

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 26 July 2023

Agenda Item: 8

Report Title:	Board Committee Activity Report	
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>Mark Dundon, 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>People Committee</p> <p>Audit and Risk Committee</p> <p>Finance and Performance Committee</p> <p>Mental Health Legislation 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 May 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.

AAA reports for Board subcommittees are included in this report and attached at Appendix 1. Minutes from board sub committees will be shared with the board via the shared folder and non-confidential minutes are available upon request.

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

Quality and Assurance Committee:

AAA reports from June, July 2023

People Committee:

AAA Report from July 2023

Audit and Risk Committee:

AAA Report from June 2023

AAA (verbal) from July 2023

Finance and Performance Committee:

AAA Report from June, July 2023

Mental Health Legislation Committee:

AAA Report from June 2023.

Minutes from board sub committees will be shared with the board via IBABs and non-confidential minutes are available upon request.

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 for discussion.

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

Recover Services and improve efficiency	Yes	X	No	
Continuous Quality 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, Engagement 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: **14 June 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) Key Concerns: <u>Waiting Times</u> Positive alerts: <u>Waiting Times</u>	<p>Memory Service waiting times for assessment and treatment remain high; slight improvement with a 9% reduction over the period. Referrals have stabilised to pre pandemic levels. Request for future reporting to focus on quality, experience, inclusion and benchmarking</p> <p>Older Adults Community Mental Health Team waiting times remain high. Noted inequalities between North and South. General concern that the recovery plan is not supporting a reduction.</p> <p>Community Learning Disability Team reduction in waiting times and referrals</p>	<p>Data provided in the Recovery Plan through IPQR reporting against performance framework</p>	<p>Recovery plans for areas of concern are planned into agendas and therefore reviewed on a regular basis</p>	<p>Monthly</p>	<p>24 25a/b 29</p>

<u>Safer Staffing</u>	Recruitment of Registered Nurses and Healthcare Support Workers is very positive, leading to reduction of Agency usage		People Committee will be monitoring recruitment & retention		
<u>Restrictive Practice</u>	Continued improvement and learning				
<u>Out of Area</u>	Trajectory for May is on target for planned reduction in usage.				
Monitoring (Keep eye on) Emerging Quality Risks	Maple Ward – operational concerns raised	Review and triangulation of data led to decision to take further action	Commissioned a listening review to be led by Dr Linda Wilkinson	Back to Committee in July for an update on all three areas	24
	Health Inclusion Team – Concerns related to increase in referrals and capacity to delivery (<i>HIT - support families of asylum seekers, migrants and travellers</i>).	Escalation to Commissioners at Contract Management Board and through Safeguarding	Awaiting response to concerns raised.		24/29
	Community Eating Disorder Service - Concerns related to the whole pathway	Escalation to Specialist Commissioners, Provider Collaborative and Clinical Exec. Concerns related to interface with Specialist Eating Disorder Units in S Yorks and Acute NHS Trusts for intervention of feeding/medical. High mortality	Awaiting response to address the fragmented commissioning, whilst ensuring safety of service users.		24/29
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
Visits to check improvements on S29A improvement actions	Update on progress of visits - generally a positive outcome	Assurance that all wards had been visited	Further updates to Committee on areas identified for improvement and assurance that actions had been implemented	Sept 2023	25a
Fire Doors (G1 and Woodland View)	Update on Actions following Fire Door Audit	Estates Programme identifying G1 and Woodland View as priority areas. Plans in place for	Maintenance programme reports into Health & Safety Group: future reports to show progress against	July 2023	25a

		replacement.	planned trajectory <i>Post Meeting Note: SM seeking assurance of evacuation procedures for this client group</i>		
Pharmacy Plan	Received for information	Shared with Committee, feeding into the Clinical and Social Care Strategy	Suggestions to include more aspirational targets around inclusion and service user engagement		
Board Visits	Received an update on the recent visits, proposal to amend the scheduling and new templates.	New scheduling to allow for time to meet service users		November 2023	
<u>Governance Reporting</u>					
Board Assurance Framework	Reports received	Assurance of processes	Monthly reporting	BOD June 2023 QAC July 2023	
Polices		Awaiting outcome of Board decision to close BAF00023			
CRR		Approved recommendations			
Internal Audit Tracker		On track to deliver actions re audits on Complaints, Infection, Prevention & Control			
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Quality Account Quality Objectives	Final (DRAFT) received	Re-presented in an improved format.	Recommendation for Board to approve. Inclusion of Glossary Easy Read and other language versions to be considered.	Board June 2023	
Clinical Quality and Safety Report	Report included Lessons Learned with inclusion of Freedom To Speak Up	Improved data and triangulation identifying themes and learning lessons	Version to be prepared for Board, action related to reporting on Ockenden. Version to share with staff	Board	
Tendable	Update on the audit tool	Progress with implementation and good engagement	To progress as 'business as usual'		

Complaints Annual Report	Annual Report	Recognition of significant improvement in management of complaints and Significant Assurance from 360 Internal Audit. High number of compliments does not get same attention but should be noted and shared	Actions from Audit on track to deliver	July 2023	
Medicines Safety Report (Q3/4)	Assurance Report	Evidence of improvements in management of incidents and sharing learning.			
Safeguarding Annual Report	Assurance Report	Compliance with statutory requirement, improvements in-year and more transparency, Risk in relation to hand over of delegated authority (to monitor)			
Quality and Equality Impact Assessments	Assurance Report	Evidence that the process is operating effectively		July 2023	

BAF Risks		
Number	Descriptor	Risk Rating
BAF0023	There is a risk that service users and staff are exposed to an avoidable spread of infectious diseases caused by a failure to consistently maintain appropriate Infection Prevention Control arrangements and safe working practices	09
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.	12
BAF.0025a	There is a risk to patient safety caused by the delays to deliver of failure to effectively deliver essential environmental improvements for the including the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings at the required pace.	16
BAF.0025b	There is a risk of failure to deliver 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 skills 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	16
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.	16

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Quality Assurance Committee**

Date: **14 July 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) Key Concerns: <u>Waiting Times</u>	Community Increasing waiting times across community services	Community Mental Health Teams Transformation work aligns with aim of reducing waiting times in these services. QI event planned in July/August 2023 as a critical review.	Inclusion in future reporting of the impact on waiting times for service users,	Monthly	24 25a/b 29
<u>Re-purposing of Beds</u>	Health Based Place of Safety (HBPoS)	Concerns that HBPoS beds are being used more frequently as an alternative to Out of Area, risks and impact on those awaiting admission who may be unwell but not in crisis.	Inclusion in future reporting of the impact on waiting times for service users,	QAC tbc	
<u>QUIT Programme</u>	Smoke Free Implementation	Concerns with implementation attributed to poor engagement across teams and breaches.	Escalated to Clinical Leadership Team to work with their services/teams	QAC tbc	
Positive alerts: <u>Woodland View</u>	Recovery Plan	Committee were assured that all actions completed and embedded following inspection	To be removed from the work programme		

Monitoring (Keep eye on) Emerging Quality Risks	Sexual Safety Implementation of Patient Record System (Rio)	Committee assured this is receiving high priority focused on improvement work. Delays in implementation of Rio impacting on centralised data input and reporting e.g., Race Equity Indicator work is being delayed.			
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
Eating Disorder Services	Update on emerging risk in relation to pathway and commissioning	Citywide engagement and system discussion	Recovery Plan in relation to quality of services and impact on service users	QAC Nov 23	
Primary & Community Mental Health Transformation	Update on previous discussion at Committee	Committee assured that a number of areas of concern raised had been considered. Quality Governance and safeguarding agenda to be clarified through Exec to Exec session.	Presentation to Board. Request for post-implementation reviews to come to QAC.	BOD July 2023	
Maple Ward	Update on emerging risk in relation to quality and safety concerns raised	Recovery Plan in development following the conclusion of the deep dive.	Monitoring through Tier II Clinical and Quality Safety Group (report to QAC in Nov)	QAC Nov 2023	
Health Inclusion Team	Update on emerging risk in relation to capacity	Recovery Plan in development and mitigation of risks being done for the interim period. Potential for additional funding from ICB		QAC Sept 2023	
Quality Assurance Report	First report	Formally the Back to Good Report, ensuring Committee stay focused on Quality agenda	Feedback to authors on development of the report Agreement that Exec Lead moved to Exec Director, Nursing, Quality and Professions	QAC July 23	
Community Mental	Mobilisation Plan	Assurance on the process and	Further work on assurance on	QAC Oct 2023	

Health Team Transformation		engagement with staff	management of the waiting lists and service user experience		
Tier II Physical Health	Q3/4 Report with AAA	Advised that work is progressing. AAA Report highlighted an ALERT for Dysphagia and Speech and Language Therapy which are being escalated			
Enabling Strategy Engagement and Experience Strategy	Progress Update	Advised that the strategy's Year 2 targets were progressing	Annual Review	QAC March 2024	
Tier II Health and Safety Committee	Q4 Report with AAA	Good oversight. Concerns raised in relation to actions from Fire Door Audit and also Falls from Height work (needs escalating)	Review of the risk related to fire doors on the Corporate Risk Register Further update to Committee in relation to falls from height (through Tier II Clinical and Quality Safety Group)	QAC Sept 2023	

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Tier II Infection Prevention & Control (IPC)	Annual Report	Assured on systems and processes in management of IPC -good work in place.			
Equality and Quality Impact Assessments	Monthly update	Assured that the process is working with evidence of challenge to transformation programmes.			
Quality Improvement Framework	Biannual Progress	Assured that QI capability is developing.			
Tier II Research, Innovation, Effectiveness and Improvement	Biannual Report	Assured of research capabilities	Future reporting to include other areas from the RIEI Group eg: Innovation and Effectiveness (noted improvement covered by QI Framework). Reporting needs to have an overview of everything being overseen in this area.		

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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.	16

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **People Committee**

Date: **11/07/2023**

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
POSITIVE ALERT Staff vacancy rates and Retention.	Total number of vacancies has now reduced to 5.9%. Headcount is up. Data showing improved retention in some groups eg HCSW and nurses.	No further assurance needed at this time.	Will continue to monitor vacancy and retention rates in the dashboard.	Sept 23	BAF0014
POSITIVE ALERT Agency reduction rates	Reduction is on target for months 1 and 2 however Medical and Administration areas are slightly above target. Nursing usage has increased in June but will be reporting on target in terms of overall Cost Improvement targets.	The number of above tier 3 Agencies (above price cap and off framework) has reduced to 63 duties in May 2023 compared to 650 in May 2022.	Agency use will be further reduced through continued agency controls, rolling recruitment to the bank, and improved eRoster management including absence and annual leave.	Sept 23	BAF0013
POSITIVE ALERT Time to hire	There is a continued reduction in the time to hire process which is currently at 70 days against the target of 60 days.	There has been a decrease in the average time to hire.	A new KPI target (60 days) has been agreed by the ICS, which all South Yorkshire Trusts will report against to enable comparison and benchmarking.	Sept 23	BAF0014
POSITIVE ALERT Casework and grievances	Average casework length continues on downward trajectory. Well managed.	Currently there are 14 open cases, with a significant reduction due to closure of a number of long-term cases. There are no open grievances.	Will continue to monitor rates in the dashboard.	Sept 23	BAF0013
POSITIVE ALERT E-Rostering	Committee was briefed on the status of E-Rostering across SHSC.	The project has 100% rollout across SHSC.	No action required.	N/A	BAF0014
NEGATIVE ALERT Sickness	The data presented shows that the main reason for sickness is stress/Anxiety/Mental Health at 33% and that levels have increased slightly.	Due to the increase in headcount, it is hoped that there will be a decrease in sickness levels, but this may take until Winter 2023 to show in the reporting. There has been significant transformational change across the	The data will be separated by work related stress and other elements and by corporate and clinical to provide a better understanding of the data. Lessons learnt are being	Sept 23	BAF0013

		organisation which may be impacting on staff health and wellbeing.	reviewed from the transformational projects to better understand staff impact in future.		
NEGATIVE ALERT Medic Appraisal Rate	Committee was briefed on the current Medic Appraisal rates across SHSC.	The Medic Appraisal Rate has decreased to 80% which is below target.	Will continue to monitor rates in the dashboard.	Sept 23	BAF0014
NEGATIVE ALERT Supervision	<p>The average compliance for supervision is below Trust target and is at 73.72% Trust wide.</p> <p>From 279 people surveyed, 25% reported supervision is not helpful and 1 in 5 are not having supervision within a 6-week period.</p> <p>Recovery plans from Crisis and Acute service lines were shared with the committee which will aim for compliance by Nov/Dec 2023.</p>	<p>Weekly updated information is monitored and reviewed by Directors and Service Leads. Clinical Directorate Service Lines and team performance is monitored each month at Directorate IPQR reviews. Corporate Services at triannual performance reviews.</p> <p>Supervision policy has been re-written with consultation from staff. Bite-sized training sessions will be available, and communication is to be shared to ensure managers are sighted on all forms of supervision.</p> <p>Other forms of supervision are to be considered, such as peer-to-peer supervision sessions.</p>	The supervision recovery plans will continue to be monitored and engagement, and communication will be shared regarding the Supervision policy and training.	Ongoing	BAF0020
NEGATIVE ALERT Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Action Plans	<p>The committee were advised that information in the staff survey showed 16% of responders felt they are subject to discrimination from their own manager (significantly higher than comparator trusts).</p> <p>There have been improvements in recruiting Ethnically Diverse staff and staff with disabilities to higher bands (re the disparity ratio) however this remains low and a cause for concern in clinical roles.</p>	<p>Work is taking place focused on values and behaviours and the committee urged an immediate response to the concerns raised.</p> <p>More awareness around how positions are advertised and written to engage ethnically diverse and disabled applicants is encouraged.</p>	The committee asked for an immediate response to the issue surrounding recruiting to higher banded roles and discrimination within the workplace, and for feedback on the solution to be brought to the next Committee.	Sept 2024	BAF0020

	The report notes that some staff with disabilities express that they feel pressured to come to work even when they are not well enough to do so.	Support is to be given to staff with disabilities to ensure they feel supported in taking leave.			
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
Staff Voice - Junior Doctor Recruitment and Retention	A survey was conducted with trainees the response highlighted that values, connection, and communication are important when choosing a Trust to work with. Work is taking place to improve the SHSC institutional reputational narrative.	Feedback is being presented to the Medical Engagement Recruitment Group and offers have been made for networking within People Directorate and EDI. It was noted that it would be helpful to understand the best way to engage with junior doctors due to work rotations and that bi-annual ward rounds could improve awareness.	The People Strategy is to be shared with trainees and discussions will take place with EDI to review diversity and staff values within the trainee groups.	Ongoing	BAF0020
Supervision Policy, guidance, and Audit	From 279 people surveyed, 75% reported supervision is helpful and 4 in 5 are receiving supervision within a 6-week period.	Supervision policy has been re-written with consultation with staff. Bite-sized training sessions will be available, and communication is to be shared to ensure managers are sighted on all forms of supervision.	Engagement and communication will be shared regarding the Supervision policy and training.	Ongoing	BAF0020
Workplace Wellbeing	The service is contracted to take 120 referrals a year but took 182 which had good recovery rates and short waiting times.	The committee were assured that the service is safe for staff to access as it is confidential and there is no feedback to managers or colleagues. The service can be accessed through self-referral. Promotion is taking place within the Ethnically Diverse Network and an assertive outreach approach is being considered.	Currently developing group work packages for ward areas and communications for wider engagement.	Ongoing	BAF0013
International Recruitment	Committee were advised that international recruitment is currently on hold due to oversubscription.	There are 7 appointees across SHSC, and feedback has been positive regarding integration into the community and services. There are 7 more nurses who are undergoing the recruitment process. All recruitment has been done through open advert and following the code of	International recruitment is paused not stopped and is part of a long-term plan to increase nursing staff levels.	Ongoing	BAF0014

		practice and legal advice was sought before commencement.			
Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Action Plans	The committee received a report showing the current figures for WRES and WDES across the organisation.	<p>WRES:</p> <ul style="list-style-type: none"> Improvements in movement from middle bands to upper bands in our non-clinical areas. Overall ethnicity of workforce has increased to 17% <p>WDES:</p> <ul style="list-style-type: none"> Staff with disabilities in workforce is at 9% which is an improvement from 8% last year. There is an under representation in band 8C upwards, which mirrors the national picture. 	A robust approach and clear action related to access to reasonable adjustments is ongoing. Impact to be assessed.	Sept 23	BAF0020
Associate Mental Health Act Managers - Remuneration	The committee were asked to approve the onward presentation to Board of the proposal to increase the remuneration and review the method of payment for Associate Mental Health Act Managers (AMHAMs).	<p>It was noted that the AMHAMs have advised they do not feel properly recompensed however there is no national scale for remuneration of AMHAMs and that decisions are made by local providers and individual services. Benchmarking has been conducted which varies between £30 and £100 per hearing, SHSC is currently paying £60.00 per hearing. The proposal is a 5% uplift.</p> <p>This proposal has also been presented to FPC who approved it for onward presentation at BoD.</p>	The committee approved the proposal for onward presentation at Board of Directors	July 23	BAF0013
Advocacy (output from recent Pulse survey)	The committee were advised that advocacy remains low across the Trust.	Work is required to understand why staff have a negative opinion of SHSC being a good place to work/for care.	Addressing advocacy is to be included in the Organisational Development action plan for future reporting.	Ongoing	BAF0020
Violence and Aggression Group	The committee were presented with an update of the Health and Safety Committee which included an update on the Violence and Aggression Group	The Violence and Aggression Group has been established and its terms of reference have been approved. Networking has taken place with other Trusts to provide a collaborative and trauma informed approach to reviewing	An action plan is being created with recommendations for managing violence and aggression.	Nov 23	BAF0013

National and Regional People Updates and News and Highlights from Joint Consultative Forum (JCF)	The committee noted the updates to regional and national news and highlights from the JCF	<p>policies.</p> <p>Industrial action is taking place from 13/07/2023 for 7 days and the gold command structure is in place to manage any risks that result from this.</p> <p>Scaling People Services is part of the Future of Human Resources and Organisational development vision to 2030. This element will look at transactional activity and systems to consider what we can do to work more effectively.</p> <p>High impact actions from the NHS EDI improvement plan have been cross referenced against our People Plan and further work is ongoing.</p> <p>Volume of change projects was discussed at JCF and the impact on staff and wellbeing with updates provided from each of the project leads.</p> <p>WRES results were shared as a view on a page and the EDI dashboard will be shared at a future meeting.</p> <p>Additional responsibility allowance was agreed.</p> <p>Bank staff didn't receive the national non-consolidated pay award which has been criticised, therefore working with ICS partners to consider the details/resolution.</p>	No further action is required.	N/A	All apply
Board Assurance Framework	Committee approved the revised risk descriptors and notes the scores and milestones.	All risks have identified action owners and target dates.	Committee agreed recommendations to risk descriptors and BAF0014 will be reviewed to assess if it	Sept 23	All apply

			needs cross referencing with FPC.		
Corporate Risk Register	Committee noted the revised risk descriptors.	Risk owners and the executive leads have reviewed all risks on the CRR to make sure that they are reviewed in line with the risk management strategy.	The risk register will be presented at each committee meeting.	Sept 23	All apply

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
Modern Slavery	Committee noted the statement has been updated and received at Safeguarding Committee	A statement regarding volunteering will be included in the paper.	The paper will present to Board of Directors in July 2023.	July 23	All apply
Terms of Reference	Committee noted recommendations within the terms of reference.	Amendments have been made to standardise all committees and to ensure membership is accurate and up to date.	The committee approved the recommendations.	Ongoing	All apply
Policy Governance Group report	Eleven policies were presented to committee for extension to review and five 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	There were no internal audits for discussion.	All current actions are on track for the end of July 2023	There are currently no new actions for monitoring at People Committee.	N/A	All apply

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: Audit and Risk Committee

Date: 27 June 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

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 associated documents <ul style="list-style-type: none"> • Annual Accounts • Head of Internal Audit Opinion • Analytical Review • Annual Governance Statement, Compliance Statement and Self Certification • ISA 260 Report • External Audit Annual Report • Management Letter of Representation 	Received final drafts in preparation for sign off by Board	Final drafts of reports received and presented to Committee. Committee assured that comments and feedback had been considered and included in a number of reports. Reports approved by ARC and recommended to Board it signs off all reports	Advise Board Final proof reading and accuracy checking to be undertaken to ensure final sign off by Board on 28 June 2023.	BOD 28 June 2023

Internal Audit Plan	Sign off the final Internal Audit Plan for 2023/24	Committee raised concerns that three core audits listed in Appendix A2 were not on the 2023/24 plan. <ul style="list-style-type: none"> • Business Planning • Budget setting, reporting and monitoring. • Performance Management Framework 	Advise Board Action for Finance & Performance Committee to give assurance to Audit & Risk Committee that the three core audits are low risk and would be monitored through the year, (Tier II/FPC) and escalated should any concerns be raised.	FPC 13 July 2023 ARC 18 July 2023 BOD 26 July 2023
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ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale
Internal Audit Progress Update	Report on progress of the 2022/23 plan	Confirmation that 360 Assurance had completed their work for 2022/23 and all reports had been published	Assure Board	BOD 26 July 2023
Internal Audit Action Tracker	Progress report on actions	Action Tracker presented to Committee with updates on the audits with outstanding actions	Assure Board Progress monitored	ARC July 2023 BOD 26 July 2023
Monitoring of External Audits	Report on progress of the work during 2022/23	Assurance that there were no issues to bring to Committee's attention from 2022/23	Assure Board Progress monitored	ARC July 2023 BOD 26 July 2023
Board Assurance Framework	Updated BAF received	Assurance that the risks were being monitored. BAF00021 related to Cyber Security and Data Protection risk remains high due to delays in EPR (Rio)	Assure Board Risks monitored and new BAF to be shared following Board Development Session June 2023	ARC July 2023 BOD 26 July 2023
Corporate Risk Register	Updated CRR received.	Assurance on the two risks assigned to Committee Risk Oversight Group reviewing the Risk Management Strategy	Assure Board Follow up through Risk Oversight Group	ARC July 2023 BOD 26 July 2023
Governance Report	Received for assurance	Report included updates on: <ul style="list-style-type: none"> • Declaration of Interests for Council of Governors & Staff below Board level • Constitution update • Election of Governors • New Provider Licence 	Assure Board Further clarity required on the process for completion by staff below Board level with a role that requires completion of a DoI	ARC July 2023 BOD 26 July 2023

Tier II Reporting – Policy Governance Group	Annual Report	Assurance received that PGG were operating effectively	Assure Board Continued Tier II reporting into Committee	July 2023 BOD 26 July 2023
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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee (FPC)**

Date: **15/06/2023**

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
Finance Report M1 Brief Update	<p>Local Authority have confirmed they will pay their debt in writing and are working to resolve this. Additional LA debt from March re Short Term Education Programme (STEP) of £300k however they have not formally disputed the invoice. The cash position remains strong. Continuing to achieve better payment practice code targets to pay suppliers within 30 days.</p> <p>Consideration is being given to what additional resources are needed to mitigate slippage within the Cost Improvement Programme,</p> <p>Reviewing impact of the increased costs in relation to significant capital schemes, requiring the Capital plan to be reprioritised.</p>	<p>Regular contact with LA on overdue balances.</p> <p>The priorities for the Capital Plan are being reviewed with Quality and Equality impact Assessment Panel (QEIAP) and investment proposals are being reviewed to redistribute funding to investments which relate to the Section 29A or impact patient safety.</p>	<p>Discussion with the Local Authority is taking place and all overdue debt is regularly chased.</p>	July 2023	BAF.0022

Maple Ward Outline Business Case (OBC)	Proposed option C of the outline business case, which is to continue to proceed with the agreed options from the January 2022 Phase 3 LAP removal case and to seek agreement for revenue investment to operationalise a 4th adult acute inpatient ward. This option has an estimated cost of £5.3m and will need to be managed through CDEL.	Option C will address the regulatory requirements set out by the Section 29A and re-prioritisation of capital schemes is underway to fund the outstanding investment. Engagement with the associated director is taking place at each stage of the case and the Capital Plan is being reviewed at Quality and Equality Impact Assessment Panel.	FPC supported the recommendation in the OBC, and the committee authorised the release of fees due to be expensed prior to BoD with the OBC being presented to BoD July for Decision. A full business case would then be developed and presented at FPC and then BoD, dates of which will be confirmed.	July 2023	BAF.0022 BAF.0026
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
Charitable Funds Report – Proposed Future Approach	Proposed recruiting a 12-month fixed term position for a dedicated Trust Fundraising Officer which would be funded by pre-existing Charitable funds.	The Trust would remain a recipient and partner with Sheffield Hospital's Charity, therefore additional governance would not need to be created and a review would be conducted 6- months post recruitment.	The paper will be present at BOD July to seek final approval.	July 2023	
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Internal Audit	Committee noted and discussed the update provided on open Internal Audit actions overseen by the Finance and Performance Committee.	Actions identified for closure by the end of September have been confirmed as on track.	There are currently 2 actions for monitoring	September 2023	All apply

Legal Claims	There were no legal claims which met the financial threshold for FPC to review.	A report is present to Audit and Risk Committee and Board of Directors which provide an overview of all legal claims.	Ongoing monitoring of the Legal Claims will continue at each committee meeting.	Ongoing	All apply
Board Assurance Framework	Committee noted the owners and milestones have been identified. The committee approved the target risk score of 9 for BAF.0021A.	A completed BAF register has been shared with Internal Audit.	Ongoing monitoring of the BAF register will continue at each committee meeting.	Ongoing	All apply
Corporate Risk Register	Actions, target dates and risk appetites have been updated and there are 2 open risks for FPC. Training took place on 26 th May to amalgamate local registers on Ulysses.	Data cleanse is to take place on the registers recorded on Ulysses. Risk management position has gone back out to advert. The risk score for 5051 was identified as being too high but needs further review and assurance.	The risk score for 5051 will be reviewed	July 2023	All apply
Policy Governance Group Report	The following policies were ratified for approved: <ul style="list-style-type: none"> Occupational Driving and Care of Vehicle Policy EST 010 Capital Programme Management FIN 011 The following policy was ratified for an extension to review: <ul style="list-style-type: none"> Sustainable Procurement Policy FIN 009 	These policies had been reviewed at Policy Governance Group.	Ongoing monitoring of policies for ratification will continue at each committee meeting.	Ongoing	All apply

BAF Risk Description:

BAF.0021A	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 on-going maintenance, inadequate system monitoring, testing and maintenance, 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.
BAF.0021B	There is a risk that adequate arrangements are not in place to sufficiently mitigate increased cyber security and data protection incidents. This has been compounded by low Information Governance mandatory training levels across the Trust, unawareness of Phishing attacks as well as legacy core systems that may not meet current security standards and so remain vulnerable to cyber-attack. An attack may compromise or disable key systems and prevent their operation until we either have confirmation that is safe to do so following the application of software security patches or alternatively the system in its

	entirety is no longer deemed fit for purpose and removed from active service.
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 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.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Finance And Performance Committee (FPC)**

Date: **13/07/2023**

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
Transformation Portfolio Report	<p>Go live dates for Electronic Patient Record (EPR) are being reviewed at the programme board but there are financial implications for the delays.</p> <p>Completion of Maple Ward works are a key dependency for ensuring Out of Area (OOA) cost improvement targets are met.</p>	<p>This will continue to be monitored in Digital Assurance Group and FPC.</p> <p>A deep dive of Therapeutic Environments and the Maple Ward Outline Business Case are scheduled to present at Board of Directors.</p>	<p>Final costs are being refined regarding EPR delay and paper for Electronic Patient Records is scheduled for August FPC.</p> <p>Committee agreed that a wider conversation is required at Board of Directors and that appropriate time should be allowed for this discussion.</p>	<p>August 23</p> <p>July 23</p>	BAF.0026
Finance Report	A risk has been identified in relation to agenda for change pay award settlement (£0.5m) & withdrawal of funding relating to Microsoft Licenses (£0.15m)	The potential cost pressures are reported as funded as requested nationally, further negotiation is taking place.	An update on month 3 will be provided at FPC August.	August 23	BAF.0022
Cost Improvement Programme (CIP)	The committee notes that the programmes are progressing well.	A review of small schemes for cost improvement is underway.	Targets will remain but be reviewed on a regular basis. Maple Ward Full Business case will be presented to FPC	Sept 23	BAF.0022

			in September.		
Recovery Plans Out of Area (OOA), Single Point of Access (SPA), Emotional Wellbeing Service (EWS)	Repurposing of 136-suite has increased from 23% to 50%. SPA waiting list has dropped from 470 to 300 & progress halted due to vacancies and turnover risk.	Committee noted the need for more support on delayed discharges, and this has been escalated at the Urgent and Emergency Care Board.	A workstream has been established to mitigate risk.	Oct 23	BAF.0026
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
Recovery Plans Out of Area (OOA), Single Point of Access (SPA), Emotional Wellbeing Service (EWS)	There have been 9 out of area spot purchases which has reduced from 24 earlier in the year. Emotional Wellbeing Support waiting list currently stands at 335 with a reduction of 67%	No further assurance needed at this time.	Will continue to monitor Recovery plans within the committee.	Ongoing	BAF.0026
Sustainability Delivery Group Report	Currently behind on planning due to staff vacancies which has impacted on enabling action to embed sustainability across the Trust. There is slippage in the following areas: <ul style="list-style-type: none"> sustainable buildings action plan heat decarbonisation plan. Procurement actions due to staff changes Sustainability Policy has been delayed until January 2024 to ensure aligned to the NHSE sustainability road map. Imbedding of sustainable governance processes Carbon footprint has been reduced by 17% and confirmed methodology for a Trust Travel plan has taken place. Sustainability has been added to the Corporate Induction.	Vacancy has been filled and work is ongoing with PMO and Strategy and Planning team for wider engagement. There is a plan to set up a Green Network as well as working with Communications team. <ul style="list-style-type: none"> Working with a consultant to help create a sustainable buildings action plan and heat decarbonisation plan. New Procurement lead is in post. Working with NHSE to ensure policy aligns with road map. Working with enabling strategy leads to align and integrate sustainability into business as usual. 	Significant networking across the Trust and with NHSE is in place. An updated report will be presented to FPC in October	Oct 23	BAF.0026

	The delivery plan is being reviewed for effectiveness and link to external priorities.				
Corporate Risk Register	The committee were asked to approve the recommendations made in the paper.	<p>Risk 5051 – risk score was approved as 12 due to increase assurance in relation to 23/24 CIP plan and assurance on processes from Internal audit.</p> <p>Risk 4602 - A new risk relating to Ligature Anchor Points and blind spots which has been escalated by Estates following Risk Oversight Group and will sit alongside a separate QAC risk. Further discussion is required to agree the risk score.</p> <p>Risk 4121 – as the risk score is 9 the committee approved the de-escalation of this risk.</p>	Risk score for 4602 will be reviewed and updated for August's report.	August 23	All apply
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
Healthcare Financial Management Association (HFMA) Self-Assessment and Internal Audit Plan 2023/24 (Assurance on core audits not on plan)	<p>There are three key areas which are not covered in the Internal Audit Plan:</p> <ul style="list-style-type: none"> • Business Planning • Budget Setting • Performance Framework <p>It had been suggested at ARC to include these 3 areas in the Internal Audit to ensure we have sufficient assurance, however there would be cost implications if these areas were included.</p>	<p>The HFMA self-assessment was introduced last year which impacted on a cycle of finance audits. This assessment provided a base assessment and improvements are understood and will continue to be made. Including budget setting.</p> <p>Work is ongoing within Business Planning Group to look at the operational plan and review the improvements which are due for completion. We are aware that there are some challenges around individual business cases and that assurance will follow in a report to FPC next meeting.</p> <p>Capital planning was prioritised as we had less assurance in this area due to some of the delays re business case development and retrospective governance approvals experience early in 22/23.</p> <p>Performance framework was reviewed in May FPC following approval of KPIs at Committees.</p> <p>In terms of development and negative assurance we are aware that we need to improve our ability to provide insight and develop business intelligence,</p>	<p>Committee requested an update regarding the 3 finance areas missing from Internal Audit Plan is presented to ARC July as matters arising, with a paper being scheduled for September's FPC and October's ARC.</p> <p>Updates will be provided through HFMA self-assessment, which will be scheduled across all committees.</p>	August 23	All apply

		<p>and we understand some aspects of reporting need developing post EPR implementation.</p> <p>Enacting of recovery plan process effectively is one of the gaps highlighted by the Committee annual self-assessment.</p> <p>It was acknowledged that an external independent view could provide confirmation or otherwise of our understanding and the committee should consider if this was required or if it was felt the position on our understanding and assurance meant this was not necessary in 2023/24.</p>			
Estates Strategy 2021-2026	Committee received an update on the Estates Strategy 2021-26 which indicated space utilisation is at 29% empty space including Fulwood house.	Committee noted that space utilisation is being reviewed between Finance and Estates as decision making can be affected by the impact of capital and CDEL constraints.	An options appraisal is to be presented at a future committee.	August 23	BAF.0026
FPC Terms of Reference	These have been updated for standardisation across committees and to ensure membership is up to date. A revised organogram has been provided.	Minor changes were indicated, and this version will be shared at Audit and Risk Committee July 2023.	Committee approved recommendations. The ToR will be presented to ARC.	July 23	All apply

BAF Risk Description:

BAF.0021A	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 on-going maintenance, inadequate system monitoring, testing and maintenance, 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.
BAF.0021B	There is a risk that adequate arrangements are not in place to sufficiently mitigate increased cyber security and data protection incidents. This has been compounded by low Information Governance mandatory training levels across the Trust, unawareness of Phishing attacks as well as legacy core systems that may not meet current security standards and so remain vulnerable to cyber-attack. An attack may compromise or disable key systems and prevent their operation until we either have confirmation that is safe to do so following the application of software security patches or alternatively the system in its entirety is no longer deemed fit for purpose and removed from active service.
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 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.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Mental Health Legislation Committee**

Date: **21 June 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 <ul style="list-style-type: none"> Health-Based Place of Safety 	During Q4, there was an increase in the frequency by which the Health Based Place of Safety (HBPoS) was closed for the purposes of a HBPoS due to use as a temporary place of admission.	Although use of the HBPoS as a temporary place of admission is permissible from a legal and regulatory perspective, it is not a good patient experience.	Data regarding access to beds is to be included in the Integrated Performance and Quality Reports. A report on Service User Quality and Repurposing of the Health Based Places of Safety will be presented at Quality Assurance Committee in July 2023.	July 2023	BAF0024
Mental Health Legislation Operational Group <ul style="list-style-type: none"> Significant complaint in respect of mental health legislation 	During Q4, the Trust was issued with a legal direction made by the Mental Health Review Tribunal (MHRT) due to the non-attendance by a patient's care coordinator to a MHRT hearing.	A written response along with a covering letter of apology from the Chief Executive has been provided by a Senior Head of Service. A formal apology and explanation has been given to the patient whose case was affected. Non-attendance was unintentional and was a combination of a communication breakdown and different teams having different perceptions about their responsibilities.	Teams have taken measures to reduce the likelihood of this happening again, and all clinical teams have been reminded of their responsibilities to attendance MHRT hearings.	June 2023	BAF0024
Mental Health Legislation Operational Group <ul style="list-style-type: none"> Practice in respect of the explanation of rights under section 132 MHA 	There is inconsistent practice in respect of the provision of information to detained patients. There is reduced assurance that the Trust is meeting its legal duties under	In Q4, four services had 100% compliance (down from six services during Q3). Further work is required to continue making improvements and to	A Quality Improvement Project will be explored to facilitate improvements and compliance. A new escalation process will be devised with the Mental Health Act	October 2023	BAF0024

	the Mental Health Act (s132 and s132A).	ensure that full compliance, once reached, is maintained.	office to ensure more robust escalation processes.		
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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
Least Restrictive Practice Group • Seclusion rates	There has been a reduction in the number of people identifying as Black, African, Caribbean being subject to seclusion.	There has been new recruitment to the SACMHA project to support the work in the reduction in the use of seclusion and restraint in ethnically diverse populations.	There will be improved data recording and utilisation of ethnic population per ward including detail of protected characteristics to understand proportion of people subject to restrictive practice.	October 2023	BAF0024
Associate Mental Health Act Managers – Activity Report • Recruitment	There has been a positive response to recruitment which is currently underway to appoint new AMHAMs.	A review of the personal demographics of the current AMHAMs is being undertaken so that a more accurate assessment can be made about whether the Trust's AMHAM pool is a fair representation of the communities which are served.	To assist in building the pool of AMHAMs which the Trust can utilise, the Head of Mental Health Legislation will be starting an open ended and ongoing appointment process, rather than relying on periodical appointment campaigns	October 2023	BAF0024

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 • Monitoring Visits by the Care Quality Commission	There was one CQC MHA Monitoring visit to Trust services during Q4. To Forest Close and Forest Close Bungalows (Ward 1 and Ward 2).	This compliance visit did not result in any provider actions being required.	N/A	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.