Environments. It will include a discussion around bed capacity. A report on Culture and Quality Visits will be taken at the April 2022 QAC meeting.</p> <p>Committee received the report and noted assurance given as a result of detailed reporting. Risks and gaps identified regarding out of area placements provided further assurance of process.</p>	
QAC22/03/272	<p>Action Log</p> <p>Committee received the action log for information. The Chair noted that all actions were complete except for one that was due in April 2022.</p>	
QAC22/03/273	<p>Back to Good Reporting</p> <p>Committee received the report from Susan Barnitt for assurance and endorsement.</p> <p>Report summary:</p> <ul style="list-style-type: none"> • The expected impact of Omicron was evident through several requirements still identified as at risk and in exception • Main risks: staffing, training, supervision, and clinical environments • Acute and Psychiatric Intensive Care Unit (PICU) warning notice now lifted • Draft Improvement Plan in place - further 20 actions identified • Committee are asked to approve Action Plan prior to submission to CQC on 13th March 2022 • 55 requirements in Year 2, 25 due for completion in Year 1, and a number are in exception • Extensions: Supervision compliance in Acute and PICU, Medicines Competency Framework, Level 3 Safeguarding Training, Safeguarding Supervision, compliance with 80% mandatory training, completion of Estates work on Dovedale 1, audit against compliance of Seclusion Policy and Rapid Tranquillisation Policy, and Sexual Safety Training 	

	<p>Dr Mike Hunter highlighted that Supervision required the most focus. It is a deep-rooted issue and consideration is needed around how the Trust works across Committees and within Clinical Directorates. Under pressure, there is a tendency to forego Supervision when in fact it should be prioritised.</p> <p>Beverley Murphy told the Committee:</p> <ul style="list-style-type: none"> • Some of the language within the Improvement Plan will be tweaked before submission to the Care Quality Commission (CQC), but actions will not change materially • Considering the Trust's position and how it moves forward, the QAC should now be able to review its Terms and Conditions, ensuring appropriate frequency and ways of working, and assessing membership, and attendance of the CCG <p>The Chair noted that Susan Rudd is looking at Committee Terms and Conditions. Action to discuss QAC with Beverley Murphy.</p> <p>Linda Wilkinson told the Committee:</p> <ul style="list-style-type: none"> • A detailed Supervision update is on the QAC April 2022 agenda • There are difficulties within the Acute wards, but the Rehabilitation Pathways and Community Services are doing well <p>Committee received the report and were assured of plans to mitigate against key risks. There are issues to address on the Acute Pathway. The Chair congratulated the team for the lifting of warning notices and progress with Back to Good Reporting. The Committee approved the Improvement Plan and formally received the CQC Report.</p>	ACTION SR/BM
QAC22/03/274	<p>Integrated Performance and Quality Report (IPQR) Committee received the report from Beverley Murphy for assurance.</p> <p>Key areas of concern:</p> <ul style="list-style-type: none"> • Risk to the achievement of flow across Acute wards, length of stay increased during Autumn and Winter months • Length of stay in beds the Trust commissions via contract is slightly higher than beds within the Trust. This indicates that patients kept in Sheffield have more complex needs • Change within the month - reliance on two Section 136 Beds. The 136 Facility has not been available and so patients were assessed elsewhere in South Yorkshire • CPA reviews remain an ongoing issue • Ongoing issues about waiting lists within the Single Point of Access (SPA) and Emotional Wellbeing Service (EWS) • There will be new and not yet fully understood associated risks as the Local Authority disaggregates the Social Work function and staff from Recovery Teams <p>Beverley Murphy noted that it would be important for the QAC to understand the issues that are impacting flow. QAC will received a Flow Recovery Plan in April 2022.</p> <p>Olayinka Monisola Fadahunsi-Oluwole highlighted concerns:</p> <ul style="list-style-type: none"> • The Memory Service remains a concern 	

	<ul style="list-style-type: none"> • Pressure on the service continues – is this sustainable and how do we support with staff burnout? • Reduced referrals to Opiate Services but increased referrals to Alcohol Services <p>Neil Robertson responded:</p> <ul style="list-style-type: none"> • Memory Services have experienced a sharp increase in demand nationally due to Covid19 • The Trust’s model is based on 1:1 Medical Diagnostic. Many Memory Services across the country use a Multidisciplinary Team (MDT) approach to diagnosis which would have a positive impact on demand and management of waiting times • The Trust are setting up an initial development forum to consider key areas, Memory Services being a priority <p>The Chair highlighted the People Committee’s concerns and discussions:</p> <ul style="list-style-type: none"> • Increased rates of sickness absence • People Pulse Survey results – significant signs of burnout • Workload <p>Committee received the report and noted the issues with flow, CPA Annual reviews, waiting times, the allocation of Permanent Care Coordinators, and concerns about the Memory Clinic. Areas of good performance should be celebrated and built upon, such as Restrictive Practice in Burbage Ward.</p>	
QAC22/03/275	<p>Medicines Safety Quarterly Report Committee received the report from Shrewti Moerman for assurance.</p> <p>Key risks and progress:</p> <ul style="list-style-type: none"> • No new risks identified, and current risks have remained the same • Fridge excursions have improved. No medications were lost. No true excursions have occurred due to successful mitigation • Controlled drugs unaccountable medication has improved. Dovedale 2 remains high. The ward manager is not presently at work. Pharmacy is trying to support the ward to reduce the amount of unaccountable medication • The Medicines Administration error issue has not reduced. Three Task and Finish Groups are now involved, and benefits will be seen within the next three to six months <p>Beverley Murphy told the Committee that an operational solution to Clinical Directors on Dovedale 2 is required. Christopher Wood, Head of Nursing, to take this as an action as there is a lack of assurance.</p> <p>Dr Mike Hunter noted that the report relates to the Medicines Competency Framework which has been jointly led by the Chief Pharmacist and the Director of Quality. It is back on track to be implemented and scaled from March 2022. This was reviewed within the Back to Good Reporting item. Impact will be seen over a period of months.</p> <p>Brendan Stone questioned a medication administration error detailed within the report. Shrewti Moerman confirmed that the pharmacy did pick up on the error. The pharmacy did not highlight it and put in preventative measures. This is</p>	ACTION CW

	<p>where the risk lies.</p> <p>Committee received the report on progress and risks. The reports have improved and give greater focus on risks, mitigations, and broader issues.</p>	
QAC22/03/276	<p>Patient and Carer Experience Quarterly Report Committee received the report from Teresa Clayton for assurance.</p> <p>Key risks:</p> <ul style="list-style-type: none"> • Volunteer process – recording and management of volunteers, and assurance of volunteer and Trust safety • Complaints – process and response times • Lived-Experience Roles – recruitment and embedding roles into the Trust • Feedback – scope and quality that the Trust gathers <p>Teresa Clayton confirmed for Brendan Stone that Trust teams were not widely aware that the Standard Operating Procedure (SOP) on Co-Production was on Jarvis and would be part of their daily work.</p> <p>Brendan Stone questioned whether Care Opinion was the right approach and tool for the Trust to use as it has been on the agenda for several years.</p> <p>Brendan Stone and Richard Mills expressed concern over the lack of assurance that Complaints are being dealt with and progressed in the right way. Beverley Murphy told the Committee that individuals can make a complaint to the Trust, CQC, and CCG. Complaints to the CQC and Healthwatch can remain anonymous. The Trust investigates these thoroughly and responds to the Service User and the CQC.</p> <p>Olayinka Monisola Fadahunsi-Oluwole noted:</p> <ul style="list-style-type: none"> • The Service User Story Guidance document was good, but it should not modify what individuals want to say • It would be useful to know the diversity of the 65 compliments received <p>Committee received the report and noted how far the work has come. Feedback was given around the detail required in reporting and changes the Committee would like to see for further assurance. Assurance was received that there was a stronger grip on issues and a clear identification of risk. The slow progress with improved Complaints management is seen as a risk and will be escalated to the Board.</p>	
QAC22/03/277	<p>Learning Lessons Quarterly Report Committee received the report from Vin Lewin for assurance.</p> <p>Report summary:</p> <ul style="list-style-type: none"> • Learning is taken from the daily Incident Huddle, five-day Manager’s reviews, and from individual department leaders • The Trust is moving in the right direction. Most reports highlight low, very low, or no harm • Increase in use of words to describe de-escalation, safe spaces, green rooms, therapeutic engagement, and activity • Staff and patient debriefs are increasing • Risks - use of bed stock, staffing, and staffing numbers <p>Olayinka Monisola Fadahunsi-Oluwole was assured by the report and added</p>	

	<p>that it is not about blame and that we are always learning.</p> <p>Brendan Stone added his assurance that the work is moving in the right direction and appreciated the focus on candour and transparency.</p> <p>Committee received the report and noted the improvement in its content, presentation, and how it links to cross-Committee themes of change. Example of changes that have happened as a result of learning were requested in the next report.</p>	
QAC22/03/278	<p>Board Visits Quarterly Report</p> <p>Committee received the report from Adele Eckhardt for assurance.</p> <p>Report summary:</p> <ul style="list-style-type: none"> • This is the first You Said/We Did report. The Committee previously received Progress Reports • Themes - improvements made, issues raised by staff, how staff were empowered, and creativity • Nine out of the twelve scheduled visits have taken place, two visits were cancelled due to closure of services, all services will be visited by the end of May 2022 • All services should now be visited within twelve months and the Trust is on target with this. 48 services have a visit booked from January to December <p>Richard Mills noted how important the visits are and that the management of them had improved.</p> <p>Sue Barnitt told the Committee that in future the Board Visit will follow a Culture and Quality Visit so that key areas of improvement can be tested, and that additional support needed can be identified.</p> <p>Committee received the report and noted the progress.</p>	
QAC22/03/279	<p>Incident Management – Final Internal Audit</p> <p>Committee received the report from Tania Baxter for information. This report was previously received at a Tier 2 Group.</p> <p>Report summary:</p> <ul style="list-style-type: none"> • The Internal Audit Report of Incident Management processes gave the Trust a rating of Significant Assurance • The audit was in preparation for the Patient Safety Incident Reporting Framework (PSIRF) • Three medium and one low risk identified. Actions agreed on all and are already in progress <p>Committee received the report and congratulated the team.</p>	
QAC22/03/280	<p>Infection, Prevention and Control (IPC)</p> <p>Committee received the report from Susan Barnitt for information. This report was previously received at a Tier 2 Group. Dana Wood was introduced as the new Interim Lead Nurse for Infection Prevention and Control.</p> <p>a) IPC Quarter 3 Performance Report b) IPC Board Assurance Framework (BAF)</p>	

	<p>Key achievements:</p> <ul style="list-style-type: none"> • 10% increase in Q2 for MRSA screening compliance • Zero cases of MRSA, MSSA, and E. coli continue to be reported <p>Key risks:</p> <ul style="list-style-type: none"> • Completion of Annual Audit Programme delayed by staffing capacity issues. Dana Wood is prioritising certain audits and additional support has been secured • Display of Star ratings for the National Cleaning Standards delayed because implementation of the MICAD System is not on track • Incidents in Q3 regarding contamination injuries, particularly dirty sharps injuries. Dana Wood is reviewing these <p>Richard Mills asked if the Covid19 pandemic had affected the attention paid to IPC. Should the Trust reduce BAF Risk 0023 due to the changing nature of the pandemic and the impact of measures put in place. Sue Barnitt agreed that Covid19 exposed the viewpoint that IPC is everybody's business and therefore positively impacted the Trust's approach, response, and awareness of IPC.</p> <p>Regarding the BAF rating, Beverley Murphy added that Public Health leaders are clear that the rate of infection drop relates to the drop in the rate of testing. Infection circulating in communities, staff and buildings is likely to be as high as ever. Increased rate of vaccinations should be taken into consideration. Staff are also finding Personal Protective Equipment (PPE) guidance challenging.</p> <p>The Chair requested that closed risks were noted on the front-page summary of the report to give a clear audit trail.</p> <p>Committee received the report and noted the assurance given.</p>	
QAC22/03/281	<p>Safeguarding Adults and Children Quarterly Report</p> <p>Committee received the report from Hester Litten for information. This report was previously received at a Tier 2 Group.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • 40 Safeguarding Adult training places secured • Risk level reviewed and reduced to Moderate – good Level 2 compliance • 29% increase on internal notifications of concern - positive indicator of growing reporting culture and demonstrates impact of training, advice, and support for staff • PREVENT Level 3 Training - 29% compliance during first quarter, Basic PREVENT Awareness Training 92% compliance • Safeguarding Supervision Workshops continue for Matrons and Safeguarding Managers, all Safeguarding Matrons have now been trained <p>Risks:</p> <ul style="list-style-type: none"> • External notifications increased by 12% in this quarter. Out of 108 external referrals one case was progressed to Safeguarding • Backlog of work remains - Safeguarding and Mental Health Practitioner role has been filled, and two staff appointed via expressions of interest to 	

	<p>help</p> <p>Committee received the report and were assured that there is a grip and understanding of what the key issues are. The BoD are to be advised of the high volume of additional Safeguarding referrals. Beverley Murphy has been suggesting to the Local Authority that within upcoming changes, early modifications to Safeguarding are prioritised so there is clarity of where the responsibilities lie.</p>	
QAC22/03/282	<p>Annual Quality Account Committee received the report from Tania Baxter for information.</p> <p>There are risks associated with not delivering to the timetable detailed within this report. However, there is a very low risk that this will happen. The Annual Quality Account is to be published on the Trust website by 30th June 2022. It is no longer a requirement to publish the document on the NHS website. A draft report will be brought to QAC in May 2022 and a final version presented to BoD in June 2022.</p> <p>Committee received the report and noted the timetable.</p>	
QAC22/03/283	<p>Clinical and Social Care Strategy – Progress with Implementation Committee received the report from Linda Wilkinson for assurance.</p> <p>Key risks and highlights:</p> <ul style="list-style-type: none"> • The Highlight Report to the Transformation Board is currently showing red. This relates to significant resource challenges and the recruitment of a Programme Manager. This post has now been filled, along with a Co-Production Consultant • This programme brings a significant amount of work around change going forward – the Board are confident that the Programme’s complexity can be managed • How data is presented requires careful consideration to ensure its accessibility <p>Brendan Stone noted:</p> <ul style="list-style-type: none"> • Positive to see an important strategic piece of work using the 4Pi National Involvement Standards and with an external benchmarking process • There needs to be assurance in terms of Service User and carer scrutiny - that the Trust are gathering a diverse range of views and reaching out to communities who historically may have not engaged with the Organisation <p>Linda Wilkinson told the Committee that Co-Production Consultant, Jo Hemmingfield, has networks across the city into Service User led organisations and voluntary sector services.</p> <p>Beverley Murphy asked Linda Wilkinson to include a measurement strategy in the next report.</p> <p>Dr Mike Hunter noted that the progress of enabling strategies is a good indicator that the overarching strategy is working.</p> <p>Committee received the report. The work and progress were supported by</p>	

	the Committee.	
QAC22/03/284	<p>Quality Strategy – Final Draft Committee received the report from Susan Barnitt for endorsement before ratification at the Board of Directors in March 2022.</p> <p>Brendan Stone highlighted that the feedback had been included and the Strategy looked robust.</p> <p>The Chair agreed that the changes suggested had been listened to and acted upon. It was ready to go the BoD for final approval.</p> <p>Committee received and endorsed the report.</p>	
QAC22/03/285	<p>Service User Engagement and Experience Strategy – Final Draft Committee received the report from Teresa Clayton for endorsement before ratification at the Board of Directors in March 2022.</p> <p>Teresa Clayton told the Committee that there are minor adjustments to be made before it goes to the BoD and these were on track.</p> <p>Simon Barnitt noted the use of the language <i>building a resilient workforce</i>. The Trust can create an environment that supports resilience, not build resilience.</p> <p>Committee received and endorsed the report subject to the changes being made.</p>	
QAC22/03/286	<p>Quality Related Policies Policy Governance – Ratification of Decisions by PGG Committee received the report from Susan Rudd.</p> <p>Susan Rudd reported that the following items had been through the governance process and the Committee were asked to ratify the recommendations:</p> <ul style="list-style-type: none"> • Seclusion and Segregation Policy NPCS 009 • Absent Without Leave and Missing Patients Policy OPS 002 • End of Life Policy – New Policy • Removal of Ligature Policy NP 038 – Extension to Review Date • Deteriorating Patient Identification and Management Policy – New Policy • Nutrition and Hydration Policy – New Policy <p>The Chair noted that the update to Test 5 was encouraging more in-depth answers from policy authors.</p> <p>Committee received the report and approved the recommendations.</p>	
QAC22/03/287	<p>Board Assurance Framework (BAF) Committee received the report from Susan Rudd for assurance.</p> <p>Report summary:</p> <ul style="list-style-type: none"> • There are three BAF Risks and no changes to risk scores • Amendments are now shown in bold and italics • Since the report was submitted, further work had been done to ensure actions and progress against actions are detailed <p>As agreed with Beverley Murphy earlier in the meeting, BAF 023 will not yet be</p>	

	<p>reduced. Richard Mills noted that the Trust should wait for NHS Guidance but there is nothing more that the Organisation can do to change the risk. Could it be reworded in next year's BAF?</p> <p>Beverley Murphy noted that it was time to review and rewrite the three risks.</p> <ul style="list-style-type: none"> • BAF 023 is about protection and recovery • BAF 024 - the Trust is moving forward, away from Single Oversight Framework at Level 4 and possibly into Level 3. The Trust has also just received another report showing a rating improvement • BAF 025 – Phase 2 of the Ligature Anchor Points is almost complete and environments originally of concern have now changed <p>Susan Rudd told the Committee that the refresh of the BAF and Strategic Objectives is part of the work booked for Board Workshops and Board Development that will happen over the coming months.</p> <p>Committee received the report. Assurance was noted that the BAF Risks would be updated in the next few months to reflect changes and improvements across the Organisation.</p>	
QAC22/03/288	<p>Corporate Risk Register (CRR) Committee received the report from Susan Rudd for assurance.</p> <p>Report summary:</p> <ul style="list-style-type: none"> • Four risks proposed for a reduction in risk score • Three new risks have been added. Risk authors are supported to ensure the risks are fully developed within the Register <p>Susan Rudd agreed with Richard Mills that some of the risks have not moved and this needs to be a continued focus.</p> <p>Beverly Murphy supported the reductions in risk.</p> <p>Committee received the report and approved the recommendation to reduce the rating of the four risks.</p>	
QAC22/03/289	<p>Emerging Quality Risks Committee received the verbal report from Beverley Murphy for assurance.</p> <ul style="list-style-type: none"> • Mechanical restraint was deployed within the month. This will be reported in the relevant month's IPQR. A Service User had swallowed sharp objects and was not able to be safely escorted to hospital for surgery. Capacity was assessed but action needed to be taken. The CQC are aware. • Last month long-term segregation was implemented with an individual on Endcliffe Ward. Beverley Murphy and Dr Mike Hunter have supported this as the correct decision for this individual. Segregation is something the Committee should be aware because of the limitations it places on movement and integration within a community. The Clinical Triumvirate are closely and formally reviewing this Service User's care. • On 8th March 2022 a Service User was transferred from G1 Ward to Dovedale 1. The individual became aggressive. The Clinical Team agreed that the safest option for the Service User was to transfer them 	

	<p>to seclusion on Endcliffe Ward. This goes against the policy that there is no guesting within the Trust. This will be reviewed and reported through the relevant month's IPQR.</p> <p>Committee received the report and noted the information shared.</p>	
QAC22/03/290	<p>Any Other Business None.</p>	
QAC22/03/291	<p>a) Annual Work Plan Committee received the Work Plan for information.</p> <p>b) Alert, Assure & Advise: Significant issues to report to the Board of Directors</p> <p>Alert:</p> <ul style="list-style-type: none"> • Achieving flow in the Acute Adult Inpatient System is becoming a high risk and has implications for the out of area placements • Managing Complaints remains a significant challenge <p>Assure:</p> <ul style="list-style-type: none"> • Learning Disability and Autism Transformation – progress noted, QAC to receive full paper in April 2022 • Back to Good Programme - assurance and oversight received of the plans to mitigate the key risks. Supervision remains an issue on Acute pathway and will be reported on at April 20202 QAC • Medicines Safety – increasingly well monitored but more progress is required. Many issues identified in Q2 report have been resolved and assurance received that these are under control • Learning Lessons – quantitative and qualitative data noted and provided assurance of progress • IPC – good assurance received on processes in place and their impact • Safeguarding – good assurance was provided that systems and processes are effective. Increasingly high level of referrals from Local Authority noted <p>Advise:</p> <ul style="list-style-type: none"> • The Board will be advised of the remaining agenda items <p>c) Changes in level of assurance - Board Assurance Framework No changes reported.</p> <p>d) Meeting Effectiveness Comments were invited in the Chat Box. The Committee were asked to consider how the Trust's Values are modelled within the meeting conduct.</p>	

Date and time of the next meeting: Wednesday 13 April 2022, 10am to 12:30pm

Format: MS Teams

Apologies to Francesca O'Brine, Corporate Assurance Officer

Francesca.O'Brine@shsc.nhs.uk



Quality Assurance Committee (QAC)

CONFIRMED Minutes of the Quality Assurance Committee held on Wednesday 13 April 2022 at 10am. Members accessed via Microsoft Teams Meeting.

Present: Heather Smith, Non-Executive Director (Chair)
 (Members) Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director
 Beverley Murphy, Executive Director of Nursing, Professions and Operations
 Richard Mills, Non-Executive Director
 Professor Brendan Stone, Associate Non-Executive Director
 Salli Midgley, Director of Quality

In Attendance: Sharon Mays, Trust Chair
 Tania Baxter, Head of Clinical Governance
 Neil Robertson, Director of Operations and Transformation
 Susan Rudd, Interim Director of Corporate Governance
 Deborah Lawrenson, Director of Corporate Governance
 Christopher Wood, Head of Nursing
 Simon Barnitt, Head of Nursing, Rehabilitation and Specialist Services
 Helen Crimlisk, Deputy Medical Director
 Deborah Cundey, Interim Head of Performance
 Dr Jonathan Mitchell, Clinical Director
 Caroline Greenough, Deputy Lead AHP
 Jonathan Burleigh, Clinical Effectiveness Manager
 Maggie Sherlock, NHS Sheffield Clinical Commissioning Group (CCG)
 Linda Wilkinson, Director of Psychological Services & Consultant Clinical Psychologist
 Francesca O’Brine, Corporate Assurance Officer, (Minutes)

Apologies: Dr Robert Verity, Clinical Director
 Dr Mike Hunter, Executive Medical Director
 Chris Digman, Governor
 Emma Highfield, Head of Nursing, Acute Inpatient and Older Adult Services

Minute Ref	Item	Action
QAC22/04/293	Welcome & Apologies The Chair welcomed everyone to the meeting and noted the apologies.	
QAC22/04/294	Declarations of Interest Professor Brendan Stone noted his Board membership of Sheffield Flourish.	
QAC22/04/295	Minutes of the meeting held on 9 March 2022 The minutes of the meeting held on 9 March 2022 were agreed as an accurate record.	
	Matters Arising These items are for clarification. A full report was not required.	

a) Learning Disability and Autism Transformation Progress – service model progress and consultation plans

Dr Jonathan Mitchell presented this update to the Committee for assurance.

Prof. Brendan Stone asked:

- Possibility of moving to a regional inpatient facility – how was this received by Service Users and carers?

Jonathan Mitchell confirmed:

- There would need to be a regional consultation
- Service Users and Carer views must be considered
- Plans to make Service User engagement more real and accessible

Richard Mills noted the importance of taking the time to get engagement right now.

Neil Robertson:

- Timeline focusses on reopening of Firshill Rise and is soon to be finalised
- Staff engagement improvement planning in May 2022
- Timeline as a Matters Arising at May 2022 QAC

Beverley Murphy asked what the risks are while Firshill Rise is closed and there is no model agreed and commissioned.

Jonathan Mitchell responded:

- People admitted to the wrong place
- Most requests for admission due to placement breakdown
- Need for more intensive and early responding community service to avoid admission
- Reviews commissioned to learn and improve

Neil Robertson highlighted for the Committee that there are some Service Users not known to the Trust and their needs cannot be predicted. Intervention is therefore more challenging.

The Committee were assured by the report and discussion. There is an effective process for review of acute and intensive support for people with Learning Disabilities and Autism. Many partners are engaged. Recruitment to senior leadership roles has been positive. The Committee recognise the risk to people in Sheffield during this interim period and the need to continue to monitor the mitigation.

QAC22/04/296

Action Log

Committee received the action log for information.

One item remains amber - May target date. Beverley Murphy has spoken to Alun Windle – QAC to review Terms of Reference, members of CCG to no longer attend QAC.

Correction/clarification of Item QAC22/03/275 update - Health Care Support

	<p>Workers do not have a place in the second signatory of controlled drugs. The update refers to Schedule 4 drugs, Benzodiazepines, which are not currently under the requirement for a second signatory. The Trust Standard Operating Procedure (SOP) and Medicines Optimisation Policy does require two signatures for the administration and dispensing of Benzodiazepines.</p> <p>This requirement will be discussed between the Nursing Leadership Body and the Chief Pharmacist. There is evidence about duplication and how that leads to errors.</p>	
QAC22/04/297	<p>Back to Good Reporting Committee received the report from Salli Midgley for assurance and endorsement.</p> <p>Key risks:</p> <ul style="list-style-type: none"> • Impact of Covid19 continues - Supervision, Mandatory Training, and Medicines Competency Framework across Acute and PICU wards • Open extension for incident sign-off within five days by managers • Delay in review of evidence once actions completed by action owners - capacity issues <p>Committee received the report, were assured by its content and requested that future reports highlight internal assurance process outcomes re impact and longevity of actions taken.</p> <p>a) Supervision Compliance Report Committee received the report from Linda Wilkinson for assurance.</p> <p>The report details compliance numbers, the impact of Covid19 on staffing numbers, and the challenge to improve compliance later in the year. Recent support and input are focussed on restorative Supervision. There is a plan in place to train 45 people over the next two years.</p> <p>Linda Wilkinson agreed with Richard Mills that there are reporting and recording issues. Concerns over accuracy continue.</p> <p>Salli Midgley noted that Safeguarding Supervision is not recorded in the Trust system. Moving this into the reporting system is under discussion.</p> <p>Committee received the report and will advise the Board there has been improvement in the volume of Supervision over the last year in line with the targets of the new policy. The quality of Supervision will be discussed at the People Committee in May 2022 and will then go to QAC. The Board will be alerted to the data risk. The Trust must get ESR right. There needs to be continuous improvement of the progress that has been started.</p>	
QAC22/04/298	<p>Integrated Performance and Quality Report (IPQR) Committee received the report from Beverley Murphy for assurance.</p> <p>Three risk areas remain unchanged:</p> <ul style="list-style-type: none"> • Achieving flow in inpatient services • Waiting times in EWS and SPA services • Completion of CPA Reviews - North Recovery Team now showing consistent improvement. Matters Arising paper at May 2022 QAC - 	

issues in, and translation of learning to, South Recovery Team

Improvements and good performance:

- Older Adults - continued reduction in length of stay
- Rehabilitation and Specialist Services - Supervision rates improved
- Inpatient wards – continued work to reduce restrictive practice
- IAPT Recovery Rates
- 72 Hour Follow Up KPI – improved narrative, oversight, and learning

a) Service User Experience Report – Impact of waiting list improvement actions (Psychological Services)

Committee received the report from Simon Barnitt for assurance.

The paper details the Trust's approach moving forward using the Service User Engagement SOP and all services are completing the template. These will be collated at the end of the month.

Simon Barnitt confirmed for Prof. Brendan Stone:

- The service user review process changed from three monthly to six monthly – discussed with service and individuals effected
- If risk considered higher than acceptable, would remain at three months

Committee received the report. This is a good example of how a question leads to a report and a further discussion. The Board will be advised of the positive news. Committee were assured of how it is being handled.

b) Commissioning for Quality and Innovation (CQUINs)

Committee received the report from Tania Baxter for assurance.

The five CQUINs proposed to the Committee are Nationally devised CQUINs applicable to Mental Health Services. These have been discussed with the CCG. The Trust has not developed locally agreed CQUINs for four or five years.

Beverley Murphy questioned:

- What further financial investments are available for the people that use the Trust's services?
- Is the Trust in sync with the rest of the country?
- What are the opportunities available?
- Are the CQUINs ambitious enough?

The Committee requested a Matters Arising report at the May 2022 QAC, reflecting challenge to the ambition of the proposed CQUINs and targets.

c) Right Care – Challenges to Achieving Flow in Inpatient Services and How We Are Improving

Committee received the report from Neil Robertson for assurance.

Report summary:

- Report covers out of area bed use, Rehab and Specialist, Acute and Community Directorate
- Flow plans being implemented relate to out of area usage

- Commitment to working across the system - enhancing crisis pathways and eradicating out of area use
- Quality of management of out of area beds
- Different types of out of area beds distinguished
- Development of new trajectory - attempt to eradicate out of area bed use by end of 2022
- National expectations to eradicate out of area bed use – extended to March 2024
- NHS England proposition - Acute Working Age Beds average length of stay moved from 32 to 40 days
- Risks – quality, not achieving effective flow, continued financial impact, poor outcomes for people with Learning Disability and older people, impact of failing to address system wide ask and understanding social care changes

PICU beds issue – unintended consequences of working without Seclusion in Acute wards. Mixed gender requires action. Dovedale2 - when Maple, Burbage, and Stanage wards are fully refurbished there will be an extra 12 beds available.

Salli Midgley noted:

- Out of city care quality issues are known and closely monitored
- Impacts include carers travelling (time and finance), Service User's quality of life whilst away from Sheffield – work underway to address this

Dr Jonathan Mitchell added:

- Difficult to say how many beds are needed
- Over the years length of stay has fluctuated
- Currently, beds on PICU are being blocked due to flow issues
- Considerations - how to reduce delays in transfers of care, more people with Personality Disorder on wards for longer than before, much broader system question than number of beds needed

Beverley Murphy told the Committee:

- Therapeutic Environments Board has commissioned Health Planners
- View is that the Trust may need more beds
- Considerations - the South Yorkshire position and Alliance in terms of bed availability across the system
- PICU – must consider the mixed gender issue and associated risks. Restrictive Environment Group to make recommendation
- Need to attend to length of stay, understand variance, and improve flow
- Personality Disorder Pathway - work to improve treatment becoming more urgent
- Working closely with Local authority – reviewing delays in discharges
- Trust has significantly lower number of beds per head of population than almost all other Mental Health providers – pressure on inpatient staff, little respite, no time to reflect
- National Clinical Director not in favour of Mental Health Trusts currently increasing bed bases – SHSC need to engage and inform of its situation

	<p>Neil Robertson noted for Sharon Mays:</p> <ul style="list-style-type: none"> • SHSC commissioning 12 beds - six male, six female, from two different providers • Average, based on last 12 months data - using ten Acute spot purchase beds, PICU average four to five • Trust needs to consider and review different models going forwards • Admissions of people with Personality Disorder - impact and issue is with significantly long length of stay • Consider population growth over the next decade - impact on bed capacity <p>Sharon Mays noted that the Trust should be clear, realistic, and careful with the message to partners about its needs.</p> <p>Dr Jonathan Mitchell added that the use of the Mental Health Act, Human Rights, and Least Restrictive Practice, should be used to influence length of stay.</p> <p>Committee received the report and noted assurance that there is a grasp of the complexity of the issue. Assurance cannot yet be given around actions as the impact has not yet been seen. The question around the recommendation on beds remains. A Board discussion is planned.</p>	
QAC22/04/299	<p>Internal Audit Waiting List Data Quality Final Report</p> <p>Committee received the report for information and noted the 'Limited Assurance' rating.</p> <p>The Chair noted that the report outlines the Trust's struggles with processes and data around waiting lists.</p> <p>Richard Mill told the Committee that the SPA waiting list numbers have not increased over the last few years, or through Covid19. However, the issue of a long waiting list remains.</p> <p>The issue with waiting list data highlighted by the Internal Audit report was said to be potentially easily rectifiable and is currently being investigated.</p> <p>Beverley Murphy added:</p> <ul style="list-style-type: none"> • For assurance - Service Manager raised their concern clearly and transparently with Internal Audit • Technical fixes underway on Insight to allow for the waiting list to be moved over, reducing risk • Brief Matter Arising paper to be brought to May 2022 QAC (no later than June 2022) outlining timeline, to document the work, and give assurance that the matters highlighted by the Internal Assurance report are being addressed. <p>Salli Midgley to check that the final version of the report will include the additions she had made.</p> <p>a) Improvement Plans: Progress on EWS/SPA and Community Recovery Team Waiting Times</p> <p>Committee received the report from Dr Jonathan Mitchell, Dr Robert Verity, and Christopher Wood for assurance.</p>	

	<p>Helen Crimlisk expressed concern over duplications – lack of clarity around which patient has been referred, when, and by whom, on multiple waiting lists.</p> <p>The Chair told the Committee that this is not currently an assurance paper. It is a list of activities without a trajectory or judgement of impact. Request going forward to provide more assurance of actions taken.</p> <p>Christopher Wood noted actions plans should be considered in the context of getting ready to mobilise the newly transformed clinical models.</p> <p>Beverley Murphy told the Committee:</p> <ul style="list-style-type: none"> • There is understandably a high level of concern • There is a new, more focussed format of recovery plan • Assurances and remaining gaps, risks, and mitigations were not committed to paper in the right format • This will be addressed and improved for QAC and Board going forward <p>Committee received the report and noted an alert to Board around data quality issues. The solution could be simple, but yet evidenced for assurance purposes. An assurance piece is needed to assess impact of actions being taken. The struggle of working with historical systems is recognised. The Committee is concerned with Service User experience. Are people waiting too long and what do we need to do about it? Further reporting requested.</p>	
QAC22/04/300	<p>Sheffield Adult Crisis Pathway Review</p> <p>Committee received the report from Dr Robert Verity and Christopher Wood for information only.</p> <p>Beverley Murphy told the Committee that much of this work is already underway. It is suggested that the Committee read it and a schedule of actions in terms of recommendations will be taken. This will be presented to QAC in May 2022.</p> <p>Committee received the report for information.</p>	
QAC22/04/301	<p>Patient and Carers Race Equality Framework (PCREF) Programme Report</p> <p>Committee received the report from Salli Midgley for information.</p> <p>Report summary:</p> <ul style="list-style-type: none"> • Engagement with and working alongside communities • Concerns within community that inclusive care is not always provided • Trust is an early adopter of PCREF • High level results will not be seen initially, focus on quality and approach • Board Development session upcoming, NHS England presenting • Aligns to Human Rights work <p>Prof. Brendan Stone added it was positive that community groups have ownership of the work. SHSC is being positioned as accountable by and to our communities. There could be lessons learned from the way this has been set up.</p> <p>Committee received the report and expressed significant encouragement to continue with this approach. It fits in with the Trust’s Strategic Objectives around equality and partnerships.</p>	
QAC22/04/302	<p>Annual Clinical Audit Programme</p>	

	<p>Committee received the report from Jonathan Burleigh for assurance.</p> <p>Salli Midgley welcomed the report and requested more detail going forward about how those audits are being led and linked into the Trust's learning.</p> <p>Helen Crimlisk made suggestions for further work:</p> <ul style="list-style-type: none"> • Challenge is to make sure this is understood by services – what help is needed to achieve this? • Variability in level of quality standards – could this be expanded? <p>Beverley Murphy added that there have not been outcomes of Clinical Audits at QAC or a report from a Tier 2 Committee advising on the content around the quality of services and Service User experience. The Technology Appraisals as each NICE Standard published and reviewed have also not come to QAC. This will be necessary going forward and is to be included in the review of the Committee Work Plan for the coming year.</p> <p>Jonathan Burleigh summarised:</p> <ul style="list-style-type: none"> • There is a big piece of work around each audit • The governance must be in place for assurance • NICE Guidance should come back to QAC • There is a lot more work to be done <p>Committee received the report and advised on where assurance is needed in future reports.</p>	
QAC22/04/303	<p>Quality Related Policies Policy Governance – Ratification of Decisions by PGG Committee received the report from Susan Rudd.</p> <p>Susan Rudd reported that the following items had been through the governance process and the Committee were asked to ratify the recommendations:</p> <ul style="list-style-type: none"> • Visitors Policy NP 018 – Extension to Review Date • Physical Health Policy NP 020 • Domestic Abuse Policy NP 015 • Allegations Against Staff Policy NP 037 – Extension to Review Date • Learning from Deaths Policy MD 002 • Use of Force Policy NP 030 <p>Beverley Murphy noted that one the Transition of Young People from CAMHs to Adult Mental Health Services Protocol has been out of date for a long time despite this being followed up several times. Progress will be brought to a future meeting.</p> <p>Committee received the report and approved the recommendations.</p>	ACTION BM
QAC22/04/304	<p>Emerging Quality Risks Committee received the verbal report from Beverley Murphy for assurance.</p> <p>The Trust is entering the third month of Executive Care Reviews, for Service Users who either have problems in being discharged from the Trust into a specialist placement, where the Trust cannot entirely meet those people's needs, or where they are in long-term segregation. In the last few months, Beverley Murphy and Dr Mike Hunter have reviewed Service Users M, T, E,</p>	

	<p>and A and are working with Head of Performance, Deborah Cundey, to find a way to note this in the IPQR.</p> <p>The CQC has notified the Trust that they will be conducting a Children and Young Persons Pathway Review starting 25th April 2022. This one follows up a Section 64 enquiry the Trust responded to in December 2021. If the Mental Health Act-type Review highlights areas of concern for providers of children and young person's services, there could be consideration of the regulatory inspection.</p> <p>SHSC is now in receipt of a Preventing Future Death Notice from the HM Coroner. The Coroner has reached a verdict of suicide and is concerned that there is a delay between a professional view being reached that the patient required assessment for a Section 2 detention and the actioning of that decision some days later. The Trust has been asked to respond by 16th May 2022 outlining what changes it might make to prevent future deaths. The response will be fed back to QAC and as part of the Learning Lessons Report.</p> <p>Committee received the report and noted the information shared.</p>	
QAC22/04/305	<p>Any Other Business</p> <p>The Committee discussed the Ockenden Report.</p> <p>Salli Midgley told the Committee:</p> <ul style="list-style-type: none"> • Final report published in early April 2022 • Ockenden was the review of Shrewsbury and Telford Maternity services, 1500 cases of family care 1973-2020 • Key headline - Trust failed to investigate, learn, improve, and safeguard patients • Failures to follow National Guidelines, escalate cases of concern, and failures in the way multidisciplinary teams worked together • Lack of psychological safety in teams, lack of compassion, notion of family blaming • Unstable Trust Board, poor investigation governance • Trust had CQC inspections and CCG reviews • Four key pillars to take to SHSC Public Board and share with staff - Safe Staffing, Well Trained Workforce, Listening from Incidents, Listening to Families. Ensuring Freedom to Speak Up role is strengthened • Paterson Review – surgical misconduct within a Trust • Still open awaiting Government response • Three recommendations aligned to Provider Trusts - Information given to patients, ensuring time to reflect on diagnosis and treatment options, how complaints are raised • SHSC Quality Directorate developed self-assessment tool for critical reflection and assurance - findings to come back to QAC in June 2022 <p>Richard Mills added:</p> <ul style="list-style-type: none"> • SHSC has strong focus on working with Service Users, carers, and families • Consider how roles are carried out at SHSC: Non-Executive Director (NED) Safety Champion and NED Freedom to Speak Up Champion • Incidents at Shrewsbury and Telford not always recorded properly. 	

	<p>Robustness of review is crucial</p> <ul style="list-style-type: none"> • Should be NED oversight of certain complaints <p>Prof. Brendan Stone noted that it is critical the Board and Committees are continually alert and vigilant to avoid complacency.</p>	
QAC22/04/306	<ul style="list-style-type: none"> • Annual Work Plan Committee received the Work Plan for information. <p>For future agendas:</p> <ul style="list-style-type: none"> • The Sheffield Teaching Hospital CQC Report mentions several Mental Health issues. The Chair asked for a summary of how that STH CQC Report impacts on quality issues for SHSC. • The Chair requested that in the near future Salli Midgley provides an overarching self-assessment of how the quality of care has improved. It will inform agendas going forward. • Alert, Assure & Advise: Significant issues to report to the Board of Directors <p>Alert:</p> <ul style="list-style-type: none"> • Top three risks in IPQR – Achieving flow in the Acute Adult Inpatient wards; CPA Annual Review completion (South Recovery Team); waiting times in EWS, SPA, and allocation of the permanent care coordinator in Recovery • Waiting list recovery plans for EWS/SPA did not provide assurance. • Risk around data concerns impeding progress with Supervision and waiting lists <p>Assure:</p> <ul style="list-style-type: none"> • Effective process for the review of Acute and intensive support for people with Learning Disability and Autism • Improvements and good performance coming through in the IPQR: <ul style="list-style-type: none"> -Older Adults - continued reduction in length of stay -Rehabilitation and Specialist Services - Supervision rates improved -Inpatient wards – continued work to reduce restrictive practice -IAPT Recovery Rates -72 Hour Follow Up KPI – improved narrative, oversight, and learning <p>Advise:</p> <ul style="list-style-type: none"> • Compliance with new Supervision standard: number of supervisions has improved from previous schemes but variable across the Trust. Need to be aware of how this is improving and what improvement is expected over time. • Back to Good Programme continues to progress, risks around Supervision and Mandatory Training, looking to do more on the Quality Assurance of completed actions • Improvements in the Specialist Psychotherapist Service waiting times process has led to plans for more Service User engagement: 	<p>ACTION SB</p> <p>ACTION SM</p>

	<p>a good model for other services.</p> <ul style="list-style-type: none"> • Trust produced plans for CQUINs. Committee requested more challenging targets • Flow paper received – acknowledged complexity, assured there is a good grasp of issues, awaiting outcomes and recommendations. Paper to be taken to Board. • Trust is an early adopter of the Patient and Carer Race Equality Framework (PCREF) and this work shows great promise. • Ockenden Report discussed and implications for us (paper coming to QAC in June) <p>Note: The Least Restrictive Practice Report is available to read and was circulated for information.</p> <ul style="list-style-type: none"> • Changes in level of assurance - Board Assurance Framework No changes reported. Not reviewed formally this month. • Meeting Effectiveness The Chair told the Committee that there was a lot discussed in this meeting to be worked on, but also a lot to be proud of. <p>Comments were invited in the Chat Box. The Committee were asked to consider how the Trust's Values are modelled within the meeting conduct.</p>	
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Date and time of the next meeting: Wednesday 11 May 2022, 10am to 12:30pm

Format: MS Teams

Apologies to Francesca O'Brine, Corporate Assurance Officer

Francesca.O'Brine@shsc.nhs.uk

Audit & Risk Committee (ARC)

ARC 19.01.22 Item 03

Confirmed Notes of the Audit & Risk Committee meeting held on Tuesday 18 January 2022 at 2.30 pm
Format: Microsoft Teams Meeting

Present: Mrs. Anne Dray, Non-Executive Director, Chair: Audit & Risk Committee
Mr. Richard Mills, Non-Executive Director, Chair: Finance & Performance Committee

In Attendance: Mr. Phillip Easthope, Executive Director of Finance
Ms. Beverley Murphy, Executive Director of Nursing, Professions & Operations (for item ARC2022/01/0126)
Mr. Matt White, Deputy Director of Finance
Ms. Susan Rudd, Director of Corporate Governance/Board Secretary
Mr. Rashpal Khangura, Director, KPMG
Mr. Matthew Moore, Senior Manager, KPMG
Ms. Leanne Hawkes, Director, 360 Assurance
Ms. Lianne Richards, Client Manager, 360 Assurance
Mr. Chris Taylor, NHS Anti-Crime Specialist, 360 Assurance
Ms. Amber Wild, Corporate Assurance Manager (Observer)
Ms. Emily Allan, Corporate Assurance Officer (Observer)
Mr. Rob Storr, Auditor, 360 Assurance (Observer)
Mrs. Jeanine Hall, Executive Assistant (Notes)

Apologies: -

Min Ref	Item	Action
Agree Meeting Behaviours As the meeting was to be held via MS Teams arrangements, the Chair reaffirmed meeting etiquette to ensure that agenda items received the appropriate level of discussion and consideration, and that members could contribute to the discussion/ask questions as necessary.		
ARC2022/01/0121	Welcome & Apologies for Absence The Chair welcomed members to the meeting, noting that no apologies had been received.	
ARC2022/01/0122	Declaration of Conflicts of Interests No declarations were received.	
ARC2022/01/0123	Notes of the meeting held on 19 October 2021 The notes of the meeting held on 19 October 2021 were approved as a correct record.	
ARC2022/01/0124	Matters Arising & Action Log Members reviewed and amended the action log accordingly, and updates on the outstanding actions were recorded. i. <u>2021/22 Board Assurance Framework (ARC2021/07/091) Consistency of Key Controls, Assurance Ratings & Risk Scoring System</u> Confirmed that this matter was still actively under discussion. Agreed that these discussions should be concluded by the next meeting, at which point it would be included on the agenda. ii. <u>360 Assurance Progress Report (ARC2021/10/112) Aged Actions</u> Mr. Easthope confirmed that as requested an initial review of the outstanding	April ARC bf

<p>ARC2022/ 01/0125</p>	<p>aged actions had been undertaken by the Executive Team and that areas for further progress have been identified and are being followed up as appropriate. Action considered complete.</p> <p>360 Assurance Progress Report The Committee noted receipt of the 360 Assurance Progress Report providing an overview of work completed since the last meeting in October 2021.</p> <p>Ms. Richards provided an overview of the three audit reports issued in the period: Transformation & Project Management (Significant Assurance) Health & Wellbeing (Significant Assurance) Strategic Governance (Significant Assurance)</p> <p>She also noted that the Head of Internal Audit Opinion Stage 2 Report had now been signed off by the Trust and would be circulated shortly.</p> <p>Noted that completion of follow up actions stood at 51% for first follow up and 69% overall, which falls within the limited assurance category in terms of the final Head of Internal Audit Opinion Statement. The report received by members provides detail of with work undertaken in conjunction with SHSC to close off a number of aged actions, where it is considered the spirit of the action is being addressed and while there is more to do to strengthen arrangements, a more practical approach has been taken to a number of these actions.</p> <p>The committee formally noted Appendix F which indicated the action taken by the Trust to close off aged actions while acknowledging that further strengthening of arrangements would be beneficial. It was accepted that while this was an exception to the usual process in terms of the closure of actions, it was suggested that consideration should be given to the newly agreed Risk Oversight Group maintaining an overview of those closed actions where further strengthening has been recommended.</p> <p>Mr. Mills noted that in terms of outstanding actions at follow up, this included two high risk actions from the Physical Health & Nutrition and Hydration audit. Ms. Richards advised that a further update for these actions has been received from SHSC officers and further evidence is awaited to sign off these actions as complete.</p> <p>Mr. Mills also noted a medium risk finding arising from the recent Strategic Governance audit in respect of arrangements for tier two groups reporting into committees. It was acknowledged that this has already been highlighted and is being addressed as part of the refreshed governance arrangements.</p> <p>Members acknowledged the positive outcome of the three audits completed during the period and were pleased to see an acknowledgement of the notable steps already taken towards improving the health and wellbeing of the workforce.</p> <p>In respect of the Transformation & Project Management Audit, members noted the comment regarding the benefits of incorporating a clear indication of progress against milestones and confirmed that this is something that has already been discussed at committees, acknowledging that the transformation reports continue to develop and improve.</p> <p>Ms. Dray noted that the initial HoIA Opinion Statement rating stands within the limited assurance, she was conscious that an objective for this year was to improve on this rating and questioned what action, if any, would result in a change in position. It was confirmed that while progress has been and continues to be made against the follow up position, this is only one element of the overall</p>	
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	<p>Opinion rating. The totality of the work programme outcome for the year is reviewed to reach a final rating.</p> <p>Mr. Easthope assured members that the Executive Team continue to have oversight of the completion of follow up actions and are actively driving delivery where necessary.</p> <p>The committee formally noted receipt of the 360 Assurance Progress Report.</p>	
ARC2022/01/0126	<p>360 Assurance Head of Internal Audit Opinion Stage 2 Report</p> <p>Ms. Richards noted that the Stage 2 report towards the Head of Internal Audit Opinion had now been completed and would be circulated after the meeting. She advised that at this stage two medium risk findings have been identified, with three actions arising from them relating to the maintenance and update of the Board Assurance Framework.</p> <p>Ms. Richards noted that she would be happy to pick up any issues outside of the meeting, once members were in receipt of the report.</p> <p>Members noted the verbal update and the opportunity to review the report once circulated</p>	
ARC2022/01/0127	<p>360 Assurance Counter Fraud, Bribery & Corruption Progress Report</p> <p>Committee received the report for assurance and Mr. Taylor provided an overview of progress against the 2021/22 CF Plan and highlighted a number of relevant matters.</p> <p>He noted progress against the new Government Counter Fraud Standards and advised and provided an update on the specific components where further work is being undertaken to improve current ratings.</p> <p>In response to a question from the Chair regarding component 3, which is currently rated red, Mr. Taylor advised that this relates to fraud risk which is actively in the process of transitioning from 360 Assurance over to SHSC. He noted that he continues to work with the Trust to meet this standard but assured members that SHSC's position is not dissimilar to a number of other 360 clients.</p> <p>Mr. Taylor advised that although the functional standard requirements were implemented wef 1 April 2021, NHSCFA requirements in terms of how the NHS responds to these standards have been developing throughout the year. This has resulted in additional pressures on the proactive plan with the need to attend workshops, redevelop processes and carry out additional exercises to meet these requirements.</p> <p>He confirmed that two new referrals have been received, the details of which are included in the progress report received by members. He noted an amendment to the reference number indicated on one of these cases – should be INC/21/01798, not 01399 - and advised that following discussion with the Deputy Director of Finance, it has been agreed that this will be treated as an internal matter.</p> <p>The position in respect of IMO/17/00194 was noted and Mr. Taylor confirmed this continues to be pursued.</p> <p>Members noted the progress report and were assured by the fact that despite the different ways and processes of working during the pandemic, no real issues in respect of fraud or potential fraud have been uncovered.</p>	
ARC2022/01/0128	<p>360 Assurance Internal Audit Plan 2022/23: Topics for Potential Inclusion</p> <p>Ms. Richard advised that the paper received by members provides a summary of the areas highlighted for potential inclusion in the 2022/23 audit plan, following</p>	

	<p>the recent planning meeting. Further work to prioritise these areas is being undertaken by the Executive Directors, in liaison with key officers and 360 Assurance, and she anticipated the final draft plan for next year would be available for consideration and approval at the April meeting.</p> <p>Mr. Easthope confirmed that we would be looking to reduce the number of audit days to around 200, in line with previous years and this will be part of the work he undertakes with Executive Directors and others to prioritise the plan areas prior to receipt of the draft plan in April.</p> <p>Ms. Richard advised that she welcomed comment from other members on the potential areas outside of the meeting as necessary.</p> <p>It was confirmed that there are certain ring-fenced areas of the plan which are mandatory and likewise other areas of work within the plan which are relied upon by other parties, particularly as part of the annual accounts process.</p> <p>Ms. Hawkes confirmed the final draft plan will identify those areas excluded following prioritisation for awareness.</p> <p>It was also confirmed that the Counter Fraud, Bribery & Corruption element of next year's audit plan will be received at the April meeting.</p> <p>The Committee received the report and noted next steps to finalise the final draft plan for receipt at the April meeting.</p>	
<p>ARC2022/ 01/0129</p>	<p>Emergency Preparedness, Resilience & Response Assurance Framework Update</p> <p>The committee received the quarterly assurance report from Ms. Murphy on progress of activity to meet national EPRR core standards for 2021/22. She assured members that she has reviewed the evidence provided as part of the self-assessment process undertaken by Mr. Geraghty, Emergency Planning Manager. Also, an audit of compliance was undertaken across the Yorkshire & Humber region during November, prior to national submission in December 2021.</p> <p>She noted that the report provides a progress update on the three specific standards which SHSC continues to work on to improve our compliance.</p> <p>In response to a question from Mr. Mills regarding continued CoVid emergency planning arrangements, Ms. Murphy confirmed that we have very clear and defined roles within our command structure, a good understanding of strategic, tactical and operational level requirements and that our command structure arrangements continue to be stepped up or down in accordance with the current alert levels and threat/impact of infection.</p> <p>Ms. Murphy assured members that the situation is continually monitored and that the team are cognisant of the need to avoid any level of complacency.</p> <p>NED members were in agreement that our response to the pandemic has been good and that perhaps further consideration needed to be given to the risks articulated on the Board Assurance Framework and Corporate Risk Register.</p> <p>Ms. Murphy confirmed that an active CoVid Risk Register is maintained and agreed to append this to future iterations of these updates received at ARC.</p> <p>The Chair noted comment made regarding compliance with standard 44 relating to the Data Protection Security Toolkit and asked for confirmation that this is unlikely to be fully resolved until the new EPR system is in place and embedded.</p>	<p>BM</p>

	<p>Ms. Murphy confirmed this position.</p> <p>Members welcomed the continued progress being made against the EPRR assurance standards and thanked the team involved for their continued efforts during the pandemic.</p>	
ARC2022/01/0130	<p>2020/21 ISA 260 Report – Progress Against Actions</p> <p>The Committee noted the updated on agreed actions arising from the 2020/21 ISA 260 Report and Ms. Rudd confirmed the outstanding action had now been completed following the introduction of the TRAC recruitment system.</p> <p>Mr. Khangura noted that the External Audit Team would follow up implementation of this action as part of the year-end audit assurance processes and report back accordingly.</p> <p>The committee formally noted completion of all actions arising from the 2020/21 ISA 260 Report.</p>	
ARC2022/01/0131	<p>Annual Report & Accounts Production Timetable 2021/22</p> <p>Ms. Rudd advised that the paper received by members had been prepared in the absence of the formal Annual Reporting Manual guidance and associated timetable and is based on the intelligence received to date regarding submission deadlines and content changes.</p> <p>She noted that it has already been confirmed that the Quality Report again will not form part of the Annual Report, but that the Performance Report element should include all aspects of performance, not just financial. Similarly, the reduced reporting experience for the last two years has now stopped, which will result in things such as the performance analysis being reinstated. The fair pay disclosure has also been expanded.</p> <p>Following the expansion of the Performance Report element of the report, Mr. Easthope agreed to discuss this with Ms. Rudd outside of the meeting to ensure there is a good awareness of requirements and timeframes for this additional work.</p> <p>Ms. Rudd confirmed that work has commenced, albeit light touch until such time as final guidance and timeframes are received, and that the anticipated submission date for the final Annual Report and Accounts is 22 June.</p> <p>NED members confirmed discussion in other meetings regarding the absence of firm national guidance in a number of areas at the present time, including financial planning, the additional pressure this creates with the system and whether, when considering the BAF and CRR risks, anything can be done/identified to mitigate the potential risks this poses.</p> <p>Members noted the outlined production timetable and intended next steps.</p>	
ARC2022/01/0132	<p>Accounting Policies & Financial Reporting Manual 2021/22 Update</p> <p>Mr. White presented a briefing paper on the anticipated amendments to be made to the 2021/22 Accounting Policies for inclusion in the 2021/22 Annual Report & Accounts, noting the current delay in receipt of the ARM and noted the key difference is the implementation of IFRS16, which is covered under a separate agenda item on today's meeting.</p> <p>The paper is presented for awareness pending any final changes which will be incorporated once the ARM is received; at which point an updated paper will be prepared for receipt at ARC.</p> <p>Members approved changes and noted potential further changes on receipt of the final guidance.</p>	

<p>ARC2022/ 01/0133</p>	<p>Impact of Introduction of IFRS 16</p> <p>The committee received this report from Mr. White, who explained that the Audit & Risk Committee are asked to review the impact of IFRS16 on the Trust balance sheet in 2022/23 and following consideration of the paper, recommend to the Board of Directors, the adoption of IFRS16 with effect from 1st April 2022 as recommended by the Department of Health & Social Care and HMRC.</p> <p>He advised that IFRS16 eliminates the requirement for lessees to classify leases as operating and requires a single model for the accounting of leases that reflect lease obligations on the SHSC balance sheet. The paper received by members outlines the expected changes and implications of its introduction, including a potential £168,000 pressure as a result of treatment changes.</p> <p>It was also noted that any new lease arrangement after 1st April 2022 will form part of our CDEL.</p> <p>Mr. Easthope commented that one potential to follow up is the possible availability of any transition funding to absorb any of the implementation costs and that in the proposed capital guidance for next year there is an indication that impact of implementation is going to be reviewed at national level, which may result in some slippage or consideration of possible national funding without additional CDEL. Unfortunately, there won't be further clarification on this position until post plan and into the new year, therefore, it is correct that we continue to plan on the current basis and on what is known.</p> <p>The committee agreed to recommend adoption of IFRS16 to the Board of Directors as part of the Annual Accounts process, noting the potential financial impact and comments made regarding potential for further national guidance.</p>	
<p>ARC2022/ 01/0134</p>	<p>Initial Draft Annual Governance Statement</p> <p>Ms. Rudd advised that in the absence of the formal national guidance as discussed earlier in the meeting, work has commenced on refreshing the current Annual Governance Statement. Once final guidance is received, further work will be undertaken to ensure the statement complies with all required elements and she anticipated being able to circulate the draft statement to members outside of the meeting early February and prior to formal receipt at the April ARC meeting.</p> <p>The Committee noted the work being undertaken to refresh the current AGS and that a draft would be circulated outside of the formal meeting for comment.</p>	<p>SR</p>
<p>ARC2022/ 01/0135</p>	<p>Draft Going Concern Report – Preparation of Accounts 2021/22</p> <p>The Committee received the draft Going Concern Report which will requires approval by the Board of Directors as part of the Annual Accounts process.</p> <p>Members were reminded that the accounting concept of Going Concern is a fundamental principle in preparing the Financial Statements and that the organisation must consider whether it views itself as having the resources in place to remain viable and continue in business for the foreseeable future (at least 12 months).</p> <p>It was noted that the final paragraph on page 4 regarding the capital programme required updating and Mr. Easthope advised that further additions would be made to the final report in respect of the forward financial risk once further details of the financial framework are available, as well as updating the section regarding the leadership position.</p> <p>Members acknowledged the draft statement, noting that it was work in progress. It was agreed that the Accounts should be prepared on a going concern basis and that a final version would be received at the next meeting, prior to approval by the Board of Directors.</p>	

<p>ARC2022/ 01/0136</p>	<p>KPMG Progress Report / Draft Plan 2021/22 Audit It was agreed that these two agenda items would be taken together.</p> <p>Mr. Khangura presented the 2021/22 external audit plan and he and Mr. Moore provided an overview of the financial statements audit process for the year ending 31 March 2022, including an outline of the risk assessment and planned audit approach.</p> <p>The impact of Covid19, both in respect of operational delivery and the financial regime that continues to operate during 2021/22, is acknowledged and will be monitored for any further impact on the audit for 2021/22.</p> <p>Mr. Moore advised that as part of their audit planning process, two new risks have been identified which would be reviewed as part of their work, namely the disposal of Fulwood House and IFRS 16 transition, which would be reviewed during year-end processes as well as the other areas of risk identified in their report.</p> <p>In terms of the value for money element of their audit work, Mr. Khangura noted that reporting requirements remain unchanged from last year and the main output remains a narrative on each of the three domains (financial sustainability; governance; improving economy, efficiency and effectiveness), summarising the work performed, any significant weaknesses and any recommendations for improvement. It was noted that a significant weakness was raised last year during this element of the audit relating to SHSC’s response to the significant risks raised by the CQC and how these were progressing. Part of the work this year will be to reflect on the status of this work, and it was confirmed the Trust is keen to work with the auditors to ensure a full understanding of the progress made.</p> <p>Mr. Easthope advised that in terms of general comments regarding the risk, while SHSC is currently forecasting a surplus out-turn, this has been increasing over the last few months. During CoVid, recruitment has been difficult and expenditure plans have been slow to crystallise, which increases some of the risks articulated within this element of the work plan. He confirmed that we will look to ensure that our material estimates paper accurately reflects all the key assumptions made during this uncertainty.</p> <p>Agreed that wherever possible, early and open conversations will take place between audit and Trust officers to ensure a clear understanding of any key issues/areas.</p> <p>Members noted the breakdown of the audit fee for the year ending 31 March 2022, noting the additional fee to reflect the additional responsibilities in respect of the IFRS 16 transition, although Mr. Khangura advised that this fee would be agreed once the quantum of the work has been identified.</p> <p>The Chair thanked Mr. Khangura and Mr. Moore for this overview of the external audit planned work programme.</p> <p>Mr. Khangura left the meeting at this point.</p>	
<p>ARC2022/ 01/0137</p>	<p>Board Assurance Framework 2021/22 Ms. Rudd presented the current 2021/22 Board Assurance Framework to the committee, noting that there were currently 11 risks being reported against, and that risk 0027 was a new risk, following discussion at the December Board of Directors meeting.</p> <p>She advised that as previously discussed, every effort is being made to making it</p>	

	<p>much clearer, for those reading the reports, in particular the changes that have taken place between reporting.</p> <p>Training sessions have been arranged for BAF and CRR risk authors. It is expected that these sessions will result in a movement in the quality of reporting and updates provided and will allow authors to ask questions, as well as provide valuable feedback on the population of the BAF/CRR.</p> <p>NED members acknowledged the work being undertaken to improve understanding of the BAF and CRR and were cognisant of the need to ensure our committees focus on and discuss these documents at each meeting.</p> <p>It was also noted that risk 0022 was now scored at 4 and it is considered that the residual risk is practically non-existent in the current financial climate. While accepting that this risk may reappear on next year's BAF, consideration should be given to how low a risk becomes before it is removed. Mr. Easthope outlined the basis of this risk, which is discussed regularly at the Finance & Performance Committee, particularly whether there should be more reflection on financial sustainability. The fact that one year settlements are currently in place, with no certainty on the following year impacts on the ability to provide a long term forecast for this risk, would result in potentially a more static high level risk due to the extensive unknown elements moving forward. He confirmed that presently this is a relative low risk in line with what is being reported, but as soon as details of the financial plan and the subsequent challenge for next year are known, it will probably be rescored to a much higher rating. This is all part of the risk assessment process that is being worked on at the moment.</p> <p>Ms. Rudd acknowledged the comments of members in respect of the continued work being undertaken to improve reporting through the BAF but noted that the constraints of the reporting system does hinder a number of required changes in reporting. Where possible, more clarity is being provided within the over-arching summary/cover sheets to improve understanding. This was welcomed by members.</p> <p>The Chair raised a question regarding the low number of actions being recorded, specifically against high rated risks. She commented that it is key to ensure there is an assurance that the level of actions identified are sufficient to close recognised gaps and that, if necessary, mention of this is made in summary/cover sheets.</p> <p>The committee acknowledged receipt of the 2021/22 Board Assurance Framework and noted the work being undertaken to improve reporting and understanding of its content.</p> <p>The Chair advised members that it has previously been agreed to establish a Risk Oversight Group, which will report into Audit & Risk Committee. It is anticipated that this group will provide some of the scrutiny, challenge and oversight that has been missing from the BAF/CRR process previously. First meeting is planned for February 2022.</p>	
<p>ARC2022/ 01/0138</p>	<p>Corporate Risk Register</p> <p>Ms. Rudd presented the current 2021/22 Corporate Risk Register and confirmed while no risks have been closed since it was last received, there have been changes to the scoring. She also advised that there are also a number of new risks which have been added to the register, but that need time to be developed further in terms of their content. The reporting committee is now reflected on each risk per a recent request from committee level.</p> <p>While noting the number of new risks, the Chair commented on the lack of</p>	



	<p>movement in existing risks, together with the fact that no risks have been closed. She advised that this would be considered again at the next meeting to provide an assurance that risks are being actively reviewed.</p> <p>Members reviewed those risks specific to Audit & Risk Committee, which are:</p> <p>Risk 4375 (relating to paper documents stored at Fulwood) – confirmed that the Leaving Fulwood Project Group are actively addressing this risk and updating the previous risk assessment;</p> <p>Risk 4483 (relating to the compromise to IT systems/data) – noted that a business case is currently being considered to improve cyber security. Agreed that dependent on successful completion of the business case process and implementation, consideration needs to be given to the timeline for reduction of this risk;</p> <p>Risk 4376 (relating to security of clinical records at President Park) – comment was made on the apparent delay in addressing this risk given that an action plan is in place, which Mr. Easthope agreed to follow up;</p> <p>Risk 4612 (relating to IT systems and Data security); and Risk 4480 (relating to Insight instability). The Chair questioned whether these two risks were different. Mr. Easthope advised that while there are areas of overlap between the two risks, 4480 predominantly relates to the instability of the current Insight system, while 4612 is more the full spectrum of system updates. The Chair asked that consideration be given to reflecting the current position regarding the procurement of the new EPR within 4480 and any consequent impact on score.</p> <p>The Chair advised members that it has been agreed that a refreshed Risk Management Strategy will be considered at the April ARC meeting where a number of queries regarding challenge and discussion can be followed up.</p> <p>The committee acknowledged receipt of the 2021/22 Corporate Risk Register.</p>	
ARC2022/01/0139	<p>Policy Governance Summary</p> <p>On the recommendation of the Policy Governance Group, members formally approved the Counter Fraud, Bribery & Corruption Policy for publication and approved the extension to review date in respect of the Claims Policy.</p>	
ARC2022/01/0140	<p>Audit & Risk Committee – Self-Assessment Questionnaire 2021/22</p> <p>Ms. Rudd proposed that the Audit & Risk Committee would conduct its self-assessment process during March, using the HFMA standard questionnaire/ checklist. She also advised that this process would be replicated at the other Board committees for consistency and comparison.</p> <p>The meeting approved this proposal and noted that all regular attendees should complete the questionnaire.</p>	
ARC2022/01/0141	<p>Digital Information Governance Group – Escalation & Update Report</p> <p>The committee noted receipt of this report for assurance.</p> <p>Mr. Easthope noted the additional assurance regarding follow up on CRR risk 4375.</p> <p>He confirmed that a number of incidents have been escalated to the Information Commissioners Office, while no further action has been requested by the ICO, these continue to be monitored and a watching brief is maintained by DIGG.</p> <p>Mr. Mills noted the request to approve the escalation of risk 4545 onto the Corporate Risk Register. Mr. Easthope confirmed that this related to low level of compliance with completion of information governance and cyber security awareness mandatory training compared to the required DSPT compliance rate of 95%. It was agreed that any amendment to the relevant KPI compliance target would require consideration by the People Committee, as the current</p>	

	<p>compliance target rate is 80%.</p> <p>Escalation of the risk should be through the usual CRR governance processes but members agreed to formally approve the escalation of risk 4545 should this still be required upon further review of the current position by DIGG.</p> <p>The Chair acknowledged and welcomed receipt of this escalation report from DIGG.</p>	
ARC2022/01/0142	<p>Standing Orders, Standing Financial Instructions, Standards of Business Conduct – Breaches Report</p> <p>Mr. White presented this briefing paper for the committee’s information and advised that it provided details of SFI breaches in the period December 2020 to December 2021, together with an outline of the actions taken to minimise and mitigate where appropriate.</p> <p>It was confirmed that the report has also been received by the Finance & Performance Committee (FPC) who, following consideration, determined that no amendment to current processes or further action was required.</p> <p>Members noted the detail of the paper; the continuing improvement in the position and that there were no significant control issues or concerns regarding the implementation and adherence to SFIs/SOs etc.</p> <p>Members acknowledged receipt of the report.</p>	
ARC2022/01/0143	<p>Single Tender Waivers</p> <p>The Committee noted the detail of all single tender waivers approved since their last meeting, received for information.</p> <p>Following comment from Mr. Mills regarding CTW 21/22-27 Netherthorpe Boiler, Mr. Easthope confirmed that estates maintenance planning has already been identified as an issue and is being considered as part of a Directorate review.</p> <p>Mr. Easthope also confirmed the value associated with CTW 21/22-33 as being £47,250 + VAT.</p>	
ARC2022/01/0144	<p>Any Other Business</p> <p>a. <u>Assurance on External Contracts (Ref People Committee)</u> The Chair advised that she had requested this agenda item, following discussion at a recent People Committee meeting, regarding assurance around external contracts, acknowledging that this is not an issue which affects People Committee alone.</p> <p>Mr. Easthope confirmed that review of third-party contracts is an item within the ARC terms of reference and is a cyclical item on the ARC agenda work programme. He believed this item would address the discussion from People Committee. This paper incorporates assurances regarding a couple of chosen external contracts and was scheduled for receipt at January’s meeting but had been deferred.</p> <p>b. <u>Schedule of Audit & Risk Committee Meeting – May / June 2022</u> It was noted that consideration is being given to rescheduling the current May ARC meeting into June (14th AM) to coincide with the sign off and submission of the Annual Report & Accounts and to avoid having to arrange an extra meeting in diaries.</p> <p>Ms. Rudd agreed to keep members up to date on progress of these discussion and it was noted that Mr. Mills advised he is away on annual leave for a large proportion of June (4th – 23rd) which may require alternative attendance being</p>	



<p>ARC2022/ 01/0145</p>	<p>sought from the Non-Executive Directors to ensure quoracy.</p> <p>Meeting Evaluation & Confirmation of:</p> <p><u>a. Meeting Effectiveness</u> Agreed that the meeting had been effective with a number of substantive items on the agenda.</p> <p><u>b. Significant issues report to the Board of Directors</u></p> <p>Alert -</p> <p>Advise</p> <ul style="list-style-type: none"> • 360 Assurance Progress Report & Stage 2 Head of Internal Audit Opinion Report • 360 Assurance Internal Audit – Audit Plan 2022/23 – Topics for potential inclusion • KPMG External Audit Draft 2021/22 Audit Plan • Board Assurance Framework – establishment of Risk Oversight Group • Corporate Risk Register • Digital Information Governance Group – Escalation & Update Report – DSPT Standards <p>Assure</p> <ul style="list-style-type: none"> • Impact of Introduction of IFRS16 <p><u>Changes in level of assurance</u> Agreed that changes in level of assurance were explored during the meeting and that a Board conversation regarding the BAF would be a continued area of focus.</p> <p><u>Agreed actions</u> To be monitored via Committee Action Log</p> <p><u>Review of Committee Timetable/Work Programme</u> Noted</p>	
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Date and time of next meeting: 19 April 2022 @ 1.30 p.m.
 Apologies to: Francesca O’Brine, Corporate Assurance Officer
 Email Francesca.O’Brine@shsc.nhs.uk

AD/jch Approved AD

People Committee

**Minutes of the People Committee meeting
held on Tuesday 8th March 2022, via teleconference**

Members

Present:

Heather Smith Non-Executive Director (voting) and Chair of Committee (the Chair)
 Anne Dray Non-Executive Director (voting)
 Richard Mills Non-Executive Director (voting)
 Caroline Parry Executive Director of People (voting)
 Susan Rudd Interim Director of Corporate Governance

Apologies:

Fleur Blakeman NHSEI Intensive Support Director
 Emma Highfield Head of Nursing for Older Adults and Acute Inpatient Services
 Beverley Murphy Executive Director of Nursing, Professions & Operations (voting)

In Attendance:

Charlotte Turnbull Head of Leadership and Organisational Development
 Simon Barnitt Head of Nursing for Rehab and Specialist Services
 Sarah Bawden Deputy Director of People
 Deborah Cundey Interim Head of Performance (for item 5)
 Karen Dickinson Head of Workforce Development and Training
 Wendy Fowler Freedom to Speak Up Guardian (for item 9)
 Sally Hockey HR Business Partner
 Liz Johnson Head of Equality and Inclusion
 Sharon Mays Trust Chair
 Victoria Racher Workforce Systems Manager (for item 5)
 Neil Robertson Director of Clinical Operations and Transformation
 Jason Rowlands Director of Performance (for item 11)
 Amber Wild Corporate Governance Manager supporting Susan Rudd
 Helen Walsh PA to Executive Director of People
 Emily Allan Corporate Assurance Officer Minutes

Min Ref	Item	Action
1/03/22	Welcome & Apologies The Chair welcomed everyone to the meeting and apologies were noted.	
2/03/22	Declaration of interests No declarations of interest were made.	
3a/03/22	Minutes of the meeting held on 11th January 2022 The minutes of the meeting held on 11 th January 2022 were agreed as an accurate record. It was discussed whether the minutes should list voting members. Action: Confirm if sub-committee members have voting rights and if this should be indicated within meeting minutes.	SR

3b/03/22	<p>Matters arising and action log</p> <p>The Chair introduced the ‘Matters arising’ agenda item and said that it provided an opportunity for queries raised by the Committee in previous meetings to be addressed in a short document consisting of a few paragraphs.</p> <p><u>Action log:</u> Members reviewed and updated the action log, with specific comment being made on the following actions:</p> <p>i. Vaccinations updates The only red action on the Action log and the topic is included on the agenda for this meeting. Action: Circulate a link to the National Impact Assessment to committee members.</p> <p><u>Matters arising:</u></p> <p>i. Operational plan Anne Dray asked for confirmation that potential international new recruits being interviewed in March 2022 will not start working for the Trust until 2023. Sarah Bawden confirmed that this was the case, that timescales are dictated by training and employment visa requirements, and that the Trust is working in accordance with advice given by the NHS providers supplying the nurses. Neil Robertson confirmed that interviews have started.</p> <p>Anne Dray commented that these extended timescales could result in retention of international members of staff being an issue. Karen Dickinson said that cultural pastoral care is key when it comes to retaining international staff. Sarah Bawden said that the Trust is aware of this and is developing cultural diversity training with other similar organisations who have more experience in this area.</p> <p>Richard Mills asked which countries are being targeted by this international recruitment. Sarah Bawden replied that interviews are currently underway with people from India and that the Trust’s international recruitment is being supported by NHSEI.</p>	LJ
<p><i>BAF Risk: There is a risk we fail to attract and retain staff due to competition, reputation issues and the healthcare context, and do not find ways to present a sufficiently attractive, flexible offer of employment; resulting in a negative impact on the quality of the workforce and negative indicators for quality of care.</i></p> <p>The Committee was assured that the Trust has a robust approach to attracting and retaining international recruits, but acknowledged the challenges that the scheme could encounter. Recruitment remains an area of high risk to the Trust.</p>		
<p>People Strategy – Refreshed People Strategy Delivery Plan and KPIs</p>		
4/03/22	<p>Caroline Parry presented the item and explained that the delivery plan had been refreshed as the previous version had covered the period of 2020 to 2022. She highlighted that the version presented to the committee was incomplete, and that a final version will be available at a future meeting.</p> <p>Top risks within the plan are as follows: <u>Recruitment:</u></p> <ul style="list-style-type: none"> • Trac system continues to be embedded and managers are being supported • Targets are being monitored • Resource has been allocated in key areas to support targets 	

	<ul style="list-style-type: none"> • There is still some turnover • Attracting people to work for the organisation remains a challenge • Deeper dive retention analysis done by the Recruitment & Retention Group <p><u>Health and wellbeing:</u></p> <ul style="list-style-type: none"> • Adapting to the stabilizing Covid pandemic situation • Linked to level of absence • Reducing sickness to 4% is a target • Work being done with the ICS retention lead • Completing leaving interviews at key points in people’s careers is an action within the plan • Staff survey and Pulse check results due imminently <p>It is the intention that reporting will be aligned with the ICS, and that assurance groups will use the different elements within the plan to focus their activity and map their progress. The Health and Wellbeing and Recruitment Retention groups are already implementing this, but the Workforce Planning group is a current area of focus.</p> <p>The Chair highlighted that some of the target dates had already passed. Sarah Bawden responded that some of the status’ were out of date, but asked the committee to focus on the refreshed objectives and deliverables.</p> <p>The Committee suggested that a standardised RAG (Red, Amber, Green) rating and approach to action management is used.</p> <p>Action: Develop a consistent approach to action plans, including RAG ratings, formatting, language used and reporting.</p>	CP
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In summary, the Chair acknowledged that it is the intention that the People Strategy will strongly contribute to key risks for the Trust, such as staff health and wellbeing; recruitment and retention. However, the new delivery plan did not provide sufficient assurance in the form presented due to non-standardised RAG ratings, missing dates and a lack of narrative to do with missed targets. The final version of the delivery plan will be presented in the next meeting of the People Committee.

Performance Monitoring

5/03/22	<p>Victoria Racher and Deborah Cundey attended the meeting for these items.</p> <p>a. Integrated Performance and Quality Report</p> <p>Committee acknowledged receipt of the IPQR for information, to ensure Committee members are fully sighted on Trust-wide aspects of the report as well as Workforce. In summary, the top three concerns in this month’s IPQR were noted as:</p> <ul style="list-style-type: none"> • Inpatient ward flow • CPA reviews and completion • Waiting times <p>These issues are on the agenda for the upcoming Quality and Assurance Committee.</p> <p>b. Covid absence data</p> <p>Committee acknowledged receipt of the report.</p>	
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	<p>Victoria Racher presented this item, and the following was noted:</p> <ul style="list-style-type: none"> • January 2022 short term absence significantly lower than expected and investigations into data quality are ongoing • The up-to-date/amended figures for January 2022 are 4.94% short term absence and 4.64% for long term absence, suggesting increasing rates of short term sickness, long term sickness, as well as turnover • Slight improvement to the rate of recruitment • In January 2022, Covid accounted for 52% of absence, and 43% of February 2022 absence • Data is showing that 2021 had more Covid absence compared to 2020, but absence periods were shorter <p>c. SHSC Vaccination campaign and Vaccinations as a Condition of Deployment update</p> <p>Committee acknowledged receipt of the report.</p> <p>Niel Robertson presented this item, and the following was noted:</p> <ul style="list-style-type: none"> • 90% uptake of Covid boosters • 74% uptake Flu vaccinations, which is a slight uptake from 2021 • VCOD legislation revoked on 15th March 2022 for healthcare workers (including care home healthcare workers) • Staff who were redeployed within the first phase will return back to where they were originally employed 	
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People Strategy theme: Health and Wellbeing

<p>06/03/22</p>	<p>Report from the Staff Health and Wellbeing Group</p> <p>Sarah Bawden presented a progress update.</p> <ul style="list-style-type: none"> • The report is aligned to the new deliverables and objectives for the next year, future Human Resources and Organisational Development (HROD) actions, NHS planning priorities and the NHS people promise • Key risks are similar to those previously discussed at this meeting (recruitment, staff absence and wellbeing) • Extra resource has been requested to assist managers with complex sickness casework • Learning from other areas of the business is being applied to support with delivery of the new health and wellbeing system. • Physical staff health checks will start imminently, and funding has been received to assist with delivery. • Occupational Health is due to go out for tender within the next few weeks and current arrangements have been extended to June 2022. <p>Caroline Parry said that promotion of taking annual leave continues, but asked if the Trust was confident that staff are taking correct breaks. Sarah Bawden replied that wellbeing conversations are ongoing, but staff had fed back that taking breaks was difficult as rest areas were limited to canteens and kitchens. She said that the ICS has done some work within GP practices introducing small respite areas. The report produced from this piece of work has been shared with the Director of Special Projects (Strategy) and others involved within the Capital Works programme.</p> <p>Simon Barnitt highlighted the high level of sickness caused by stress, depression and anxiety, and asked if these topics could be included in the 'Know your numbers' campaign. Sarah Bawden said that the focus of the 'Know your</p>	
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	<p>numbers' campaign was physical information but mental health is being considered by wellbeing groups.</p> <p>Anne Dray asked if maternity leave and long-term sickness data had been discounted from the annual leave data, Sarah Bawden confirmed that it had not so that figures shown were 'worst case scenario'. Anne Dray then asked what staff networks were available to men, and Charlotte Turnbull replied what work is being done in this area by the Human Resources team.</p> <p>Charlotte Turnbull gave the update that the PDR form and guidance is being refreshed. A briefing will be provided to managers and taken to forums for their input.</p>	
7/03/22	<p>Staff Health & Wellbeing Audit Report</p> <p>The Committee received the report and noted the 'Significant Assurance' rating given and low risk administration improvements recommended.</p>	
<p><i>BAF Risk: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.</i></p> <p>The Committee took assurance from the 'Significant Assurance' rating given to the Staff Health & Wellbeing audit report. They were also assured that the Trust's approach is aligned to national and regional priorities and initiatives.</p> <p>The Committee was concerned about the increasing staff sickness rates however and agreed to raise this as an 'Alert' to the Board of Directors. Evidence of impact of Health and Wellbeing actions is required to give further assurance that the work is effective and appropriate.</p>		
<p>People Strategy theme: OD, Leadership and Talent</p>		
8/03/22	<p>Report from the Organisational Design and Development Group</p> <p>Charlotte Turnbull presented this item. The main risks identified within the report were:</p> <ul style="list-style-type: none"> • The lack of diversity • Charlotte Turnbull is the only person currently in post within the team and recruitment is ongoing • Integration of the voice of the Service User <p>People Pulse key findings:</p> <ul style="list-style-type: none"> • Strong participation at 19% • Results showed a level of staff burnout • Level of engagement overall has gone up • People feel supported within their local teams and direct line managers • There is work to do in terms of the perception of supporting mental health and well being <p>Richard Mills said that common themes have been highlighted at the Finance & Performance, Quality & Assurance and People Committees, and that it was clear that the Board's open approach and inclusive strategy is not being communicated to staff. Sally Hockey responded that support plans are being worked on and that collaborative discussions will take place as soon as staff survey results are known (embargoed until 30th March 2022). Charlotte Turnbull said that this issue highlights the need for the framework.</p>	

	<p>Action: Discuss the role of Governors and how to incorporate their voice</p> <p>The Chair said that the Committee will alert the Board of the signs of staff burnout.</p>	SM & SH
9/03/22	<p>Freedom to speak up Report – Interim Report</p> <p>Wendy Fowler introduced the interim report to the Committee.</p> <ul style="list-style-type: none"> • Anne Dray asked for confirmation if HR or systematic queries are being received, Wendy Fowler said that she receives both. • Anne Dray asked how involved the CEO was in cases. Wendy Fowler said that the CEO is aware of most concerns and trends and that they have a good working relationship. • Richard Mills is the Non-Executive who leads this area. He suggested that it would be useful to triangulate the report with Staff survey and People Pulse and to focus on areas of concern • Sharon Mays said that she, Wendy Fowler, Richard Mills and Jan Ditheridge (CEO) have agreed to meet quarterly to go through any areas of concern. She asked if the Trust needed to do anything different with the roles of champions or ambassadors. Wendy Fowler replied that guidance states that she should be the only person receiving referrals, not champions or ambassadors. • Reporting culture and speak up links are being worked on. 	
<p><i>BAF Risk: There is a risk we fail to effectively develop and implement a new approach to strengthening leadership and improving the culture of our organisation and/or align this with our organisational design resulting in low staff morale, poor service quality and poor staff and service user feedback.</i></p> <p>The Chair summarised by acknowledging that the work being done on organisational development and culture change is in development. The Committee agreed that it would alert the Board of the indications of staff burn out within the People Pulse survey.</p>		
<p>People Strategy theme: Inclusion and Equality</p>		
10/03/22	<p>Gender Pay Gap formal report</p> <p>Liz Johnson presented the formal report to the Committee. The report is split into two parts: a summary and the published data.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The Trust has been collecting this data since 2017 • Benchmarking has been done against the model hospital • The Trust is ‘Green’ in terms of growing the second quartile which positive, and fares well against this general benchmark • The Trust does not benchmark against peers well. Margins are small however so this should not be too much of a concern • Investigation of trends is ongoing • Clinical Excellence awards paper goes to Board annually • 26% of Trust employees are men, but men make up 30% of the upper quartile, and this should be of concern to the Trust. Papers on assumptions as to why this may be have previously been presented to the People Committee • ‘Flex to the Future’ draft action plan was attached to the paper in response to requests previously made by the Committee for more detail on what is being done in regard to flexible working <p>The Committee had previously wanted to know what the pay gap would be for very</p>	

	<p>senior managers. It has been difficult to exclude this data from the report, however, identifying the people whose pay was included in the 2021 report has been possible, and it shows a very slight positive gap for women within the organisation.</p> <p>The availability of flexible working for senior position roles needs to be reconsidered, as this has been identified as an area where the Trust can make a proactive difference.</p> <p>Richard Mills commented that the medical pay and bonus award issues have been raised before and asked if it is still something that the Trust is working on. Liz Johnson replied that the Clinical Excellence awards are under review and that they are the only practice within the organization that affects bonus pay gaps, as there is no award for long service.</p> <p>Neil Robertson commented that this should be a consideration within career pathway development, particularly with Medicine roles.</p> <p>The Committee accepted the report and recommended that it is submitted to Board for approval.</p>	
People Strategy theme: Workforce Transformation		
<p>11/03/22</p>	<p>Annual Operational Plan</p> <p>Jason Rowlands presented the plan to the Committee and asked for their endorsement of the workforce section within it. The plan will also be presented to the Finance and Performance Committee and the Board.</p> <p>The report outlined the proposed key deliverables for the next year in regards to workforce leadership, workforce planning and staff support</p> <p>Since the publication of planning guidance, a review has been done of all National guidance and NHS recommendations. This has given assurance that existing plans are focused on the correct areas.</p> <p>Key points to consider:</p> <ul style="list-style-type: none"> • Investment growth: the position next year is significantly more challenging than expected. The assessment from Sheffield CCG is that, after summarised development proposals have been financed, it is highly unlikely that any resource will be left. • Recruitment: This continues to be a challenge for the Trust, but the plan highlights some of the good work done in this area, for example, how there are now up to 95 members of staff training across the range of new roles, and 30 of the 66 proposed new positions are in post. <p>Richard Mills commented that the plan will be a helpful guide as to where the Trust should focus its efforts in the next challenging financial year.</p> <p>Anne Dray suggested that more emphasis is put on improvements to quality and any health inequality partnership working.</p> <p>Caroline Parry said that the actions were complementary of the People Plan and that they are working much more together. The Trust has engaged an external company, who also work with the ICS, to help with the development of a more effective work planning framework.</p>	

	<p>The Chair commented that the annual operational plan gives the Committee assurance that the risks and issues raised to it on a regular basis are being addressed at a Trust-wide level.</p>	
Governance		
12/03/22	<p>Joint Consultative Forum briefing – highlights from JCF</p> <p>Caroline Parry presented an overview of highlights from the Joint Consultative Forum:</p> <ul style="list-style-type: none"> • People Directorate Review <ul style="list-style-type: none"> - Phase one looked at the role of Senior Management and was completed in the summer of 2021 - Phase two looking at services is now under way - Surveys with managers and stakeholders have been completed to try to understand more about what change and support is needed to improve delivery - No significant changes in terms of risk to jobs as the review's focus is about how to better utilise existing skills and expertise • Estates capability and capacity report update <ul style="list-style-type: none"> - Update given to Staffside - Report is now available • Gift of time (also on the agenda for this meeting) <ul style="list-style-type: none"> - Last year staff were offered an extra day off as a thank you - Planning to do something similar this year - Staffside were supportive of the proposal • Community Mental Health Team discussion <ul style="list-style-type: none"> - The December 2021 JCF session discussed the Community Mental Health Team dispute, and each side came together to look at how to move forward - Moved closer to a resolution - New staff are involved, and the Trust is working on restoring trust and moving forward <p>The Committee was concerned that the dispute was still ongoing. Richard Mills highlighted that some staff Governors were involved, and Sharon Mays added that there are to be Board and Governor development sessions on Community Mental Health Teams.</p>	
13/03/22	<p>People Directorate (HR) Policies</p> <p>The Committee approved extensions of the Redundancy Policy and the Organisational Change Policy review dates as recommended by the Policy Governance Group.</p>	
14/03/22	<p>Board Assurance Framework and Corporate Risk Register</p> <p>Susan Rudd presented the Board Assurance Framework and Corporate Risk Register to the Committee.</p> <ul style="list-style-type: none"> • The Committee considered if any ratings needed to be updated on the Board Assurance Framework in relation to the issue of staff sickness. Caroline Parry said that the Trust needs to be confident about data quality before amending risk ratings in relation to staff sickness • Anne Dray suggested that the Committee conduct deep-dives into risks within 	

	<p>their remit</p> <ul style="list-style-type: none"> • There were five risks on the Corporate Risk Register, with one under development <p>Action: Staff sickness risks will be reviewed at the next meeting of the People Committee based upon the figures presented to members at that meeting. This may lead to an increase in the BAF risk rating for Health and Wellbeing.</p> <p>Action: Consider the introduction of risk deep-dives to People Committee</p>	<p>VR & SR</p> <p>HS</p>
15/03/22	<p>Confirmation of Significant Issues to report to our Board of Directors</p> <p>Committee members noted the following significant issues to report to Board.</p> <p>TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)</p> <ul style="list-style-type: none"> • Sickness levels continue to rise as does the turnover rate which is creating a significant risk to the trust and its ability to deliver effective care • People Pulse results are indicative of burnout in a number of staff <p>ADVISE (areas of on-going monitoring where an update has been provided to Committee AND any new developments that will need to be communicated or included in operational delivery)</p> <ul style="list-style-type: none"> • The People Strategy Delivery Plan has been updated for 2022/23 • The Government vaccination mandate has been withdrawn, and staff who were moved in the first phase are returning to roles as appropriate • Key OD objectives - the new Head of Leadership and Organisational Development is now in post • The Committee received and noted the actions and learning within the Freedom to Speak up report • The Committee received the formal Gender Pay Gap report <p>ASSURE (areas of assurance that Committee has received)</p> <ul style="list-style-type: none"> • The Committee received a Health and Wellbeing report from the Staff Health and Wellbeing Group • The Committee received the Staff Health & Wellbeing Audit Report which has been given a significant assurance rating • Annual Operational Plan was received by the Committee and it is aligned with key concerns linked to the People Strategy Delivery Plan • The Committee received an International Recruitment Plan and progress Update 	
Any other Business		
16/03/22	<p>Gift of Time</p> <p>Caroline Parry informed the Committee of the Trust's intention to offer the gift of time to staff again as it did in year 21/22. Unions and engagement groups will be consulted in the same way as they were done previously. The gift of time will be discussed at the March meeting of the Finance and Performance Committee.</p>	

HS CHECKED 02-04-2022

Date and time of next meeting:

CONFIRMED xx-xx-21

Tuesday 10th May 2022, 2:00pm – 4:30pm, via teleconference

Apologies to: Emily Allan, Corporate Assurance Officer

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