Board of Directors - Public

SUMMARY REPORT	Meeting Date:	27th September 2023
	Agenda Item:	8

Report Title:	**Board Committee Activity Report**
Author(s):	Amber Wild, Head of Corporate Assurance
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee Heather Smith, Non-Executive Director, Chair Quality Assurance Committee Mark Dundon, Non-Executive Director, Chair People Committee Owen McLellan, Non-Executive Director, Chair of Finance and Performance Committee Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee
Other Meetings presented to or previously agreed at:	**Committee/Group:** Quality Assurance Committee People Committee Audit and Risk Committee Finance and Performance Committee Mental Health Legislation Committee
	Date: As detailed below.
Key Points:	This report highlights key matters, issues, and risks discussed at committees since the last report in July 2023 to advise, assure and alert the Board. 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.

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 report from September 2023

People Committee:
AAA Report from September 2023

Audit and Risk Committee:
AAA Report from July 2023

Finance and Performance Committee:
AAA Reports from August, September 2023

Mental Health Legislation Committee:
AAA Report from September 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

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
Financial (revenue &capital)	Yes		No	X	

Board Committee Reports September 2023

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:**	13th September 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
IPQR Waiting List Overview	Committee received a detailed narrative report that included mitigations to support those on waiting lists, a number of which remain long. To note: there has been an elevated demand in North Recovery services and in the Memory service.	Recovery plans are in development or in place for those services that are experiencing a sustained increase in demand or recovering from long waits. However, assurance of progress is challenging in a number of areas. In addition, the committee asked for further assurance that mitigations in place were being positively received by those on the waiting lists.	Committee requested that future reporting of the recovery plans take into account a comparison to other Trusts and a prioritisation of realistic actions. It was noted that some ability to respond lies in issues of funding and commissioning.	October 2023	29
IPQR Access to Acute care	20% of beds are currently occupied by inpatients who do not require services and have nowhere to be discharged to.	There has been a small improvement in the 12-month rolling length of stay, however live length of stay remains high due to some patients experiencing an extremely long length of stay. .	Work is continuing with the Local Authority and Sheffield Place in addressing the needs of those individuals affected by delays in discharge	October 2023	29

IPQR Health Based Place of Safety	We continue to see an increase in the number of days the Health Based Place of Safety beds have been repurposed in July 2023, with repurposing occurrences reaching 79% of total bednights.	Out of area bed usage has halved in the last six months and the July data showed the Trust is meeting its trajectory for improvement which is positive. The Committee was alerted that subsequent months experienced some challenge.	The repurposing of the 136 suite is being addressed through the Out of Area recovery plan. This will be reflected in the IPQR from September. Concerns were raised about the impact of the movement of the HBPoS beds as a result of refurbishment.	October 2023.	29
Emerging Quality Risks	The committee was alerted to issues which have emerged at Woodland View.	Work is underway to review issues and to put an action plan in place.	A new robust action plan will be received by the Clinical Quality and Safety group and EMT prior to QAC.	October 2023	25A
IPQR Staff Support	Trust wide supervision rates are not consistently meeting SHSC standards, although it was noted that Corporate Services have now achieved their minimum standard.	There has been some improvement in the Acute & Community directorate supervision rate, although this is still significantly below target	The committee is recommending to People Committee that recovery plans for supervision are closely monitored and also that a paper be received on retention of staff post preceptorship (re: staff support)	November 2023	24
ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)					
Governance reporting	N/A	N/A	The committee has asked that further work takes place to ensure key issues are drawn out in cover sheets and the governance routes for discussion on issues prior to receipt at committee is clear	October 2023	29
Key Quality Indicators	There has been an impact due to the Rio/EPR delay on development of quality KQIs, leading to a delay in their presentation to Committee.	The continued scoping of KQIs using Quality Management Standards led by the Head of Clinical Quality Standards will support a specification of requirements to build into refreshable data reports for QAC	The outputs of this scoping exercise will be reviewed in January 24 following EPR go-live.	February 2024	24
Annual Report Improving Sexual Safety	The committee received a report on improving sexual safety and were assured that this was a positive starting point for	An individual with lived experience has been identified who will be asked to join the Sexual Safety Group. Through	Whilst this has improved, committee have asked for action plans for each ward area and more detail to be included on staff	September 2024	24

	demonstrating work underway and processes for capturing and acting upon data.	the new PSIRF individuals will be able to report incidents onto a website which will be a positive step forward. Committee asked for increased pace and ambition to address issues of sexual safety.	related incidents. The inclusion of Community services was also discussed.		
Quality objectives	Good assurance was received on progress with delivering the Quality Objectives in Q1	The committee sought further assurance that learning is taking place and shared.	An update and discussion will take place with the Governors at their meeting in December	February 2024	24
SHSC Care Quality Commission Statement of Purpose	The committee noted the content of the Statement of Purpose	The committee received and approved the annual CQC statement of purpose.	The Statement of Purpose will be submitted to CQC	October 2023	24
Emerging Quality Risks	The committee was alerted to issues which had emerged at Woodland view relating to raised levels of Legionella	Committee were kept fully informed throughout the summer and updated on the current raised levels and were assured that this had been managed effectively.	The committee commended estates and operational teams for management of the Legionella incident at Woodland View	N/A	24
ASSURE (Detail here any areas of assurance that the Committee has received)				
Learning and Safety Report (Q1)	The committee received the Q1 Learning and Safety report.	Significant assurance was received on the Learning Lessons report and processes around capturing of learning. It was noted that the report was much improved and pulled together learning from a number of SHSC sources and processes.	A request has been made for inclusion of 2/3 key areas where action has been requested previously and has taken place, to support demonstrating 'closing the loop'. In addition, the report when presented to Board should include a narrative explaining the context for ratings around racial and cultural abuse and how this will be addressed going forwards.	December 2023	24
Mortality Annual Report 2022/23	Committee received the annual mortality report 2022/23 providing assurance that SHSC was compliant with the NQB standards for learning from deaths.	Good assurance was received around mortality reporting in terms of processes and learning	The committee asked for further consideration to be given around how learning from mortalities is shared more widely across the organisation	February 2024	24
Transformation – Learning Disabilities	Committee received the report on the progress of the new Clinical	Good assurance was received around Learning Disability	The new Clinical Model is subject to support from the Clinical	January 2024	25

Model	Model with a view to full implementation in 2024.	Transformation with good progress made including positive feedback received from Clinical Senate on the plans	Senate and sign off by South Yorkshire Integrated Care Board (SYICB).		
Safer Staffing	The Committee received the Safer Staffing Biannual Review and Declaration which provides assurance against the processes in place	Good assurance was received that the Trust is meeting Safer Staffing requirements on wards and the establishment review in 2022/3 is having a positive impact on quality and skills mix.	A safer staffing dashboard will be received as part of the IPQR.	September 2023	24

BAF Risks		
Number	**Descriptor**	**Risk Rating**
BAF0024	Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams.	12
BAF0025a	There is a risk to patient safety caused by failing to effectively deliver essential environmental improvements for the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings	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 unacceptable service user safety, more restrictive care and a poor staff and service user experience	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: People Committee   **Date:** 12/09/2023   **Chair:** Mark Dundon

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
People Performance Dashboard	Total number of vacancies has reduced to 5.9% however the impact of this has not yet been seen in the People Pulse Surveys. Sickness reasons remain a concern particularly those related to anxiety, stress, and mental health (41.57% of all cases).	There is work still to do supporting our staff around health and wellbeing with the committee remaining concerned about sickness levels. The committee were assured about work taking place through the absence reduction project, with focus on supporting managers to ensure return to work meetings are taking place.	A plan for addressing issues related to stress related absence to be received as part of the Health and Wellbeing report at committee in November.	Nov 2023	BAF0013
Mandatory Training	A new process has been put in place for decision making and stronger governance of mandatory training with a full review of the current list of courses to ensure they are accurately aligned to the correct staff groups. Some subjects such as the mental capacity act and duty of candour have been removed from corporate staff. Engagement with the clinical operational team has been conducted.	Trust wide mandatory training is at over 80% however, the committee have asked for further assurance around the individual subjects below 80% such as safeguarding children level 3 training levels which remains a concern and is now being managed in-house. The committee asked to ensure there are sufficient PCs available for training needs.	Mandatory Training will continue to report into People Committee, on a quarterly basis.	Nov 2023- I think the planner says the next report is January 2024	All apply
Inclusion and Equality Assurance Group Report	The committee received a report which outlined progress on Equality, Diversity, and Inclusion.	Committee received information on action being taken to address the 2022 staff survey result relating to ethnically diverse staff experiencing	The action plan targets will be reviewed.	Ongoing	BAF.0013 BAF.0020

	Discussions are taking place at staff networks and with the Freedom to Speak up Guardian which has been helpful. The NHS high impact EDI actions have been aligned with the People Strategy. It was noted SHSC will be participating in a new ICB EDI Board which will support a system wide approach.	discrimination from their colleague' of manager', which was worse than the national average. Committee voiced concern and need to see improvements in these areas. Committee asked for further reflection to take place to consider more stretching targets in the action plan. Assurance was given that performance management processes are in place and any disciplinary issues are followed through.			

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**
People Pulse Results	There were 395 responses to the recent People Pulse, which is a reduction of 117 since the April survey. There has been an improvement in mood positivity increased from 53.8% to 66.25% A video cascade of results has been.	The latest pulse survey results, whilst positive, are low in numbers in some teams – the committee has asked to see plans and actions taking place in response to feedback received. A communication cascade system is being rolled out by senior leaders and video results aim to improve engagement. Chair noted that there is a large proportion of staff who are in the "just coping" category which presents a risk of increased sickness and negative morale.	Regional information has been recently received and will be shared with People committee members. The People Pulse is on the work programme for future discussion.	Nov 2023	BAF.0013
Supervision rates	Committee noted that supervision rates are consistently over 80% target	It was noted that the appraisal rate for medical staff has reduced however the Acute and Community Directorate and Corporate areas have increased.	Narrative is to be sought for the significant reduction in medical appraisal rates.	Ongoing	BAF0020
Staff Retention and vacancy rates	Committee noted that headcount has increased due to continued recruitment efforts and the lowest vacancy rate in 2 years at 5.9%	Whilst leaver rates have risen in the last quarter it was noted this is related primarily to the transfer out of two large groups of staff related to TUPE.	The committee have asked for further consideration to be given to creative approaches to recruitment	Nov 2023	BAF.0013
Case work and Grievances	There has been a slight increase in case work and 3 grievances received in August.	It is anticipated this will reduce by the next report as there are a number at closure stage.	Dismissals and employment tribunals data will be included in future casework reporting.	Ongoing	All apply

Mandatory Training Governance Report	Committee noted there has been improvement in mandatory training which is over the 80% target (currently 89.37%), and a new process in place to risk assess which training is relevant to individual groups/roles to ensure that staff are not asked to undertake training which is not relevant to their role.	Headroom for mandatory training has been allocated for clinical staff at 23% to ensure safe staffing levels. For corporate staff, there is no headroom allocation as this is factored into general capacity. The committee have asked that targeted work continue in areas of mandatory training which are under-performance.	Breakdown of how headroom is allocated across staff groups and the impact to be shared with Committee. Further detail on underperforming mandatory training will be provided in future reports.	Ongoing	All apply
Regional & National updates and news	Fit and Proper Persons framework is being updated resulting from the Kark Review.	No further assurance required at this time	No actions required at this time	Ongoing	All apply

ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**	**BAF Risk**
Staff Voice - Uplifting Support Workers from Band 2 to Band 3	Committee were informed there has been very positive feedback on the uplifting of support workers from Band 2 to Band 3, with 101 of 140 staff currently undergoing the process. A Health Care Support worker provided feedback on their experience.	Maths and English training and assessment has been provided by Sheffield College. This has been very positively received by the participants and will support staff to progress.	N/A	Ongoing	BAF0013
People Dashboard	The committee received the People Dashboard.	The committee was assured around the development of the workforce dashboard and positive feedback received from managers about its value in supporting planning. Supervision and Mandatory Training has moved from the Back to Good Workstream to People Committee, along with oversight of supervision compliance.	N/A	Ongoing	All apply
Workforce Recruitment and Transformation Assurance Group Report	The committee received the Workforce Recruitment and Transformation Assurance Group Report	Work is progressing well on developing the 3-year workforce plans	The committee have asked for more benchmarking data to be provided when available.	Ongoing	BAF.0014

Safe Staffing Report (Clinical Establishment Review progress)	The committee was assured to receive the six-month safe staffing report which provided an update on progress following receipt of the full report in December 2022.	The committee was assured discussions have taken place in the round to triangulate workforce needs, safer staffing, financial planning particularly through the nursing skill mix review in 2022/23 but asked that further clarity be given around mitigations that have been put in place to address gaps and risks – the committee was assured work is in place with the Heads of Nursing to strengthen this assurance.	A paper will be presented to a future People Committee to show the mitigations in place.	Ongoing	All apply
Health Education England Contract - Annual self-assessment	The Health Education England (HEE) Contract Annual Self-Assessment was received by committee.	The reporting is overseen by Education Contract Governance Group.	The annual self-assessment will be submitted for Executive approval before final submission to HEE at the end of October	Ongoing	All apply
Regional & National updates and news	Key points highlighted for information: • Industrial Action - Junior Doctors and Consultants • Publication of the Good Medical Practice 2024 • Revised Fit and Proper Persons Framework • NHS Long Term Workforce Plan progress • • Scaling People Services – collaborative procurement with ICB partners on eRoster.	No further assurance required	No actions required	Ongoing	All apply
Joint Consultation Forum	Key items discussed with staff side at the Joint Consultation Forum: • Review of major change projects. • Preparation for PDR mid-year reviews and support for managers. • Approach to the staff survey to encourage uptake. • Positive engagement on the refresh of the equality objectives. • Industrial action.	No further assurance required.	No actions.	Ongoing	All apply

BAF Risk Description:

BAF.0013	There is a risk that the Trust does not have appropriate measures and mechanisms in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care.
BAF.0014	There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles.
BAF.0020	There is a risk of failure to move our culture sufficiently to address any closed subcultures, behavioural issues and not reflecting and respecting diversity and inclusion, resulting in poor engagement, ineffective leadership and poor staff experience in turn impacting on quality of service user experience.

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Audit and Risk Committee**   **Date:** **18th July 2023**   **Chair:** **Anne Dray**

KEY ITEMS DISCUSSED AT THE MEETING

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

Issue	Committee Update	Assurance Received	Action	Timescale
Internal Audit Progress, Update and Plan	Committee received an update from Internal Audit regarding progress and plan.	A final report in relation to the Data Security and Protection Toolkit has been issued and moderate assurance has been given in respect to the risk associated with the data security and protection control environment and a high level of confidence in the Trust self-assessment. An audit of Equality, Diversity and Inclusion is in progress, the scope of the system wide work has been agreed and focuses on discharge management. Currently planning the remaining 2 quarter audits in the plan, which will be around Capital and Data Quality Workforce Data. The terms of reference for these are in progress for approval. Stage one for the Head of Internal Audit Opinion work has taken place with the terms of reference being drafted and a report will follow in October's ARC. Follow up reporting stands at 78% with an	An updated paper will be shared at ARC October which will include the terms of reference for Head of Internal Audit Opinion work.	ARC Oct 23

		overall follow up of 89%.		
Impact of Electronic Patient Record (EPR) migration delays	Due to the delays to Electronic Patient Record (EPR) migration, there is a concern that there may be impacts to other audits which may result in additional delays. 2 medium risk findings raised which relate to issues identified in last year's audit: • Weak passwords • Password Vulnerability Due to the delays to EPR migration, these risks remain on this year's assessment and result in the audit receiving moderate assurance.	Further mitigations are to be considered within EPR to reduce the risk of impacts to other audits. – Potentially only impact on the Record keeping audit due in Q3 that will need to be delayed into Q4 Evidence to support closure of one of the actions for EPR will be shared with 360 Assurance and reflected in future reporting.	An updated report will be shared at October's ARC.	ARC Oct 23
Internal Audit Plan 23/24 (assurance on core audits not included in plan)	Finance and Performance Committee met in June 2023 and determined that there are no additional benefits for auditing in these areas at this time. Committee noted the areas of concern and the mitigations which are being put in place.	Healthcare Financial Management Association (HFMA) self-assessment had been conducted and highlighted areas of concern and recommendations for improvements. 360 Assurance agreed with the proposed process and will be involved in assessing evidence which will be reported to FPC in September and ARC in October.	A paper detailing the recommended improvements within the 3 areas will be shared at FPC September and ARC October.	FPC Sept 23 ARC Oct 23
Governance Report.	Committee received the Governance Report for approval before onward presentation at Board of Directors.	Modern Anti-Slavery Statement A retrospective statement was presented following approval at Safeguarding and People Committee. Board of Directors Declarations of Interest The roles and names have been updated and confirmed that Owen McLellan has two declarations for two separate companies, starting from August 2022. Council of Governor's Declaration of Interest Approved at Council of Governors June 2023 Declaration of Interest for staff below Board	ARC agreed and approved the recommendations for onward submission to Board of Directors (BoD). Risk Management Strategy will be shared via E-Governance at ARC post August Risk Oversight Group Meeting. September update - Received and approved at ROG and at EMT – will be updated to reflect PSIRF and received at ARC in October and Board in November. New Code of Governance	BoD July 23 ARC Oct 23 Board Nov ARC Oct 23 Board Nov

		Level At the time of the meeting there were 4 outstanding declarations which are being followed up. Fit and Proper Persons Declarations Received for all members with exception of two due to sick leave. Council of Governors Elections Underway and will conclude on 28th July 2023.There are 6 seats uncontested and 1 seat contested. Updated Constitution Changes have been approved by Council of Governors June 2023 for onward reporting to Board and then AMM. Risk Management Strategy Committee noted that this will be reviewed in August within the Risk Oversight Group. Risk Assurance Officer Recruitment is ongoing but appointed an agency worker starting in August. New Code of Governance Gap Analysis Will be shared with Board members for comments. Annual Reports and Accounts Have laid documents before parliament and plans for 2023/24 will be received at ARC in October Register of Sealings 2022-2023 Has been used 4 times this year.	Gap Analysis and Annual Reports and Accounts will be shared at ARC Oct 2023 Updated Constitution will be received at September Annual Members Meeting Sept 2023 post July Board for endorsement. September update – received and approved.	September
Board Committees Reports and ToR	Committee received the annual reports and updated terms of reference (ToR) from	Committee objectives have been agreed with Mental Health Legislation Committee's	An action log of cross committee recommendations	BOD July 23 COG Oct 23

	each Board Assurance Committee for approval at ARC and onward presentation at Board of Directors.	(MHLC) objectives being amended to reference the following: • Overseeing the implementation of necessary frameworks to support changes in the Mental Health Act and scheme of delegation. • Oversight of the risks relating to Mental Health Act and use of force • Ensuring agenda items are closed off with clarity on conclusions and next steps. Finance and Performance ToR is going to be revised before presenting to BoD to clarify National Cost collection and authorisation. All ToR have been amended to standardise across all committees.	is being created and will form part of the annual report for next year. Committee effectiveness forms are going to be reviewed and may report differently in the next financial year. This paper is to be shared with Council of Governors after discussing with the Board Chair.	

Issue	Committee Update	Assurance Received	Action	Timescale
Board Assurance Framework Register	Committee received the updated BAF register and noted the recommended amendments.	Committee noted there are risks where inclusivity is addressed but that there is further work to be done regarding cross-referencing.	An updated report will be presented at ARC October following receipt through committees and Board in September.	ARC Oct 23
Emergency Preparedness, Resilience and Response Declaration of Compliance of Core Standards EPRR core standards have been changed and are reporting to BoD Nov/Dec, not September.	Committee noted there are five remaining standards at amber status. Personal Development Plan has been finalised and there are 3 years to meet the standards. There is a risk for being able to provide a 24/7 Logist service due to trainee availability. A 360 Assurance audit has recently been conducted for Data Protection and Security	Committee noted that the governance process has changed, and the Trust is required to provide evidence to NHS England by the end of September 2023 with a regional review in November 2023, which will be presented to Board of Directors in November/December 2023. Where a Logist is not available, a personal logbook will be published which can be used in the event of a critical or major incident.	A report will be present to BoD in November/December 2023.	BoD Nov 23

	toolkit and the key areas to work on are the introduction of Rio (the new Electronic Patient Record system), and to review IMST's continuity plan.			
Digital Assurance Group	Freedom of Information and SARs backlog remain high and has been escalated to understand the cause and if short term investment needs are required.	Ongoing monitoring of resources will be assessed to evaluate if additional resources are required in future once the backlog has been resolved. Executives will continue to track the operational oversight to ensure a recovery plan is in place. Advice is being sought to maximise progress but remain in line with requirements.	Risks are recorded on the departmental risk register and will be reviewed to assess if they need escalating to the Corporate Risk Register.	ARC Oct 23

ASSURE (Detail here any areas of assurance that the Committee has received)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Monitoring of External Audit Actions	On track – positive assurance	One item – payroll controls has been implemented. Outstanding action will be completed as part of 23/24 year end controls	No further action	
External Audit procurement	Committee received a confidential item (conflict of interest with existing External Auditors)	Assurance provided re plans including timescale & framework to be used to go to market. ARC discussion around value of different processes including face to face presentation. Agreed recommendation	Agreed face to face presentation element did have value	

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Finance And Performance Committee   **Date:** 03/08/2023   **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
Electronic Patient Record (EPR)	Committee were asked to approve the go live dates for Rio EPR which are: Tranche one 30/10/2023 Tranche two 27/11/2023 The committee noted that the estimated addition costs of delays is £0.7 to £1.0m, which is a mixture of P&L and Capital.	These dates have been supported by the EPR Programme Board and at Executive Management Team (EMT) whereby the following measures have been implemented: • To strengthen the executive oversight and governance around the programme board, via fortnightly executive oversight with updates on the key workstreams as well as updates on the Communications Plan and general progress updates. • An executive clinical safety design group which will include the Medical Director and Chief Nurse, will be established to sit alongside the programme board. • There will be increase executive ownership and understanding to remain on track for the "go live" dates, which will assist in the transition period between minimal viability to an optimal product. The UFT overrun has been re-calculated to £1.0m from £0.7m to ensure adequate headroom and for recruitment of a Head of Informatics due to a recent resignation.	Electronic Patient Record (EPR) Summary Update to be added to the work programme for each FPC meeting, which will include information on impacts relating to slippage and risks as well as a view on the wider dependency impacts outside of the EPR programme which resulted from the delay. The committee approved "go live" dates for Electronic Patient Record (EPR) which are: Tranche one 30/10/2023 Tranche two 27/11/2023	Sept 2023	BAF.0021a BAF.0022 BAF.0026

| | | NHS England have indicated that nationally the programme is behind on planning and that if this continues there may be additional capital and revenue which can be accessed if programmes are under spending. | | | |

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 items to report					

ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**	**BAF Risk**
No items to report					

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:** 10/08/2023   **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
Finance Report	The committee received M3 finance report	• Reporting on plan with a forecast deficit of £3.262m and a better than planned year-to-date (YTD) deficit of £0.728m compared to a plan of £0.947m. • There are some cost pressures, such as within Electronic Patient Record, however a bid for additional funding is being submitted by the end of August 2023. • The Local Authority has settled their debt relating to the Staff Supply Management Fee	A paper on Capital Expenditure and Prioritisation Plan will present to FPC in September.	Sept 2023	BAF.0022
Cost Improvement Programme (CIP)	The committee notes that the programmes are progressing well.	• All areas are on track with Agency spend performing well.	A draft CIP plan is to be presented to FPC in October / November.	Oct 2023	BAF.0022
Electronic Patient Record Update	The committee received an update on the Electronic Patient Record, which is now a substantive item at FPC until EPR Launch.	• Committee noted that the overspend could increase from £0.7m to £1m (P&L and Capital) and that there will be increased scrutiny at FPC to review the readiness and training each month until launch. • A bid is being submitted by the end of August for non-BAU digital funding.	A paper will be presented to FPC each month with an update on EPR.	Sept 2023	BAF.0021A

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
Corporate Risk Register	The committee were asked to approve the recommendations made in the paper.	Risk 4602 – risk score was approved as 15 in light of ongoing work to meet CQC requirements and will be updated on the CRR.	Any risk relating to Electronic Patient Record is going to be revisited to ensure its	Sept 23	All apply

			score is correct.		
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**	**BAF Risk**
There are no areas for assurance at this time.					

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.
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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: | **Finance And Performance Committee (FPC)** | **Date:** | **14/09/2023** | **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
Finance Report	The committee noted that reporting is on plan at £1.2m deficit and reporting a forecast of £3.3m for the year.	• Finance position YTD is where it is expected to be but it was noted that there is slippage within Out of Area Cost Improvement Programme.	The risks within Out of Area are being monitored and mitigations will be re-evaluated to ensure programme can meet targets.	Oct 2023	BAF.0022
Transformation Portfolio Report	The committee received an update on the current status of Transformation Programmes.	• Leaving Fulwood (LF) programme is awaiting approval of the planning application. It has been submitted but not registered. We are still expecting the initial financial receipt to be within this financial year. The planning application is overdue but must be completed by 31st December 2023 in accordance with the contract. • Noted potential negative implications on capital expenditure plan	A meeting is taking place with Local Authority to triangulate progress and seek assurance this timeframe can be met.	Oct 2023	BAF.0022 BAF.0026
Learning Disability Community Transformation Business Case	The committee received the business case for Learning Disability Community Transformation which requested permanent closure of Firshill Rise Specialist Inpatient Unit and the funds to be redistributed to develop an enhanced Community Learning Disability Service.	• It was confirmed there isn't an ongoing need for inpatient beds at Firshill as service users are being supported in the community and with early intervention services. • The model has been presented to the Clinical Sensate and was broadly supported and work on the specification has taken place with Sheffield PLACE.	The committee approved the onwards presentation of the business case to Board of Directors.	Oct 2023	BAF.0022 BAF.0026
Capital Expenditure and Prioritisation Plan	The committee received the Capital Expenditure Plan which has been reprioritised for the year.	• The focus for the remainder of the year is on priority areas of critical accommodation needs, patient safety risks and estate infrastructure	No further action required at this time.	N/A	BAF.0022 BAF.0026

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
		risks. • The previous projects that will be deferred into 2024/25 are lower priorities when appraised against the new needs. They do not present undue risks and impacts. • Several critical plans and priorities are dependent on the receipt of funds from the Fulwood sale. This includes mobilising the Maple Ward refurbishment plan and 7 Facet survey priorities.			
5 -Year Capital Plan Refresh	A draft 5-year Capital Plan Refresh was presented to committee.	• Presently the draft has not been shared with Capital Project Group or Business Planning Group, however the individual business cases have been presented to Business Planning Group as part of the reprioritisation work.	Committee requested that individual ranking of schemes be circulated, paper will return in November.	Nov 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**
There are no items to advise at this time.					

ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**	**BAF Risk**
Finance Report - Debt Owed	The committee notes there is currently £0.762m of debt which is more than 30 days overdue.	This debt will be followed up with the owing bodies and it is expected that this will be paid shortly.	An update will be provided in the M5 Finance Report.	Oct 2023	BAF.0022
Cost Improvement Programme	Delivery is overall on plan - Agency forecast to exceed plan by £587,000	Mitigation action for Out of Area CIP scheme to ensure delivery by end of March.	No additional action required		

BAF Risk Description:

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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Mental Health Legislation Committee**   **Date:** **20 September 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
Timing of the meetings	The committee recognised that holding MHLC meetings so close to Board papers going out needs to be addressed and to support earlier receipt of papers to give more time to turn around any changes required as was the case at this meeting with the Least Restrictive Practice Annual Report.	The forward plan will be reviewed to ensure meeting take place at least two weeks before a Board meeting as is the case with other assurance committees	Review of forward plan being taken forward	October
MHLOG update	The committee were advised about issues with availability of advocacy support for patients and for accessing staff on wards.	Assurance was received around action being taken on a particular outlier ward which will be rolled out further if successful as an approach	Heads of Nursing/matrons will be asked to undertake a piece of work around nursing leadership in this area working with AHP colleagues.	October
MHLOG update	Discussion took place around delegation around provision of information on rights and whether this could be expanded to additional groups beyond nurses and nursing associates given the issues currently experienced with this not always being given in a timely way or recorded.	It was noted the scheme of delegation would need to be updated if other roles were added and they would require training. The Committee was advised by clinical colleagues that the main issue is around recording (through a paper based and scanning system). It was confirmed this would not be addressed by RIO in its early stages of implementation.	The committee have asked that this be explored, and legal advice sought on options in terms of expanding to other professional leads order for further discussions to take place.	October

Issue	Committee Update	Assurance Received	Action	Timescale
AHMAMS Report	Attendance at tribunals has worsened due to lack of availability of AMHAMs which is flagged as a risk.	Assurance was provided around work which has taken place to recruit AMHAMs – we currently have 10 and 4 more have been recruited however the issue remains a concern for the MHL team	The committee will keep a watching brief on the issue through reports received.	February
MHLOG update	The committee were concerned about the lack of CAT 1 forms relating to MCA in informal admissions.	Further assurance was needed in terms of numbers and the areas most likely to be an issue.	To be provided in the next report to support recommending to the committee mitigations in place and any additional action required.	February
MHLOG update	The committee were alerted to concerns by the MHLOG around continuing re-purposing of the HBPOS	It was noted there are often clinical reasons why re-purposing is required for the safety of an individual. It was noted work is underway to address this monitored through QAC but a cross referral would be made to the committee.	Issue to be escalated to EMT. The committee asked for written legal advice to be provided for the Board to consider.	September October

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**
Approval of Least Restrictive Practice Group TORs	The Committee approved the TORs with minor updates.	The committee were assured around the approach taken by this group in involving people with Lived Experience including in a co-chair role which is an example of good practice – and inclusion of voluntary sector colleagues was similarly commended.	TORs to be updated.	September 2023
MHLOG update	Risks were identified for potential escalation onto the CRR around AMHAMs, Deprivation of liberty standards and Mental Capacity Act Compliance.	It was agreed the risks were appropriate to escalate but work is needed to ensure the entries on Ullyses are fully updated	MHL Lead to work with Corporate Assurance to ensure risks are updated by early October to support onward reporting to Audit and Risk Committee in the CRR report in October	September/early October.
Least Restrictive Practice Group update	The committee asked for further reflection to take place at the committee on risks to	Further assurance is needed around confirm and challenge on	Work to take place at the next LRPOG meeting for reporting to	For the February meeting

	achieving least restrictive practice and for confirm and challenge around this to be reflected in reports to MHLC	risks to improve future reporting and assurance around this and to facilitate focussed discussion.	MHLC	
Use of Force Annual Report	The report received whilst providing a good degree of assurance required updating prior to receipt at Board that month.	Assurance was received on the impact of work which had taken place with support from Dr Brodie Patterson with Burbage ward which has had a significantly positive impact on service users and staff.	An easy read version of the report will be developed particularly to support our service users with learning disabilities.	October/November
National QI project in respect of MHA	The committee were informed the Trust is part of a national QI project in respect of Mental Health Act	This is good news in terms of learning and engagement in potential new approaches.	None	NA

ASSURE (Detail here any areas of assurance that the Committee has received)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
MHLOG update	The committee commended the fact there has been only 1 breach in the last 3 months for seclusion reviews	Assurance received around this improving picture	None	NA
Least Restrictive Practice Group update	The committee noted positive work taking place on G1 in capturing data	The committee was assured the recording of data in the report is accurate but that it should not include care home data	Data to be checked to ensure care home data is not included	For February meeting
Human Rights Report	The committee was assured around progress being made in a range of areas and plans in place to develop a Human Rights leaflet through co-production.	The committee asked for further information to be shared in the report on progress in all areas with dates and targets identified for monitoring.	For next report	For February meeting
Human Rights Report	The committee was assured around national work taking place in raising the profile of the role which is and the Trust in this area with a national webinar planned supported by the Restraint Network and the Trust will be presenting at a national conference in the autumn.	It was noted there is opportunity to make use of our Deputy Medical Directors role as the Teaching lead at the University in influencing trainee doctors in our approach and with others to encourage others to follow our lead in this area.	Noted – MHL to take forward with Deputy MD	For February meeting