

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 March 2023

Agenda Item: 7

Report Title:	Committee Activity Report	
Author(s):	Chairs of Committees with support from Executive Leads, Amber Wild, Head of Corporate Assurance and those supporting the committees	
Accountable Director:	<p>Heather Smith, Non-Executive Director, Chair of People Committee, and Chair Quality Assurance Committee</p> <p>Owen McLellan, Non-Executive Director, Chair of Finance and Performance Committee</p> <p>Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee</p>	
Other Meetings presented to or previously agreed at:	Committee/Group:	Quality Assurance Committee Finance and Performance Committee People Committee Mental Health Legislation Committee Audit and Risk Committee
	Date:	As detailed below.
Key Points:	<p>This report highlights key matters, issues, and risks discussed at committees since the last report in January 2023 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 February and March 2023

Minutes from January, February 2023

People Committee:

AAA Report from March 2023

Minutes from January 2023

Audit and Risk Committee:

No meeting since AAA Report received at January 2023 Board.

Finance and Performance Committee:

AAA Reports from February and March 2023

Mental Health Legislation Committee:

AAA Report from March 2023

Minutes from December 2022

Recommendation for the Board/Committee to consider:

Consider for Action	X	Approval		Assurance	X	Information	X
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The board is asked to formally note the minutes of the committee meetings and to receive for assurance and discussion the 'Alert, Assure, Advice' committee activity reports provided 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	Yes		No	X	

Development/Workforce Equality, Diversity & Inclusion	<i>Yes</i>		<i>No</i>	X	
Legal	<i>Yes</i>		<i>No</i>	X	
Environmental Sustainability	<i>Yes</i>		<i>No</i>	X	

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Quality Assurance Committee**

Date: **8 February 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
Integrated Performance & Quality Report (IPQR) <ul style="list-style-type: none"> • Waiting Lists • Out of Area • Falls • Supervision • Safeguarding • Mandatory training 	<p>Key Concerns: Emerging waiting times in Memory Service and Older Adults Community Mental Health Team (OACMHT)</p> <p>Out of Area over target triggered by long length of stay. [To note: improved position in PIC and the Older Adult wards]</p> <p>Increase in falls (to be monitored)</p> <p>Supervision: the ongoing failure to address supervision deficit and the resultant potential impacts on quality and patient safety. Recovery report for Acute wards was received, which highlighted a concern trustwide. Further action and mitigations requested.</p> <p>Safeguarding: raised risk of the delegated duties not being appropriately transferred and potential for the new multi agency</p>		<p>Recovery Plans for Memory Service and OACMHT coming to Committee</p> <p>Recovery plan to continue to be reviewed.</p> <p>To be monitored.</p> <p>Monitoring to continue through back to good programme board. Risk update due in March QAC.</p> <p>SM to raise through Sheffield safeguarding partnership.</p>	March 2023	

	<p>safeguarding hub to require more resources than are available in SHSC. Also concerns about the referral routes back into SHSC and our oversight of safeguarding within our services.</p> <p>Mandatory Training below target in a number of areas, refresh of delivery of training post Covid now required.</p> <p>Back to Good -small number of 'stuck' requirements that need clear plans and trajectories that deliver improvements</p> <p>Positive Alerts: Whilst staffing remains a concern, particularly on the wards, Board to note the high number of Preceptorship Nurses and Healthcare Support Workers that have been recruited. Whilst this brings its own challenges, it is encouraging.</p> <p>Improved waiting times for SAANS (Autism Pathway), Single Point of Access and Emotional Well Being Service and Recovery South.</p> <p>No increase in restricted practice despite closure of additional seclusion room. Staff focus to change practice is commended.</p> <p>Downward trend on physical assaults on staff (3rd consecutive month)</p>		<p>Recovery Plan for Mandatory Training to Committee</p> <p>Next Back to Good report to Committee to focus on these areas and give more detail about actions and trajectories.</p>	<p>March 2023</p> <p>March 2023</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
Integrated Performance & Quality Report (IPQR)	Committee continues to request a review of IPQR reporting, presentation and content		This has started. Salli Midgley, Neil Robertson meeting with Performance Team	April 2023	
Woodland View Nursing Home	Action Plan received to address concerns raised following the ICB inspection. Work progressed and rating returned to Green. Staff focus to be commended	ICB returned rating to Green	Action plan developed and actioned. ICB rating now Green. Monitored through Clinical Quality and Safety Group.		
Physical Health Report	Received report and noted improvements and oversight in recent months. Number of risks/concerns raised including: hand rails policy, annual health reviews (data transfer to Rio), moving and handling training	New policies and systems in place.	To receive update in next scheduled report	May 2023	
Freedom To Speak Up Strategy and Vision	Received and suggestions made to strengthen alignment with other key groups including learning from complaints, incidents etc. To note: high level of assurance of coproduction.	Coproduction details received in report.	Feed into the next steps of sharing at Board Development (Feb)	February Board	
Tier II Group Annual Effectiveness Reporting	Received Tier II reports as part of the Committee effectiveness process.		Committee Effectiveness Report to Committee in March to feed into Audit and Risk Committee in April 2023 (Deborah Lawrenson)	March 2023	
Research, Innovation, Effectiveness and Improvement Group	Received quarterly report. Good work noted in research arm of this group: impactful research and increase in grant funding for 2023/4. Gaps in assurance on progress in clinical audits (sharing of outcomes) and closing the loop in learning.		Next report to take on board comments made.	June 2023	

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Quality Objectives	Received quarterly update and were assured on progress, noting that for Q4 the year 2 objectives need signing off. Committee recommended that, as we move into year 3, need to be clear how the overarching objectives need achievement measures, with a request to show alignment to Trust Strategies (Quality; Clinical & Social Care)	Reporting data	To take into account recommendations from the Committee for the next report	June 2023	
Mortality Report	Received quarterly update and noted full compliance with standards, and increasing evidence from learning from deaths	Reporting data	To highlight learning for Board report and, for the future, to consider what has changed as a result of the learning.	June 2023	
Learning from Edenfield	Robust review, actions integrated into governance framework and reporting into Clinical Quality and Safety Group, with aim of promotion of open and positive cultures	Clear plans to move all elements into regular assurance groups.			
Equality and Impact Assessment	Received quarterly report. Assurance the process has challenge and is continually reviewed	Evidence of challenge and consequences in report			
Infection Control and Prevention Report	Received bi-annual report, good progress against the framework . Work on the key risks progressing well (sharps and waste management)	Report detail and data			
Back to Good Report	Significant progress in relation to providing assurance evidence that actions have been embedded, enabling actions to be closed.	Report detail			

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: **Quality Assurance Committee**

Date: **8 March 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
Integrated Performance & Quality Report (IPQR) <ul style="list-style-type: none"> • Waiting Lists • Out of Area • Falls • Supervision 	<p>Key Concerns: Waiting times in Memory Service and Older Adults Community Mental Health Team (OACMHT) and Gender Services</p> <p>Out of Area still significantly over target, largely accounted for by delayed discharges, high length of stay (40 days) .</p> <p>Increase in falls in Nursing Homes with plans to adapt the model used on wards (MDT approach)</p> <p>Supervision: the ongoing failure to address supervision deficit and the resultant potential impacts on quality and patient safety. Recovery report for Acute wards was received, which highlighted a concern trustwide. Further action and mitigations requested.</p>		<p>Recovery Plans for Memory Service and Older Adults CMHT received, comments given, request that both come back (amended) to Committee</p> <p>Recovery plan to continue to be reviewed. Due at next meeting.</p> <p>To be monitored via IPQR data.</p> <p>Monitoring to continue through Back to Good programme board. Risk update received at this meeting but further Trust-wide data requested, as there are gaps in Corporate Services as well.</p>	<p>April 2023</p> <p>April 2023</p> <p>April 2023</p> <p>April 2023</p>	

	<p>Positive Alerts:</p> <p>Continued reduction of waiting times on SPA/EWS and Autism pathways</p> <p>Good progress on restricted practice despite closure of additional seclusion room. Staff focus to change practice is commended.</p> <p>Downward trend on physical assaults on staff (4th consecutive month)</p> <p>Monitoring: Waiting Lists in Health Inclusion team and Long Term Neurological Conditions team, <u>Clinical Safety Report</u> - Management of Complaints - Sexual safety - Racial abuse (patients to staff) Mandatory Training</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
Recovery Plans Memory Service Older Adults CMHT	Received recovery plans	Limited assurance. Re-write of reports requested	Further update on actions to Committee in April 2023	April 2023	
Recovery Plan Mandatory Training	Received recovery plan for Acute wards.	Actions have led to some improvement; work to progress actions and improve compliance underway	To monitor	June 2023	
Back to Good Report	Received and noted challenges related to mandatory training and supervision,	Partial assurance -some actions now proving challenging	Progress update requested in next report to Committee	April 20223	

Health and Safety Report	Audit completed on Fire Doors resulting in the need for remedial work to ensure doors meet current regulations, and ensure maintenance programme in place. Further work to address concerns raised in the 360 Audit	Assurance that work is now underway but progress needs to be made for full assurance.	Progress update in next report to Committee	June 2023	
Research and innovation Strategy	Update received.	Received prior to presentation at Board for Board-level assurance		Board March 23	
<u>Governance Reporting</u>				On agenda at all future meetings	
Polices	Approved policy recommendations				
BAF	Committee to review to progress actions. Current updates agreed.				
CRR					
Internal Audit Tracker	No outstanding actions to report (excellent)				

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Clinical Quality and Safety Report	Report received with improved emphasis on learning and changes implemented.	Assured of the evidence that overall safety levels are good and harm minimal and that there is learning from the actions with improvements undertaken. Assured that the quality of reporting has allowed the Committee to ask for more detailed assurance about, for example, OOA beds.	Next report to contain information on OOA beds and clinical safety issues	September 2023	

		Committee sighted on Serious Incidents and the incident pathway, as recommended by the Ockenden report (to check with Board in terms of Board oversight)			
Community Services Transformation Programme	Detailed update received	Assurance of progress, robust approach and partnership collaboration embedded, aligning with Trust values and priorities. The Committee commends this work to the Board.			
Safer Staffing	Bi-annual report received	Assured Trust meeting compliance with national target			
Medicines Safety	Good overview and clear line of sight. Agreement to bi-annual reporting to Committee. A number of long standing concerns had been addressed inc fridge temperatures, and resolution of Controlled Drug discrepancies	Good level of assurance of oversight and action implementation.	Align reporting to Bi Annual (Q3/4)	May 23	
Adult Crisis Pathway – SHSC Response	Final report received	Assurance that recommendations have been progressed and actions aligned into SHSC workstreams			

BAF Risk Description

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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: **07/03/2023**

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
POSITIVE ALERT Workforce Performance Agency and Bank staff	There has been a reduction in the use of agency for unregistered nursing staff in particular and an increase in bank staff usage (as per the plan).	A combination of an increase in bank workers, better agency controls and substantive workforce utilisation has led to an overall reduction in agency cost.	A new Workforce Utilisation group will meet weekly from April 2023 and report into the Workforce Recruitment and Transformation Group.	May 2023	BAF.0013
POSITIVE ALERT Workforce Performance Vacancies	There has been a decrease in vacancy rates from 11.15% to 9.64% which means this has dropped below the Trust's target of 10%.	Headcount and WTE are increasing, and vacancies are reducing.	There will be continued focus on recruitment and retention and recruitment hotspots will be reported into the agency reduction project Board, recruitment and retention group and report progress back to People Committee via our workforce dashboard.	May 2023	BAF.0014
POSITIVE ALERT Employee Relations Casework	Cases continue to be managed effectively through the case management tracker. There has been a 12-month reduction in cases from 35 to 12 and no grievances reported in March.	All cases are utilising the policy check points and these have been embedded through implementation of the Just & Learning approaches, to support the reduction in cases	Cases will continue to be managed effectively through the case management tracker	May 2023	BAF. 0020
POSITIVE ALERT Health Roster	100% roster implementation has been achieved since last reported to committee in January 2023.	Data can now start to be presented in a way that supports the benefit realisation.	Training and upskilling will be revisited in terms of using the system to embed progress.	May 2023	BAF0013
POSITIVE ALERT	The turnover percentage has reduced	Turnover remains high due to the	The new workforce	April 23	BAF. 0014

Turnover rates	over the previous 12 months from 16% to 12%.	Intermediate Care Services Contract (Occupational Therapy) TUPE which occurred in Jun 22, but month on month turnover continues to reduce due to increased focus on recruitment and retention	dashboards available from April will highlight areas of high performance and underperformance		
POSITIVE ALERT Gender Pay Gap	Median Pay Gap has dropped significantly from 8.10% in 2021 to 0.97% in 2022	There has been an increase in women in senior leadership roles, supported by evidence of a decrease in the gender pay gap in the administrative and clerical staff group	Pay gap data will be uploaded to the Gender Pay Gap government website portal before the statutory deadline of the 31st of March 2023. An infogram will be published with a link to the report on the Trust website.		BAF0020
NEGATIVE ALERT Workforce Performance Supervision	The average compliance with supervision target is 70.75% (for Trustwide) and 70.42% (for Clinical Services) which is not meeting the Trustwide target of 80%.	A recovery plan is in action for our acute and PICU wards, monitored through the Back to Good Programme Board.	Committee has requested a further report which provides an overview of supervision recovery plans for the whole organisation.	May 2023	BAF0014
NEGATIVE ALERT Workforce Performance Sickness	Short-term sickness remains high. The 12-month rolling average has now exceeded the SPC process control range.	A sickness absence reduction workstream has been added to the Agency Reduction Project, to take a different approach to support and enable a reduction in sickness absence.	A sickness absence reduction project has been established and will use data to support intervention to manage absence well and identify things that will support wellbeing at work.	May 2023	BAF0014
NEGATIVE ALERT Workforce Performance Recruitment – Time to Hire	Time to hire whilst continuing to improve (now 59 days) is not yet at target of 43 days and the speed of employment checks remains the longest part of the process	Work continues to improve speed of employment checks, which is the longest part of the recruitment process. The team continue to follow up on outstanding checks and work on progressing candidates.	Ongoing work around time to hire will continue including benchmarking with the ICS.	May 2023	BAF0014
NEGATIVE ALERT Workforce Performance Training	There are three subjects below 75% compliance which are: Resuscitation (BLS), Respect Level 3 and Safeguarding Children L3	Mandatory training compliance is monitored closely at clinical team governance and through Clinical Directorate IPQR meetings. Corporate services report their	Work will continue across the different teams and Directorates to work on training compliance and report in to People	May 2023	BAF0014

		mandatory training position into triannual Performance Reviews	Committee.		
People Pulse Survey - January 2023	There has been a sizeable downward shift of colleagues reporting they do not look forward to going to work. Responses related to Advocacy remain low (ie are not positive).	There has been a 153% increase in response rate from July 2022 to January 2023 with an increase of 306 people taking part this January providing a total of 506 participants	Further information will be provided for the May report, which will combine January and April People Pulse data	May 2023	BAF0013
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
Workforce Performance Dashboard	A new workforce dashboard to be in place for use from April 2023.	Data from the workforce dashboard will support with agency reduction workstream and the new absence reduction work stream	Workforce dashboard data will be available to present to People Committee at its next meeting.	May 2023	BAF0013 and BAF0014
People Strategy 2023-2026	Committee received the final draft of the new People Strategy prior to onward reporting to the Board of Directors.	Consideration has been included from reports through the staff survey(2021), review of the 2020-2023 People strategy, the national context, the Clinical and Social Care Strategy and the co-dependencies with enabling strategies and feedback from stakeholder engagement across SHSC.	Committee requested that a stronger link between the staff survey results and the strategy is articulated.	March 2023	BAF0013 and BAF0014
Staff Health and Wellbeing	Committee received a report from the Health and Wellbeing assurance group of key progress against delivery of staff health and wellbeing actions in the People delivery plan	The group will include a wider membership to get more coverage on clinical service areas. The group is supplemented by a Bi-monthly wellbeing delivery group who will focus on supporting leads to deliver and engage on the variety of initiatives.	All projects or workstreams will be subject to Equality and Quality impact assessments and reported through the Staff Health and Wellbeing Assurance Group	May 2023	BAF0013
Draft Annual Operational Plan	Committee received the Draft Annual Operational Plan reflecting the priorities and key deliverables for 2023/24.	Assurance was received in terms of the information requested by NHS England about arrangements around workforce planning. Committee agreed support for the overall direction that is in this operational plan and requested further assurance and oversight on the appropriateness of the staffing base in various teams	Committee will receive a report at its next meeting defining the final workforce and recruitment plans.	May 2023	BAF0014

Organisational Development	Committee received an update on Organisational Development (OD) action taken in key areas.	There is a revamped PDR process for 2023 based on best practice, benchmarking against comparator organisations and feedback from a cross section of staff. Development sessions are on target to be launched for this year's focal point window. Staff Survey 2023 Results plan in place (results of the 2023 annual staff survey were still embargoed when this meeting took place).	Further collaboration with Chairs/Staff Network Groups on all OD activity will take place.	May 2023	BAF.0013 BAF0014
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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
Safe Staffing Report	Committee received the outcomes of the second full review of safer staffing requirements within inpatient wards covering the period from July to December 2022	Compliance has been achieved through completing a safe staffing review using an evidence-based tool	Dashboard data that presents staff usage from a financial and workforce perspective to provide additional assurance on decisions around daily acuity monitoring.	May 2023	BAF0013
Board Assurance Framework and Corporate Risk Register	The CRR and BAF are reviewed at each meeting	Work has been undertaken to identify key milestones for achieving target scores on all risks.	A table highlighting movement in the milestones will be included in future risk summary reports.	May 2023	All apply
Policy Governance	Six policies were presented to committee for extension to review and two were presented for approval.	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.	Some actions have been closed since the previous meeting and a number remain due for completion	Responsible leads have been asked to ensure any outstanding evidence requested by internal audit is provided in order for all of these actions to be closed down by year end.	March 2023	All apply
National and Regional People Updates and News	An update was received on national, regional, and local People related information and news to consider in	Gold command structures are in place to manage all industrial action	SitRep reports to NHS England with regards to the junior doctors strike	March 2023 and ongoing.	All apply

	relation to the People Strategy, plan and related BAF risks.	and partnership working continues with staff side through the Joint Consultative Forum			
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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.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee**

Date: **9 February 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	SHSC Cost Improvement Programmes (CIPs) are working to deliver £5.166 million savings in 2022/23, to enable the breakeven position agreed with SY ICS. The 2022/23 CIP forecast outturn has improved from the £2.585m reported in December F&PC, to £3.169 million. Agency CIP forecast has decreased to £296k (previously £403k in October and £331k in November).	There has been good progress on agency spend. There is some concern relating to the following year with a view that some areas have been under called - for further discussion at FPC in March.	The higher number of CIP programmes going through in the coming year will be captured and the three key milestones for out of area beds will be discussed at FPC to ensure that the approach taken is being effective. The actual spends for agency from 2019, rather than variances and savings to be included in the report in March to give further assurance on the improvements.	Continuing – CIP programme Board meets monthly.	BAF0022
Capital Schemes	Expenditure of £7.062m is forecast for the remaining 3	To mitigate the risk of underspending against CDEL a	The 5 year capital plan is in the process of being updated and will	March 2023	BAF0022 BAF0026

	months of the financial year to utilise the total available capital funds of £11.885m in 2022/23. Not all the identified schemes can be completed in 2022/23	number of estates priority schemes have been identified. And have been brought forward following business case approvals during December and January.	be presented to March FPC.		
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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
Finance Report	There is a small change in forecast outturn of £3.9 million to £3.8 million. Year to date deficit is £2.5 million and CIP has marginally decreased. Agency is having an impact on cost avoidance and capital toward year end remains the key risk of focus	There are concerns around debt management which is a combination of NHS, Trade and employee overpayments and has been escalated as a significant matter of concern to the organisation.	An update will be provided at FPC in March 2023.	March 2023	BAF0022
Financial Plan Progress Report	Committee received the Financial plan progress report which highlighted that contract negotiations are at an early stage and an understanding of investments and growth funding is yet to be confirmed.	Committee approved the narrative relating to the initial deficit figure that will be presented to the system	Updates and reporting will continue to flow through Finance & Performance Committee required.	March 2023	BAF0022

Operational Plan 2022-2023 Progress Update	The challenges around the capital programme financial position and capacity to deliver change was highlighted but noted there is good progress being made.	Committee requested further assurance on the partnership approach and how these can support the delivery of the priority. Further information on the quality perspective was also requested.	It was agreed the next iteration of the report should include detail on partnerships, including the risks.	March 2023	BAF0022 BAF0026 BAF0027
Draft Operational Plan for 2023-2024	Committee received the Draft Annual Operational Plan with the priorities and key deliverables reflecting the intended direction of travel for 2023/24.	Committee requested a focus on forward planning with more detail on targets, the need for a distinction between Place and the Collaborative and for the inclusions of neurodiversity which is a key part of collaborative priorities and is implicit with waiting times	Updated Operational Plan to have oversight from the other Board sub-committees.	March 2023	
IPQR	Committee discussed the level of agency spend, the level of waits and the issues with flow.	Committee noted that there is work being done on the revision of KPI's coming through committees in the following months.	Timings of the revised IPQR to be confirmed and an update will be presented to FPC at its next meeting.	March 2023	BAF0022 BAF0026
St Georges Relocation Update report	It was noted that the current position regarding the draft business case, the available options to date and the current position regarding the capital commitments and plan for 2023/24 were not affordable and considered the options presented	Opportunities within existing estate and LIFT options are being considered, alongside engagement with staff.	Clarity on affordability and work with the teams will be ongoing and outcomes will be reported back to FPC.	Timing to be confirmed.	BAF0022 BAF0026
Capital Programme Quarterly Update	The importance of capital planning for the following year was highlighted and committee discussed the significance of having business plans approved early so that they can be brought forward	It was confirmed that the large spends will be happening in month 11 and 12 and it was highlighted that the teams are working hard to ensure the high levels of spending in quarter 4	The Capital Plan will be presented to FPC at its next meeting.	March 2023	BAF0022 BAF0026

	if needed.				
Adult Substance Misuse Service – Briefing on Tender Progress	It was confirmed that an extraordinary meeting will be held for approval for the organisation to submit the tender request by the 16th March	The bid has been developed with partners and stakeholders (staff and service users). The bid is looking at increasing investment in substance misuse services in Sheffield to get more people to access services	Extraordinary meeting to approve the tender submission	March 2023	BAF0022 BAF0026
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Internal Audit actions update	Committee noted and discussed the update provided on open Internal Audit actions overseen by the Finance and Performance Committee.	There are no option actions being monitored at FPC.	The draft report for the estates audit is going to the estates team on Tuesday for discussion before returning to FPC, it is likely to be limited assurance	March 2023	All BAF risks apply
Corporate Risk Register	The CRR is reviewed at each meeting	There will be a risk oversight group meeting to look at high level risks and provide confirm and challenge around risks that are below 12 which should be de-escalated from the corporate risk register	Update will be presented to FPC at its next meeting.	March 2023.	All BAF risks apply
Policy Governance Group Report	One policy - Capital Programme Management - was presented to committee for approval.	Committee ratified the decisions of the Policy Governance Group in relation to the policies presented.	N/A	N/A	All BAF risks apply
Tier II Assurance Group Review of Effectiveness 2022-2023 Digital Strategy Group	Committee noted the importance of the digital strategy for transformation for quality and finance.	It was noted there would be a governance paper reviewing how the group is currently constituted and to be more assurance focused. There are challenges around current membership and attendance.	The Tier II assurance group reports will be sued for the Annual FPC report to the Board.	March 2023.	BAF0021

BAF Risk Description:

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.
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.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee**

Date: **9 March 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	The 2022/23 CIP forecast outturn has improved slightly from the £3.036 million reported in February to £3.176m, mainly due to an improvement in bank interest rates. Efficiency Delivery Group forecast has increased to £2,681m and Agency and Out of Area CIP forecasts has not changed since February.	A greater number of efficiencies projects are expected to come through the annual planning process which will feed into the efficiency group and there is a push to make efficiency part of the culture. Further work will continue to add additional efficiency projects and reduce OOA costs of spot purchasing, not yet factored into the figures. Further assurance is required in relation to cultural change	The higher number of CIP programmes going through in the coming year will be captured and the three key milestones for out of area beds will be discussed at each FPC to ensure that the approach taken is being effective. Executive Director of Finance and Director of Strategy will provide oversight at efficiency group meetings.	Continuing – CIP programme Board meets monthly.	BAF0022
Five Year Capital Plan Refresh	Committee received an update to the Five-Year Capital programme to account for changes to the Estates Strategy; the implementation of the Electronic Patient Record (EPR) system; the sale of Fulwood and the impact on our Capital Departmental Expenditure Limit	An extraordinary BPG meeting will be called to prioritise the schemes so that the Trust remains within its permitted CDEL	Submission of plans to the Integrated Care Board by 16 March and NHSE/I by the 23 March 2023.	March 2023	BAF0022 BAF0026

	(CDEL).				
Finance Report	Debt owed to SHSC remains higher than expected at £6.7m. The Guinness Partnership accounts for £1.4m of the outstanding in respect of the Buckwood View contract. There is a risk that the local authority may not pay the 22/23 management fee in a breach of contract (£0.7m).	At the time of reporting, £3.4m of the debt has been received reducing the balance outstanding to £3.4m. It is being monitored closely and has been escalated as a significant matter of concern to the organisation.	It was clarified that the issue has been escalated and the Trust position has been made clear with discussions ongoing	March 2023	BAF0022
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
Transformation Portfolio report	Community Facilities Programme Board is currently the main area of concern and relates to the deteriorating state of the St Georges building and affordability and the funds available in the Capital Plan for 2023/34 to develop a suitable alternative site	The business case to address the requirements of the teams within the St George's building is being reviewed and alternative options are being reviewed and explored with staff.	Clarity on target dates on the key projects to be included in future reporting.	May 2023.	BAF0026
Draft Annual Operational Plan Report 2023-2024	Committee noted the four key areas in terms of the ambitions of the long term plan: out of area placements, community mental health, IAPT and Peri-natal and acknowledged the uncertainties in the long-term planning investments.	The Annual operational Plan has been presented to People Committee and Quality Assurance Committee.	Targets from the Operational Plan to be mapped to the IPQR reporting.	April 2023	
Performance Framework schedule and KPIs	The refresh of committee KPIs for 2023/24 and key changes were presented to committee since last reviewed in September 22.	The IPQR has been updated to reflect revised national targets and changes in relation to operational plan investments	KPI's will be updated to reflect final contractual updates and be reported via operational plan quarterly updates and IPQR bi-monthly reports in 23/24.	Timing to be confirmed.	
IPQR	Committee noted the persistent challenges relating to flow across the acute pathway; waits for	No new risks were noted.	Timings of the revised IPQR to be confirmed as detailed above.	Timing to be confirmed.	

	treatment across some community service and agency spend.				
Recovery Plans: OOA; SPA Waiting Times; Recovery Waiting Times	Committee received the updated recovery plans.	Committee noted a 50% decrease in waiting times for SPA and EWS over the previous 12 months and a reduction in the number of people waiting to see a care co-ordinator.	Recovery plan actions in progress.	July 2023	BAF0022 BAF0026
Internal Audit - action tracking report	Committee received the update for Finance and Performance Committee on the monitoring of actions from the Internal Audit reports which are overseen by the committee.	The Estates: Health Technical Memoranda (HTMs) has concluded, and an exit meeting took place with the Executive lead and the team on 14 February 2023. The report is limited assurance with one high risk.	There are no remaining actions due in the current financial year as those for the Estates audit fall into the new financial year given the report has been finalised towards the end of this quarter	April 2023	BAF0022

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Board Assurance Framework and Corporate Risk Register	The CRR and BAF are reviewed at each meeting	Work has been undertaken to identify key milestones for achieving target scores on all risks.	A table highlighting movement in the milestones will be included in future risk summary reports.	April 2023	All apply
Policy Governance Group Report	One policy was presented for extension to review: Low Voltage Electrical Safety Policy EST 008	Committee ratified the decisions of the Policy Governance Group in relation to the policies presented	N/A	N/A	All apply
FPC Annual Report to Board	The Finance & Performance Committee Annual Report was attached for assurance and discussion.	Committee noted the update on the membership and attendance at meetings; meeting frequency during the year and planned for the year ahead; work of the committee over the last year; key matters escalated to the Board; delivery against its objectives; outcome of the review of effectiveness including the proposed	To be presented to FPC in April for final approval	April 2023	All apply

		objectives for 23/24.			
Charitable Fund Governance and proposed future approach.	Committee received a report exploring the options for charitable funds and future fundraising.	The purpose of this investment will be to plan and implement a schedule of charitable fundraising opportunities to test whether an investment in our fundraising expertise will result in more revenue and a new model for the charity	Committee requested further detail on opportunities available within existing resources such as volunteering and rebalancing of the existing workforce to be considered as part of the future options.	April 2023	All apply

BAF Risk Description:

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.
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.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Mental Health Legislation Committee**

Date: **15 March 2023**

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
Mental Health Legislation Operational Group (MHLOG)	Concerns with compliance and gaps in Mental Capacity Act (MCA) mandatory training Serious incidents (2 Major) in quarter, related to delays in Mental Health Assessment (MHA)	Reporting via MHLOG to MHLC, triangulated with Back to Good report to QAC and BoD Reporting via MHLOG to MHLC triangulated with IPQR at QAC and BoD	Escalate to recovery plan as per performance framework. Inclusion of MHLOG Risk Register (standing item) with quarterly reports.	Reporting to MHLC June 2023	
Least Restrictive Practice Oversight Group (LRPOG)	Incomplete compliance with Post-Incident Reviews Limited data pertaining to ethnic diversity Over-representation of people from ethnically diverse backgrounds in seclusion	Reporting via LRPOG to MHLC, triangulated with IPQR at QAC and BoD, and Patient and Carer Race Equity Framework reporting to BoD	These issues to be captured as standing items at MHLC to monitor progress	Quarterly at MHLC	
MHLC Annual Effectiveness Report	Delays in production due to capacity and timing of meetings	Reporting to Audit and Risk Committee in April 2023 to align with Annual Reporting deadlines	Committee will finalise the report through e-governance	ARC April 2023	

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
Mental Health Legislation Operational Group (MHLOG)	New Electronic Patient Record (EPR; Rio) - work is underway with other Trusts who have successfully used Rio with their Mental Health Legislation systems to optimise implementation	Reporting via MHLOG to MHLC triangulated with EPR progress via Transformation Board to FPC and BoD	Review progress via quarterly reporting	MHLC June 2023	
Least Restrictive Practice Oversight Group (LRPOG)	Out of Area – concerns with quality of care on “spot purchase beds”	Reporting via LRPOG to MHLC triangulated with IPQR to QAC and Bod	MHLC to send paper on to QAC to enable the Committees to work together on the risk	QAC April 2023 MHLC June 2023	
Associate Mental Health Act Managers (AMHAMs)	Recruitment is underway and training is being implemented	Quarterly reporting to MHLC	Monitor progress via reports	MHLC June 2023	
Human Rights	Human Rights Act elements have now been introduced within RESPECT training	Quarterly reporting to MHLC	Monitor progress via reports	MHLC June 2023	

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Mental Health Legislation Operational Group (MHLOG)	Mental Capacity online mandatory training established according to national standards and each level mapped to roles in SHSC	Reporting via MHLOG to MHLC triangulated with training progress in Back to Good report to QAC and BoD	Review progress with compliance via quarterly reporting	MHLC June 2023	
Policy Governance	Committee received: Searching of Persons, their Property and Environments Policy (OPS013)	Committee ratified the decisions of the Policy Governance Group in relation to the policy 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
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.