

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 25 November 2023

Agenda Item: 7

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 Chair Quality Assurance Committee</p> <p>Richard Mills, Non-Executive Director</p> <p>Owen McLellan, Non-Executive Director, Chair of Finance and Performance Committee</p> <p>Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee</p>	
Other Meetings presented to or previously agreed at:	Committee/Group:	<p>Quality Assurance Committee</p> <p>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 November 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.

Board sub-committee minutes are available in the Board shared folder for reference and are available on request. AAA reports for Board subcommittees are included in this report and attached at Appendix 1.

Details of the minutes and AAA report for this report are detailed below:

Quality and Assurance Committee:

AAA reports from January 2023

Minutes from November 2022

People Committee:

AAA Report from January 2023

Minutes from October 2022

Audit and Risk Committee:

AAA Report from January 2023

Minutes from October 2022

Finance and Performance Committee:

AAA Report from December 2022 and January 2023

Mental Health Legislation Committee:

AAA Report from December 2022, minutes from September 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 minutes of the committee meetings being present to the 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
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Financial (revenue & capital)	Yes		No	X	
Organisational Development/Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	
Environmental Sustainability	Yes		No	X	

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Quality Assurance Committee

Date: 11 January 2023

Chair: Heather Smith

KEY ITEMS DISCUSSED AT THE MEETING

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
<p>Improvement Plans for persistent areas of concern</p> <ul style="list-style-type: none"> Out of Area beds Supervision rates Care Programme Approach (CPA) Waiting Times Recruitment 	<p>Major concern: OOA bed use is increasing – numbers are significantly off target and not meeting planned trajectory. Financial implications plus concerns about poor outcomes/quality/number of incidents for those who are placed out of area.</p> <p>Supervision rates continue to be below target</p> <p>Positive alerts: 1. Improvements to completion rates for CPA, with particularly good work by Early Intervention Psychosis team and also Recovery Teams. We are now working on introducing the new outcome measures approach; progressing well against the strategic direction.</p>		<p>Focus in-patient length of stay to improve flow and need for out of area.</p>	<p>Update to be received at March meeting</p>	

	<p>2. Improvements of around 50% on waiting times in SPA/EWS, including good benefit realisation from working with VCSE.</p> <p>3. Improvements in allocation to care coordinator in recovery teams</p> <p>To note: Waiting times are a growing concern in Memory Service (new clinical model being developed to address this) and also Older Adults CMHT</p> <p>4. Improvement in recruitment but still significant gaps in some staff groups (nursing and healthcare support workers)</p>		<p>Waiting times: Request for data on commissioned services (SAANS, Gender etc) so that these continue to be monitored</p>		
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ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Place Report	A number of concerns about the report were raised, requiring further discussion with appropriate staff (to note concerns expressed in the Committee about cleanliness of Maple ward and the need for travel plans for people with a disability)		Assurance that issues of concern and actions/recommendations will be agreed by relevant staff prior to presentation to Board.	January 2023	
Quality Improvement Bi-annual Report	Committee received information about the plan in place	The next report should give assurance as a result of actions taken		June 2023	
Woodland View	Concerns raised by Sheffield Place Integrated Care Board (ICB) Care homes team following an inspection.		Action plan being taken forward and monitored through Clinical Quality and Safety Group.	Update requested for February meeting	

Learning from Maternity Reviews	Committee advised that maternity reviews have been considered and a plan is in place for action	The next report should give assurance around impact of changes being made.	Progress update against the plan	July 2023	
Policy Ratification	Received and agreed a number of policies and extensions				
Board Assurance Framework (BAF)	Received and reviewed the BAF				
Corporate Risk Register (CRR)	Received and reviewed the CRR				
Internal Audit	Received and monitoring progress against audits				

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Learning Disability Transformation Programme	Committee received a progress update and were assured that the plan is well managed and on track with a proposal for a phased implementation plan, evidence of significant consultation and engagement and co-production . Number of mitigations in place to reduce risks.	Update to implementation plan received.	To clarify actions to mitigate risks around a non-24/7 provision. Also, to clarify risk mitigation related to staffing/recruitment and the need for internal re-organisation.	April 2023	
Service User Engagement and Experience	Progress update received, with evidence of significant improvements being made. The increased scrutiny and focus on this work has the potential to lead to improved quality of care.	Update to strategy and implementation plan received	Further development on the collation of service user/carer feedback from all areas to a central point is expected in the next update.	May 2023	

BAF Risk Description

BAF.0023	There is a risk of failure to consistently maintain appropriate Infection Prevention Control arrangements to ensure protection of Service Users and staff which may result in avoidable spread of infectious diseases.
BAF.0024	There is a risk of failure to anticipate issues with, and achieve, maintain and evidence compliance with fundamental standards of care, caused by capacity and capability issues cultural challenges, high use of agency and vacancy in some teams, use of out of area placements, lead in time for major estate changes, resulting in avoidable harm or negative impact on service user outcomes and experience, staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action.
BAF.0025	There is a risk of failure to effectively deliver essential environmental improvements including the reduction in ligature anchor points in, inpatient settings (the therapeutics environment programme) at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skilled staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks.
BAF.0029	There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **People Committee**

Date: **10/01/2023**

Chair: **Heather Smith**

KEY ITEMS DISCUSSED AT THE MEETING

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Workforce Performance -Sickness	Sickness levels remain above average at 7.7%. To note: 35% of sickness reasons are attributed to stress/anxiety/depression	There has been some challenge in understanding the full package of what is being offered to staff. Data is improving but committee require oversight of prevention and restorative work. Challenges given about efficacy of current strategies, recognising the multitude of variables involved. There is not enough assurance on our understanding/differentiation of the causes of stress/anxiety/depression.	Detail of sickness hotspots to be included in the IPQR and Workforce dashboard benchmarked against high performing trusts. Future Health and Wellbeing group reports to this Committee will list the different wellbeing initiatives and preventative offer available to staff Proposal to include an absence workstream feeding into sickness and other absences to the Agency Reduction Board	March 2023	BAF.0013
POSITIVE ALERT Workforce Performance -Recruitment	There has been a decrease in vacancy rates overall (however there are still areas with significant resource issues). Time-to-hire shows a steady decrease compared to the previous 6 months.	Dashboard data has confirmed that vacancy rates are decreasing Time scales to recruit are longer in Acute and Community, which are being investigated to identify barriers/share good practice.	The next workforce performance dashboard will include data by service line to identify under-resourced areas and any further risks. Work undertaken to understand the differences between directorates to be included in future reports	March 2023	BAF.0014
POSITIVE ALERT	There has been 46% casework reduction	Casework continues to be well		March	BAF. 0020

Workforce Performance - Employee Relations Casework	of live cases due to efforts around Just and Learning approach and changes to policy and procedure	managed, and data is improving		2023	
POSITIVE ALERT Data accuracy	A single source of data is now being achieved and better granularity to be presented in future workforce dashboard reporting.	Assurance to be secured at the next meeting when a demonstration will be given.	Demonstration of new dashboard to take place at next Committee meeting	March 2023	BAF. 0014
ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
People Strategy (2022-2023) Annual Review	Committee were provided with details of delivery against the strategy, the impacts, highlights, risk, issues, and next steps.	The People Strategy will be supported by a people plan for delivery commencing April 2023.	Identification of greater impact, identification of culture and data insights to be included in future reports.	March 2023	BAF0013
Draft People Strategy 2023-2026	A number of inputs are influencing the development of the revised strategy that is in development: feedback from the staff survey (2021), the review of the 2020-2023 People strategy, the national context, the co-dependencies with our enabling strategies and engagement priorities. Engagement with staff is ongoing.		Further engagement including with the Freedom to speak up Guardian to ensure work is reflected in the strategy. Development of a milestone plan to be finalised and approved.	March 2023	BAF0013
Health and Safety Report - Violence and aggression towards staff	There has been slow progress to ensure SHSC is working towards the violence prevention and reduction standard	A violence and aggression reduction group with terms of reference is in place and has had its first meeting in January 2023.	A new specific action plan based on the NHS violence prevention and reduction standard guidance framework will be populated to ascertain the appropriate strategy to progress this	March 2023	BAF0013
Inclusion and Equality Group, updates on - Reasonable Adjustment - Ethnicity data - Interpreting Services	Committee noted the alignment of the SHSC Strategy and related development in the ICB.	The SHSC Reasonable Adjustment Task and Finish group has been established The Director of Quality reported to the Inclusion and Equality Group in December 2022 on ethnicity data Actions have been initiated in relation to access to interpreting services including escalation of concerns through the NOECPC procurement	A group is to be established in the new year to focus on improving workforce equalities data. There will be focused work on improving Service User data Access to interpreting services has been included	March 2023	BAF0014

		framework structures. EDI work on health and well-being and recruitment is well aligned with the ICS initiatives	on the risk register		
Workforce Recruitment and Transformation - International recruitment - Clinical Roles	Committee were informed of the development of international recruitment in partnership with 11 NHS trusts. An evaluation of new roles introduced in recent years has been completed by the Service Improvement team showed that the roles were making a difference, although role clarity needed improving. The experience of Nursing Associates was not so good in placement areas where there was little protected time or support for learning. There are retention issues.	21 offers are in the pipeline and new recruits are expected in February and March 2023. An action plan has been developed to address the issues highlighted in the new roles evaluation report	Actions to improve service level workforce planning; improve role clarity and understanding of new roles; and look at the induction, training, and supervision arrangements particularly for nursing associates will be included in future reporting	March 2023	BAF.0013 BAF0014
Freedom to Speak Up Strategy (FTSU)	Committee were updated on the development of the FTSU vision and strategy and on the themes from FTSU concerns raised.	Committee supported the approach and the consultation work being undertaken.	Further development will link with the work being done on the development of the people strategy. FTSU strategy to be presented to QAC and Board	February 2023	BAF0013
Associate Mental Health Act Managers - Remuneration	Committee considered responsibility in respect of matters related to AMHAM remuneration. If in agreement, Committee is asked to note that an amendment will then be made to the Trust's AMHAM Policy to clarify where AMHAM remuneration is considered.	Mental Health Legislation operational group will make recommendations to People Committee benchmarked against regional and national data.	AMHAM Remuneration – Annual review onto the Committee's Annual Work Plan	March 2023	BAF0014
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Modern Anti-Slavery Statement	The modern anti-slavery statement for the financial year 2021/22 has been updated	It has been updated by the leads for corporate governance, safeguarding, equality diversity and inclusion, and	A statement for the current financial year will be brought for approval to People	May 2023	BAF. 0014

		procurement and contracts received and agreed at Safeguarding committee.	committee		
Board Assurance Framework and Corporate Risk Register	The CRR and BAF are reviewed at each meeting	Work has been undertaken to update actions, owners, and target dates. Approval to remove a risk corporate from the risk register following review of the assurance provided.	Further work is required to finalise work on controls and assurances and add trajectories to provide scrutiny and challenge	March 2023	All apply
Policy Governance	The following policies were presented: Catering and Food Safety Policy – HR 022 Work Experience (Widening Participation) – HR 017 Disciplinary Policy – HR 001 Long Service Awards Policy - HR 020 Display Screen Equipment – HR 039	Committee ratified the decisions of the Policy Governance Group in relation to the policies presented	N/A	N/A	All Apply
Internal Audit	People Committee noted and discussed the update provided on open Internal Audit actions overseen by the People Committee.	Internal audit are satisfied with the evidence seen for one historical action. Evidence from the recruitment actions is sufficient and will be closed.	Evidence for the updates on the grievance action to be received for action to be closed.	January 2023	All apply

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BAF Risk Description:

BAF.0013	There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services, leading to ineffective interventions; caused by failure to engage with staff in a meaningful way around concerns raised in the staff and pulse surveys as well as through engagement with, and demonstration of the values; and failure to implement demonstrable changes resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.
BAF.0014	There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs caused by ineffective workforce planning, insufficiently attractive flexible working offer, competition, limited availability through international recruitment, reluctance of staff to remain in the NHS post Covid19, any national ICS requirements resulting in a negative impact on delivery of our strategic and operational objectives and provision of high-quality safe care.
BAF.0020	There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme, caused by a lack of

	engagement in the wide range of leadership activity and opportunities for development provided, inability to adapt and engage to enable organisational change, resulting in failure to improve the culture of the organisation, ineffective leadership development, application of learning, engagement with our values, emergence of closed subcultures and low staff morale which in turn impacts negatively on service quality and service user feedback.
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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Audit and Risk Committee

Date: 17 January 2023

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	<p>Received an update, areas to note included:</p> <ul style="list-style-type: none"> • Head of Internal Audit Opinion (HIAO) Stage 2 completed. <p>Reports issued</p> <ul style="list-style-type: none"> • HFMA Improving Financial Sustainability • Grievances and Disciplinary Audit • Recruitment Audit (agreed remove from 22/23 programme) 	<p>Further work required to improve the position.</p> <p>Advisory audit – assurance received re action plan in place and update provided as a substantive item on the agenda</p> <p>Limited assurance received, an update on work progressing against action plan.</p> <p>Review priority in 23/24 for this audit</p>	<p>Alert to Board</p> <p>Next report to ARC April 2023</p>	<p>Board 25/1/23</p> <p>ARC 18/4/23</p>
Tier II Groups effectiveness	<p>Data and Information Governance Group (DIGG), AAA report alert update to ARC with regards to freedom of information requests and subject access request reporting</p>	<p>Negative assurance</p> <p>The report highlighted data quality and process issues</p>	<p>Short-term improvement plan and request for additional resources</p>	<p>Jan 23</p>

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
Annual Report and Accounts	Received update to deliver (inc plan and timeline).	Good assurance. Plan in place to deliver, further iterations to be shared with the Committee Chair, Committee and Board.	Advise Board Next report to ARC April 2023	Board 25/1/23 ARC 18/4/23
Governance Report 3) Register of Interests and Register of Hospitality, Sponsorship and Gifts	Received updated register. To note: Changes to the Board register Committee approved.	Good assurance	Advise Board	Board 25/1/23
Board Assurance Framework	Transfer from FPC to Committee for oversight of BAF00021b Cyber Security (low risk) Committee accepted.	Good assurance	Advise Board	Board 25/1/23
Emergency Preparedness Resilience Response (EPRR)	Received update on compliance against the EPRR. Partial (amber) compliance achieved to date, further work to progress through 2023.	Good assurance, plans in place to achieve full compliance (green) into 2023.	Advise Board	Board 25/1/23

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

Issue	Committee Update	Assurance Received	Action	Timescale
Counter Fraud, Bribery, and Corruption report	Received report, Publication of the Mandate Fraud Prevention Pack, development of risk training to Finance and Procurement teams.	Good assurance	Next report to ARC July 2023	ARC 18/07/2023
Audit: Review of HFMA Improving NHS Financial Sustainability Checklist	Received report, two actions (medium) to be progressed	Good assurance work had been progressed. Financial risks to be reviewed at corporate level though Risk Oversight Group	Risk Oversight Group (DL)	
KPMG Audit Plan progress report and Value for Money	Received reports on progress KPMG	Good assurance and meetings with key individuals taking place	Next report to ARC April 2023	ARC 18/04/2023
Monitoring of External Audit actions	Received report, work progressing with no significant issues to note.	Good assurance	Next report to ARC April 2023	ARC 18/04/2023

	Aim to complete 31 January 2023.			
Breaches	Received report, acknowledged progress on compliance with procurement process. Further development to realign to guidance post covid	Good assurance	Next report to ARC January 2024	ARC 16/01/24
Governance Report 1 Mid year Review against Self Assessment 2 Update on Monitoring of Risk Review Action Plan	Received report, work continuing and engagement with Executives	Good assurance	Next report to ARC April 2023	ARC 18/04/2023
Corporate Risk Register	Received report, recommendation to de-escalated Risk 4483 (IT Systems and data) phishing emails from 12 to 9 Committee approved	Good assurance	Next report to ARC April 2023	ARC 18/04/2023
Tier II Groups effectiveness	Received AAA reports for Risk Oversight Group (ROG), Policy Group (PGG) & Data and Information Governance Group (DIGG) and Terms of Reference for ROG and PGG Committee approved TORs for ROG and PGG	Good assurance of the groups effectiveness	Next report to ARC January 2024	ARC 16/01/24
Freedom To Speak Up Vision and Strategy	Received presentation presented to all committees prior to further session with Board in February	Good assurance	Board Development Session	22/2/23
Single Tender Waivers	Received report, no concerns, oversight through Procurement. Change in threshold from £30k to £35k (SFIs)	Good assurance of processes	As required at Committee	

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee**

Date: **15 December 2022
12 January 2023**

Chair: **Owen McLellan**

KEY ITEMS DISCUSSED AT THE MEETING

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
CIP Monthly update	<p><u>December 2022</u></p> <p>Cost efficiency projects are forecast to deliver £2.169m - an update was provided on progress and risks with the CIP programme. Workstream targets are being supported through additional operational controls put in place for Acute, Community and rehabilitation.</p> <p>A deep dive has taken place on agency costs targets and timeframes for the workstreams.</p>	<p>Increased Interest on cash following rate rises continue to support the CIP gap.</p> <p>KPI information is being used to support narrative and to provide greater assurance around delivery to support the 12-month plan presented to the November Board.</p> <p>Additional CIP projects are being developed for delivery in 2023/24 as part of the 5- year rolling CIP plan.</p> <p>Whilst a higher number of delayed transfers were reported there are improved reporting processes around delayed transfers of care. This is supporting identification of individuals who are not in the right place at the right time.</p>	N/A monthly updates provided	Continuing	BAF 0022

CIP	<p><u>January 2023</u></p> <p>Whilst progress is being made the gap remains sizable for 2023/24 and there is need a for further clarity to support understanding of how this will be closed.</p> <p>The committee asked that it be made clear in discussions the point at which the committee should be considering when a change in approach might be needed if the bottom-up approach fails to deliver at levels required.</p>	<p><u>Assurance received</u></p> <p>The committee were encouraged by progress and increased controls. It was confirmed the agency workstream work will have a positive impact on the 2023/24 plan.</p> <p>Plans are in place with detailed figures now being applied.</p>	<p><u>Action</u></p> <p>The committee asked for</p> <ul style="list-style-type: none"> regular discussion on out of area, timing at which concern would be raised more detail to be included on the long list for addressing the gap <p>The committee asked for discussion to be factored in at some stage with the Board around growth opportunities</p>	<p><u>Timescale</u></p> <p>February FPC</p> <p>February CIP Board</p> <p>Timing to be confirmed</p>	BAF.0022
Capital schemes	<p><u>December 2022</u></p> <p>Capital is underspending YTD against plan from a profile and timing perspective – there is some slippage in the LAP stage 3 programme work and Stanage work not started.</p>	<p><u>Assurance received</u></p> <p>Recovery options are being considered including delaying lower priority schemes until 2023/24.</p>	<p><u>Action</u></p> <p>N/A</p>	<p><u>Timescale</u></p> <p>End of March for the 2022/23 plan</p>	BAF.0022 BAF.0026
Transformation Portfolio report and Business Planning Group updates	<p><u>January 2023</u></p> <p>Discussion took place on matters which had been presented for urgent decision around capital expenditure following discussion at BPG.</p> <p>The committee stressed the need to follow governance processes and to provide business cases to support decision making and for this to be taken forward for the matters requiring decision in January/February on capital</p>	<p><u>Assurance received</u></p> <p>It was confirmed a number of business cases, within the decision limits of BPG, have been developed and should be taken through approvals required</p>	<p><u>Action</u></p> <p>The committee asked for</p> <ul style="list-style-type: none"> Finalised business cases to be delivered and an extraordinary FPC to be put in place to support decision making Confirmation to be given as to whether there are other items on the capital plan or IT plan which are at risk of not having full business cases in place in time to support final decision making. <p>Reflective discussion to take</p>	<p><u>Timescale</u></p> <p>Mid-late January 2023</p> <p>Timing to be</p>	BAF.0026

	spend.		place on how processes can be improved to support receipt and approval of urgent bids and to understand the issues around those which had been in train for some time	confirmed	
Out of area	<p><u>December 2022 confidential</u></p> <p>Non contracted OOA beds continue to be used which is impacted by lack of availability of access to suitable housing or care package for individuals who are medically fit for discharge.</p> <p>The non-contracted £1.8m CIP target for 2022/23 has been profiled into the three-year CIP plan, from the autumn of 2023/24 when the ligature anchor point removal project and acute ward refurbishments are due to be completed.</p>	<p><u>Assurance received</u></p> <p>This has been escalated to the Director of Adult Social Care by the Director of Nursing, Professions and Operations.</p> <p>The 15 contracted out of area beds should start to reduce in quarter four of 2023/24 providing further CIP savings - this is dependent on the completion of the HBPOS (136 suite) relocation due mid 2023, and completion of Stanage and Maple ward refurbishments which are due end of 2023. This is also dependent upon agreement as to the configuration and cost of SHSC acute adult in-patient beds.</p>	<p><u>Action</u></p> <p>N/A</p>	<p><u>Timescale</u></p> <p>FPC will receive further monthly update in February 2023</p>	BAF 0022
Review of Standing Orders, SFIs & Scheme of Delegation	<p><u>January 2023</u></p> <p>The committee was made aware of and approved proposed amendments to the paper which was received at FPC in advance of ARC and BoD.</p>	<p><u>Assurance received</u></p> <p>Additional governance steps put in place around reporting on legal claims above a certain level in line with scheme of delegation were supported.</p>	<p><u>Action</u></p> <p>Report provided to ARC and Board for approval</p>	<p><u>Timescale</u></p> <p>January 2023</p>	BAF.0022
ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Therapeutic Environments	In December the committee was updated on options around	Further work taking place to support receipt of	Work continuing on SOC	January FPC followed by	BAF.0026

<p>Programme SOC</p>	<p>funding of the proposed development prior to the Finance and Performance Committee receiving a Strategic Outline Case (SOC) for the proposed development of an adult acute and older adult inpatient build in January 2023.</p> <p>In January the committee received a more detailed update and options for funding in advance of further discussion at Board.</p> <p>The committee supported the general strategic direction.</p>	<p>recommendation on option to be reported through FPC and Board in January 2023.</p> <p>The committee was assured that options would meet required standards.</p>	<p>The committee asked that when the proposals are brought back these should be positioned within the overall strategy and the work undertaken by the Board.</p>	<p>Board.</p>	
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ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
<p>Finance Report</p>	<p>The committee were advised that the forecast year-to-date deficit is £3.940m. Key cost drivers are the funding gap on the planned pay award. EPR implementation and out of area spend, net pay overspend linked to agency usage.</p> <p>Engagement with the system and regional leadership continues.</p> <p>Committee discussed concerns relating to the bulk of capital taking place in the latter half of the year and acknowledged the impact significant delays in business cases would have on delivery of projects. It was noted</p>	<p>In relation to the outstanding Local Authority debt, it was clarified that the first step of escalation has gone through contracting and to the executive leadership team and the Trust position has been made clear with discussions ongoing.</p> <p>Consideration is being given to bringing projects planned for the next financial year forward and to ensure that the governance is in place to receive business cases.</p>	<p>It was agreed that a further update would be provided to understand what has been done to impact on the forecast outturn or to confirm if we have better prioritising for 23/24.</p> <p>Committee highlighted the importance collective understanding of the correct governance processes as well as effective procurement processes to drive value for money.</p>	<p>Next update January 2023</p>	<p>BAF.0022</p>

	that there remains significant challenge around the procurement and tender process.				
Finance Plan progress Report	<p><u>December 2022</u></p> <p>At the December meeting the committee discussed key items from the routine scheduled financial planning progress report. It was noted no material update has been received in respect of financial planning guidance and/or anticipated timeline for the 2023/24 national planning round.</p> <p>Several issues across the Integrated Care System and wider NHS system remain outstanding which could impact the 2022/23 outturns</p> <p>At the January meeting it was confirmed guidance had been received, for system level and for capital. Looking for drafts in February and final submission around the end of March. There is an expectation there will be a need to maintain MH investment standard and some growth with recurrent SDF funding, and continued focus on agency reduction.</p>	<p><u>Assurance received</u></p> <p>Updates and reporting will continue to flow through Finance & Performance Committee and Board as deemed required.</p> <p>Financial planning updates will likely follow for each FPC meeting through to year end. Formal iterations of the financial plan will likely go to Board each month from January 2023 through to April 2023.</p> <p>Further supporting planning sessions/workshops will continue to be developed to progress the content once the timeline is known.</p> <p><u>Negative assurance</u> - The Trust remains above target for agency expenditure, for, healthcare workers, nurses and medical staff.</p>	<p><u>Action</u></p> <p>N/A</p> <p>NHSP briefings to be circulated to the Board</p> <p>Budget timetable to be circulated to FPC members</p>	<p><u>Timescale</u></p> <p>Ongoing</p> <p>January 2023</p>	BAF.0022
IPQR	<p><u>December 2022</u></p> <p>The committee noted risks that are not fully managed or are persistent (see updates under CIP and Finance report) re flow,</p>	<p><u>Assurance</u></p> <p>It was noted that the review of KPI targets over the last quarter is being completed and will be brought back to committees for</p>	<p><u>Action</u></p> <p>Bring back reviewed KPI targets</p>	<p><u>Timescale</u></p> <p>March/April 2023</p>	BAF 0022

	waits and increased agency spend and noted areas of improved performance	approval.			
Policy Review update	<u>December 2022</u> Extension to review date for the Sustainable Procurement Policy endorsed to allow for further engagement	<u>Assurance</u> Appropriate process followed	<u>Action</u> N/A	<u>Timescale</u>	BAF 0026
Internal Audit Actions Update	<u>December 2022 and January 2023</u> No open actions currently being monitored at FPC The Estates HTML audit findings were discussed with the team and the Director lead in January to support finalisation of the report.	<u>Assurance received</u> A report is provided at each meeting to continue to provide assurance	<u>Action</u> N/A	<u>Timescale</u> Ongoing	BAF0026
Directorate performance reviews assurance report	<u>January 2023</u> Work needed to step up KPI work and on improving workforce data and supporting teams to understand management of underspends. The committee noted triangulation of discussion at FPC and People committee around supervision, training compliance and sickness.	<u>Assurance received</u> The committee noted the addition of well led into the performance review process which was a positive addition. It was confirmed that whilst discussions with teams on delivery of finances and budget setting are challenging they are comfortable and engaged.	<u>Action</u> It was suggested a specific prompt be added to the slides around CIP delivery to help reinforce messages.	<u>Timescale</u> Performance reviews in 2023/24	All
Digital Strategy Group quarterly report	<u>January 2023</u> The committee were informed about work underway and	<u>Assurance</u> Progress expected to be	<u>Action</u> Nothing further at this stage over	<u>Timescale</u> May 2023	BAF 0021

	<p>reviewed through the transformation board for EPR.</p> <p>Work is taking place with clinicians to refresh road map for digital transformation and will re-cast the next 12 months in line with the annual planning process. This will require realism in terms of operational planning.</p>	<p>available in the next quarterly report</p> <p>With regard to other IT schemes progress is being taken forward in areas such as improvements to WIFI</p>	and above actions reported in the paper.		
Sustainability and Green plan strategy annual review	<p><u>January 2023</u> Progress has been made despite capacity challenges in recent months. Good platform to move forward.</p> <p>The committee advised progress still required in appointing a replacement lead for the work if we are to meet targets as this will need continued corporate focus.</p>	<p><u>Assurance</u></p> <p>Comprehensive action plan in place which can be filtered by directorate, year and named leads.</p>	<p><u>Action</u></p> <p>Report due for receipt at the Board</p>	<p><u>Timescale</u> January 2023</p>	BAF 0026
Strategic direction and context of the 5-year plan	<p><u>January 2023</u> The Committee received an updated SWOT, PEST and Strategy on a page post Board discussion in December.</p>	<p><u>Assurance</u></p> <p>Updated to reflect feedback received from Board</p>	<p><u>Action</u></p> <p>Update to be received at Confidential board</p>	<p><u>Timescale</u> January 2023</p>	BAF 0027
Tier ii Assurance Group reviews of effectiveness 2022-23	<p><u>January 2023</u> Tier II reports received from:</p> <ul style="list-style-type: none"> • Business Planning Group • Transformation Portfolio Group • Estates Strategy Implementation group 	<p><u>Assurance</u></p> <p>Assurance received from the reports. This will support development of the Report from the FPC to the Board for 2022/23</p>	<p><u>Action</u></p> <p>Digital Strategy Group Tier II review of effectiveness for 2022/23 - to be received in February</p>	<p><u>Timescale</u> February 2023</p>	BAF 0026 and 0027
Board Assurance Framework (BAF)	<p><u>December 2022 and January 2023</u> The BAF is reviewed at each</p>	<p><u>Assurance received</u></p> <p>A report is provided at each</p>	<p><u>Action</u></p> <p>December 2022 - Advise QAC</p>	<p><u>Timescale</u> Ongoing</p>	BAF.0021a & b BAF.0022

	meeting work has taken place to move detail to controls and assurances and to identify owners and targets for risks. Separation of BAF 0021, approved post receipt Data and Information Governance Group	meeting to continue to provide assurance	about the discussion on waiting lists and out of area to triangulate		BAF.0026 BAF.0027
Corporate Risk Register (CRR)	<u>December 2022 and January 20223</u> The CRR is reviewed at each meeting – risk 2177 related to effects of harm from fire to staff and service users de-escalated to directorate risk register.	<u>Assurance received</u> Confirm and challenge taking place at Risk Oversight Group	<u>Action</u> De-escalated risk 2177 from CRR	<u>Timescale</u> January 2023	BAF.0021a/b BAF.0022 BAF.0026 BAF.0027

BAF.0021	There is a risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology caused by complex historic system issues requiring ongoing maintenance, inadequate system monitoring, testing and maintenance, failure to address cyber security weaknesses, delays in procurement and roll out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes and potential increase in cyber security and data protection incidents. This risk was separated for receipt at FPC in January 2023 into BAF 0021 a & b and this is being presented to the Board for approval.
BAF.0022	There is a risk that we fail to deliver the break-even position agreed for 2022/23 caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.
BAF.0026	There is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.
BAF.0027	There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership

	forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs.
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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Mental Health Legislation Committee**

Date: **07/12/2022**

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	BAF Risk No
Associate Mental Health Act Managers (AMHAMs) <ul style="list-style-type: none"> - Recruitment - Remuneration - Hearings/ reviews - Training 	Failure to recruit may have a detrimental impact on the AMHAMs being able to discharge their functions	<ul style="list-style-type: none"> • Risks associated with AMHAM numbers and recruitment have been entered onto the mental health legislation risk register • An options appraisal in relation to remuneration is being finalised • An escalation process for monitoring hearings/ reviews will be developed and put to the Mental Health Legislation Operational Group for approval • Associate Mental Health Act Managers are receiving training appropriate to the role 	Further assurance on recruitment and training to be reported to MHLC	MHLC March 2023	24
Seclusion	Low rate of completion of post-incident reviews Increased rates of seclusion in ethnically diverse service users	Implementation and monitoring of the Least Restrictive Practice Strategy. Tendable and dip-sample audits on seclusion practice. Implementation and monitoring of the Patient and Carer Race Equality Framework (PCREF) and Least Restrictive Practice Strategy. Ward visits including SACMHA. Reporting line to MHLC via the Least	MHLC quarterly reporting from LRPOG	MHLC March 2023	24 25

		Restrictive Practice Oversight Group (LRPOG).			
Deprivation of Liberty Safeguards (DOLS) and Mental Health Legislation Mandatory Training	Compliance in respect of mental health legislation mandatory training has fallen below the target 80% in relation to Mental Capacity Act Level 1 and Mental Health Act training	Recovery plans for mandatory training are being established and will report via the IPQR at QAC and FPC, and to the Board. Progress and risks are also overseen and addressed in the Back to Good Programme	Quarterly reporting to the MHLC via the Mental Health Legislation Operational Group	MHLC March 2023	24
ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
CCTV	CCTV cameras in the new Burbage ward have been deactivated. Work on the decisions unit to deactivate cameras has been approved and aligned to the advice of the Human Rights Officer.	Policy work continues to ensure that all inpatient CCTV has a clear function and remit. Engagement with clinical teams has been consistent	CCTV check to be incorporated as part of the fundamental standards visits and updates presented to MHLC	MHLC March 2023	24 25
Human Rights Training	Human Rights training has been partially rolled out across SHSC and a number of leads have been trained. There remain some challenges to further roll-out due to clinical staffing capacity	<ul style="list-style-type: none"> On track for delivery of training for level two practice leads Commissioning work has been completed 15 human rights leads have been trained across the Trust Future training to be tailored to individual services 	Updates and assurance to be provided in future reporting Board session on human rights is planned for March 2023	MHLC March 2023 Board March 2023	24
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Policy Governance	The following policies were presented: <ul style="list-style-type: none"> Authorisation of Leave Policy (NP 029) Seclusion and Segregation Policy (NPCS 009) Information for Victim's Rights Policy (NP 024) Capacity and Consent to Care, Support, and Treatment Policy (NP 023) 	Committee ratified the decisions of the Policy Governance Group in relation to the policies presented	MHLC to remain sighted on all relevant policies including their timely update and progress through the Policy Governance processes	Quarterly at MHLC	All BAF risks may apply

	<ul style="list-style-type: none"> Searching of Persons, their Property and Environments Policy (previously: Personal Search Policy) OPS 013 				
Internal Audits	Action Tracking Report	There were no internal audits for review at this committee	No further action identified at this time.	N/A	N/A

BAF Risk Description

BAF.0024	There is a risk of failure to anticipate issues with, and achieve, maintain and evidence compliance with fundamental standards of care, caused by capacity and capability issues cultural challenges, high use of agency and vacancy in some teams, use of out of area placements, lead in time for major estate changes, resulting in avoidable harm or negative impact on service user outcomes and experience, staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action.
BAF.0025	There is a risk of failure to effectively deliver essential environmental improvements including the reduction in ligature anchor points in, inpatient settings (the therapeutics environment programme) at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skilled staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks.
BAF.0029	There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users.