

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 November 2023

Agenda Item: 8

Report Title:	Board Committee Activity Report	
Author(s):	Amber Wild, Head of Corporate Assurance	
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 Quality Assurance Committee</p> <p>Mark Dundon, Non-Executive Director, Chair of People Committee</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 September 2023 to advise, assure and alert the Board.</p> <p>Minutes approved by each committee are presented to Board (available via IBABs/Google drive) 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 report from October, November 2023

People Committee:

AAA Report from November 2023

Audit and Risk Committee:

AAA Report from October 2023

Finance and Performance Committee:

AAA Reports from October, November 2023

Mental Health Legislation Committee:

No report for this cycle.

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
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: **11th October 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 – Improvement Plans	Out of area improvement plans have been off trajectory since August. There is a concern about the added pressure on repurposing of the Health Based place of Safety.	Interventions have been identified to address the challenges. Work is underway working together with Local Authority and Sheffield Place to address challenges around those fit for discharge.	Interventions are in place to be reviewed at the end of the month for impact and results. A summit will be held across the broad range of inpatient and community teams to discuss the risk and flow.	November 2023	BAF.0024
ADHD waiting lists	There has been an increase in referrals to SAANS for ADHD. The Derbyshire contract is impacting on the service due to the larger-than-contracted volume of referrals received. During the board visit the staff reported the IPQR data wasn't reflective of their own data with reference to screening lists.	Processes are in place to separate SAANS data for ADHD and ASD, as the issues are different. Progress has been made with ASD, increasing the number of assessments taking place, exceeding the commissioned capacity. An updated Action Plan for ADHD has been written. 10 places on the National Training for assessment of ADHD have been confirmed. Screening will remain under intense pressure.	Guidance will need to be taken from the written recovery plan as the verbal update presented at this Committee did not offer a high level of assurance.	November 2023	BAF.0029

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
Maple Improvement Plan Woodland View Progress Plan.	Committee received the reports containing an action plan and processes in place to improve concerns.	The report contained a thorough action plan with a good level of detail and transparency. The emerging quality risks are being investigated.	A cultural piece of work is required to tackle the source of the identified concerns and identify best practice for future development and improvement. Any safeguarding risks to be reported to Committee.	To be reported through the Tier 2 group November 2023	BAF.0025a
Waiting lists: community services	Access to community service across the north remains high however the waiting lists have been reduced. There have been significant improvements in the south team. Community transformation work is progressing and is anticipated to further positively impact on community waiting times.	Data supports the reductions in waiting lists referenced.	The recovery plan continues to be implemented and reported on to this committee	January 2024	BAF.0029
Tier II Lived Experience and Co-Production Assurance Group Report - Progress	Progression is being made in all areas with the exception of volunteering with mitigation in place to achieve the objectives. There has been significant impact on progress due to staff sickness.	The report detailed progress against actions.	Communication of this work to be improved. A plan is in place to introduce monthly drop-ins along with work with Communications to increase socialisation which will bring the work to life along with it being published on Jarvis. Progress with volunteering to be a focus for future reports	January 2024	N/A
Patient Safety Incidence Response Plan and Policy	The Committee received the final version before implementation and commended the progress being made.	18 months processes are detailed and were seen to have been implemented, Patient Safety Partners are playing a key role in the development of this plan and policy, which has been co-produced.	An easy read version to be developed. The risk teams current roles will be aligned to the requirements of the policy and plan. Scoring of Risk Management Framework table to be reviewed for accuracy. Recognition of the transitional process and the associated risks in future reporting to be taken into	November 2023	BAF0024

			account.		
Quality and Equality Impact Assessments (QEIA)	Committee received the paper and noted the robustness of the process being followed and the challenges made	The paper shows development of a robust process which is becoming increasingly sophisticated.	N/A	December 2023	All Apply
Clinical Model (Acute Inpatient)	A first draft of a clinical model for our acute services was shared for comment.	Alignment of the acute service model alongside community transformation and Primary Care.	The paper is to come back to a future committee with further elaboration. It is suggested that there is more emphasis on the importance of advocacy and connection with culturally appropriate community support for service users whilst they are in inpatient settings.	January 2024	BAF0029
Corporate Risk Register	An update on matters discussed at the Risk Oversight Group on 4 October 2023 and reported to Executive Management Team on 5 October 2023: <ul style="list-style-type: none"> engagement work has taken place to address issues reported to the Board in the September Risk Report on the Corporate Risk Register Reports are being run on risks scoring 12 and above and a plan on how to address these is being put together and will be supported by our recruited Risk Management Officer who will be starting in November. 	3 of the risks overdue for review on the Corporate Risk Register have been updated and work is taking place. 18 risks scoring 15 and above not yet escalated onto the Corporate Risk Register which has resulted in some risks being closed	Executive Leads are working to ensure risk owners are updating the identified risks.	November 2023	All Apply
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Freedom to Speak Up	Development is underway on the Champion Network.	Significant assurance was received by Committee that	Annual Report to come to Committee March 2024	March 2024	N/A

	Training is currently being developed.	plans are in place and moving forward.			
Restrictive Practice Report	The report was received by committee for information following receipt at the Mental Health Legislation Committee	The report was reviewed with evidence of ongoing learning.	N/A	N/A	BAF0024
Policy Governance Group	<p><u>Five policies were received for approval:</u></p> <ul style="list-style-type: none"> • Transfer of Clinical Care Duties NP031 • Inpatient Discharge Policy OPS 016 • Patient Incident Safety Response Policy which replaces the Incident Management Policy and Procedure • Managing Substance Misuse and Harmful Substances on In-Patient Wards Policy • Volunteers Policy MD 004 <p><u>Four extensions to review requests:</u></p> <ul style="list-style-type: none"> • Incident Management Policy and Procedure (including Serious Incidents) MD 023 • Smoke Free Policy MD 005 • Physical Health Policy NP 020. • Green Light for Mental Health OPS 012 	Committee ratified the decisions of the Policy Governance Group as outlined and subject to the corrections to the dates on the summary sheets.	N/A	N/A	N/A
Internal Audits – Action Tracking Report	An update was received on the monitoring of actions from the Internal Audit reports.	The monitoring arrangements for open Internal Audit actions gave assurance on the current	N/A	N/A	N/A

	<p>The internal audit actions for the complaints audit have all been closed.</p> <p>There is 1 remaining open action for the Infection Prevention and Control audit, this is not due for completion until May 2024</p>	position.			
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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	12
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: **8/11/2023**

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 data	Continued concern regarding waiting lists and waiting times (but see Positive Alert below ref SPA/EWS waiting times). Out of area beds are not reaching trajectory for reduced use; delayed discharge and length of stay remain a concern. Health Based Place of Safety was used for 71% as a hospital bed during September. The flow improvement programme is the subject of a QI conference in order to develop fresh thinking.	Race Equity Dashboard for PCREF will start being included from December. A Safe2Share feedback tool for adult inpatient services is being implemented. In the interim, Care Opinion remains open for patient feedback.	The repurposing of the 136 suite is being addressed through the Out of Area recovery plan.	Update at December's 2023 meeting with recovery plans being presented to an agreed timescale	BAF.0024 BAF.0029
IPQR	Positive alert: There has been a reduction in the number of falls to below the mean and within the expected limits.	IPQR data. Effective implementation of Safety Huddle improvement work	N/A	N/A	BAF0024
IPQR	Positive alert: Excellent improvement work on restrictive practice at Burbage	No restrictive interventions in September. Committee noted that reporting on restrictive	It was requested that this be reflected in the contract management and oversight of	December 2023	BAF0025

		practice is received at Mental Health Legislation Committee (MHLC).	use of restrictions alongside other issues for SHSC patients receiving out of area care. MHLC to note and be aware. Operations to take forward		
IPQR	Positive Alert: SPA and EWS There is a significant reduction in waiting lists and time to triage.	Improvement in responsiveness to referrals and triaging with 1 day for crisis presentation and 1 week for others. There has been significant reduction in the waiting list to 285 people compared to 550 September 2022 (and 1000 the year before that).	Committee are considering removal of SPA and EWS from the improvement recovery plans: to be confirmed at the next meeting.	December 2023	BAF0024
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
QUIT Programme	There have been meetings with Directorate Leadership Teams to address issues of non-engagement with QUIT within their teams.	Committee received assurance on engagement with the programme.	Impact of this engagement will be seen in the next presentation of the QUIT programme outcomes to Committee.	February 2024	N/A
Health Inclusion Team Update	A written update was submitted to committee. Concern had been about management of safeguarding risks as a result of a significant increase in demand for the team. Escalations have been made to the Quality Review Group and Contract Management Group with negotiations for additional funding. Recruitment is underway along with the development of a new clinical model to ensure safe delivery.	Committee received updates on mitigations and safeguarding. The risk management plan is reviewed fortnightly through the service line, controlling the risk to a satisfactory level.	N/A	N/A	BAF 0029
ADHD Improvement	Committee received the recovery	A pathway has been developed	Future reports to include	February 2024	BAF.0029

Recovery Plan	plan, having had a verbal update at the previous meeting.	with SHSC and Primary and community mental health services (PCMH) to develop a tiered service so service users can be seen for ADHD: assessed and/or diagnosed at point of entry. Development of a dashboard for data analysis and performance management is underway.	consideration of improvement trajectories and tracking progress against those trajectories along with feedback on the impact on service users (service user feedback).		
Health and Safety Group Annual Report	Committee received the annual report.	Progress is being made on the key issues within the report.	Committee approved the report for submission to Board	November 2023	BAF0025
Medicines Safety Report	The report trajectory show improvements are being made in reducing the impact from incidents. The gravity of incidents has lessened. The team are aware of key issues and are undertaking remedial action. Learning being taken on board. Incidents with fridge temperature discrepancies have reduced. CD Discrepancies are an area of concern.	More assurance around key issues (such as CD discrepancies) was sought. Overall progress was questioned as the number of incidents remains fairly static over time.	A focused approach on long term improvements to be made and detailed in future reports. Involvement of the new Deputy Head of Nursing to ensure a cross-team approach to seeking significant and maintained improvements.	April/May 2024	BAF0024
Quality Strategy Progress Report	Committee received the Progress Report	Committee received assurance that good progress is being made with the action plan. Impact to be articulated further in future reports.	Further detail requested going forward on the pace of implementation of the QMS approach for the Trust.	May 2024	All apply
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk No
Mortality Report Q2	100% of all deaths have been reviewed with the majority related to people within	Learning points have been highlighted and clinicians commended through the LeDeR	More focus on ethnicity data requested.	Q3 report to Committee February 2024	BAF0024

	community settings. There have been no inpatient (24 hour) care deaths reported in Q2.	external reviews. Good assurance was received around mortality reporting in terms of processes and learning			
Community Mental Health Service	Work is progressing well with the Community Mental Health Services Transformation. Progression on the recruitment of new posts. A new 'transitions dashboard' is up and running allowing monitoring of preparedness and readiness for transfer. An agreed set of team principles to ensure updating of care plans and risk assessments and sharing of communications prior to service user transfers. There is continued engagement within the organisation, GP Practices and Primary Care Network.	Milestones and targets are achievable and highlighted within the report. Formal consultation with staff closed on 31 st October 2023. A transition dashboard has been created available to all staff. Agreement on communications with Service users' input to be published shortly.	Request that the next report focus on service user and staff experience/feedback.	February 2024	BAF.0029
Equality & Human Rights Annual Report	Committee received the annual report for assurance prior to Board	Improvements made to the benchmarking process, with anticipation of a new workforce EDI dashboard.	Committee approved the report for submission to Board	November 2023	N/A
Quality and Equality Impact Assessments	Membership of the panel has been extended, increasing robustness through the inclusion of additional perspectives eh race equity lead now involved.	The process is robust and challenges are posed. The QEIA assessment of the repurposing of the 136 suite has been sighted at both MHLC and QAC.	To consider faith and cultural identity as part of the Equality Impact element.	December 2023	All Apply
Back to Good Closure Report	There has been agreement in principle that oversight and monitoring of the Back to Good programme will devolve from the Quality Improvement Board with a review to take place in March 2024.	All Back to Good actions have been embedded in other governance processes, with active monitoring on outstanding issues (eg LAP on Maple, supervision data and mandatory training rates). 71	Review to come to QAC.	March 2024	All Apply

		<p>out of 75 requirements have been met.</p> <p>NHS England have requested us to share our knowledge, skills, experience and programme controls with other Trusts.</p>			
Clinical and Social Care Strategy	<p>Delays in development of Rio have impacted the development systems supporting collection of output data.</p> <p>20 (49%) of the 41 clinical teams are engaged in PROMS work</p> <p>A Lived Experience Research Ambassador has been appointed.</p> <p>The number of research champions has increased throughout the year.</p>	The strategy is being implemented.	Going forward the impact on service users to be reported to Committee following feedback and reviews.	March 2024	All apply

BAF Risk Description

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

BAF.0029	There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users.
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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **People Committee**

Date: **07/11/2023**

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	Sickness levels rose to 7.1% in September, the increase is attributable to infectious diseases (including covid). Work is ongoing to report secondary sickness reasons in Health Roster.	Sickness remains an area of concern (main reason for absence is stress, anxiety, depression, and other psychiatric issues). Reporting a secondary reason will enable a more detailed understanding of the absence.	The committee will receive a report in January on areas not achieving target reported through the IPQR. Supervision, Mandatory Training and PDR trajectories are being monitored.	Jan 2024	BAF.0013
Supervision and Mandatory Training Recovery Plans	The supervision and mandatory training recovery plans for Acute and community and Crisis services were received.	It was agreed these plans need to remain in place until all Back to Good 'must do' actions are fully closed. Improvements to Supervision compliance on Maple Ward has been made however it remains at 60%. The crisis Supervision recovery plan has improved significantly to over 80% from 55% in November 2022.	The committee asked for a trajectory for the acute service supervision recovery plan be provided by the performance team	Jan 24	All apply

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
Safe Staffing Above Establishment – Controls and Mitigations	Committee received a report on the controls and mitigation where the Trust is staffed above establishment.	It was confirmed reporting at that stage does not include levels of acuity and challenge but will be included in future, however the committee was assured this is covered in the safer staffing	A cross committee referral to FPC was made: FPC are asked to discuss headroom which is 23% and applies to acute ward area to	Nov 23	All apply

		huddles. It was also noted that as an additional control only ward managers, deputy managers and Senior Medical Practitioners (SMP's) can create additional staffing above establishment	only. The committee suggested FPC explore how this is broken down and how consistency is applied in decision making around its use. It was agreed this would be picked up in discussions at FPC November on budget principles.		
Coversheets and reporting governance	The committee noted that a number of reports did not advise clear recommendations for the committee.	Verbal assurance was given in the discussion of each item but was requested that this information is better indicated in future reports.	The committee has asked that cover sheets be clearer around the ask of the committee, around key risks of concern and providing analysis linking KPIs for example for the People Strategy deliverables with strategic priorities.	Jan 24	All apply
People Strategy Q2	The committee received an update on the Q2 2023/24 objectives set out to support delivery of the People Strategy, the plan is on track.	It was confirmed that reducing absence to target remains a key risk to the delivery of the People plan. There was a discussion around the agency usage in the paper and this was referred to FPC for discussion within the Cost Improvement Programme.	Committee requested that the People Strategy KPIs are linked to the strategic goals, and overall delivery of the plan in the summary report. A cross committee referral to FPC was made: FPC to include in discussions on CIP a referral from People Committee on agency usage KPI and expenditure given improvements in vacancy rate, headcount and retention measures, but not delivering the required agency CIP.	March 24	All apply
Nursing Plan 2023/26	The committee received a six-month update on the Nursing plan	No further assurance required at this time.	The committee asked for receipt of the other profession plans to be timetabled into the forward planner.	Ongoing	BAF.0014
Annual Health and Safety Report	It was noted that Violence and Aggression on staff is high but comparable with other mental health Trusts and verbal abuse and harassment,	Significant work is in place around including zero tolerance, but it was noted more focus is needed around prevention.	The report was approved for onward presentation to BoD.	April 24	BAF.0020

	which was notably higher in comparison, was discussed through receipt of the Annual Health and Safety Report for 2022/23.	It was noted the Trust has a high incident reporting culture which is positive and needs to be retained.			
Staff Health and Wellbeing Assurance Group Report	The committee received a report on Health and Wellbeing which provided assurance around work taking place within the Absence Reduction Workstream to focus on support and promotion of resources to help keep people in work and reduce sickness levels.	The committee were assured of cross working between Health and Wellbeing and Organisational Development, with 2 positions focussed on health and wellbeing including prevention, health inequalities.	Committee requested for a report to show how many absentee days are due to issues outside of the Trust's control, such as delays within Occupational Health service.	March 24	BAF.0013
Evaluation of International Nurse Recruitment	The committee supported the decision which had been taken on a pause on international recruitment and noted work taking place to review the governance arrangements in place for the work for learning and in readiness should the health sector look collectively to recruit internationally again at some stage in the future.	It was noted the new preceptees have had a positive impact and this should be widely celebrated widely. The committee was concerned to hear about racism experienced by some of our international nurses and work being put in place to support them. The committee was assured that any racist behaviour is acted upon.	The report will be presented to Business Planning Group for them to review recommendations within the paper regarding processes and monitoring of cost related risks and benefits.	N/A	BAF.0014

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

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
Annual Equality and Human Rights Report including Equality Objectives 2024-2028	Committee received the Annual Equality and Human Rights Report including Equality Objectives 2024-2028	The report has also been shared at Inclusion and Equality Group, had executive oversight from CP, SM and NR as well as reporting to Executive Management Team	N/A	Annual	BAF.0020
Organisational Development Assurance Group report	The committee received the Organisational Development Assurance Group report.	Staff Survey completion, the Trust is reporting 46% for substantive staff, which is 6% above last year and slightly above other trusts, and 20% completion for the bank survey.	Engagement work is ongoing with all staff including focussed work with h Bank Staff to encourage completion of the survey.	Ongoing	All apply
Update on Freedom to Speak Up Ambition and Strategy	The committee received the Update on Freedom to Speak Up Ambition and Strategy	It was confirmed that the strategy is on track and that the policy is going to be reviewed in light of the Lucy Letby verdict using guidance from the National Guardians Office.	N/A	Ongoing	BAF.0020

Corporate Risk Register	The committee was advised there are 2 risks on the register that sit under People Committee. Both have a risk score of 9 but it was requested that they remain on the CRR to ensure committee oversight.	Directorate Risk Registers are being reviewed with risks scoring 15 and above being evaluated and either escalated to CRR or de-escalated. Work has begun on the risks with scores of 12 and above. Risk officer is now in post to facilitate with this work.	N/A	Ongoing	All apply
Policy Governance Group (PGG)	The committee were asked to ratify the policies presented to PGG.	The committee noted that the policies will not be uploaded to Jarvis until changes recommended by PGG have been actioned and authors are to complete this within 5 working days post PGG.	The committee ratified the policies that went to PGG.	Ongoing	All apply
Internal Audit Action Tracking	A verbal update was provided on the current audits that sit under People Committee.	The actions for the Equality Delivery System Audit are due in January 2024, and the governance arrangements actions are due July 2024, an update will be presented to People Committee in January 2024.	N/A	Jan 24	All apply
Regional & National updates and news	Key points highlighted for information: <ul style="list-style-type: none"> Industrial action: the BMA are in the process of balloting their members for further strike action. Sexual Safety Charter – the Trust has signed up to the charter with the support of the Board (October 2023). There are 10 requirements to be addressed by July 2024. A plan is in development and will be presented to January People Committee. Annual Strategic Workforce Forum (HRDs) – focus on the NHS Long term Workforce plan, Sexual Safety NHS Long term workforce plan – work is in progress on the development of SHSC 3-year workforce plans 	No further assurance required	No actions required	Ongoing	All apply

Joint Consultation Forum	<p>Key items discussed with staff side at the Joint Consultation Forum:</p> <ul style="list-style-type: none"> • A review of change activity across the organisation to consider prioritisation of change activity and resourcing challenges. • Workforce race equality data is a standing item. <p>Proposal to discontinue regular use of overtime supported by other incentives and a structured approach.</p>	No further assurance required.	No actions.	Ongoing	All apply
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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 & Risk Committee

Date: 17th October 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
Emergency Preparedness Resilience & Response Assurance Framework Quarterly Update	The 2023/24 standards mark a fundamental change in the assessment process, new timescales for submissions and a requirement to provide evidence demonstrating compliance against each standard. The committee received an update on the self-assessment submitted by the Trust and the initial feedback received which had been disappointing.	Most Trusts have submitted their initial self-assessment as either partially or non-compliant and been marked down considerably further by the assessors in this first phase. The process is welcomed as an opportunity for all trusts to be assessed in an independent standardised method whereby good practice can be shared.	A meeting is scheduled in November 2023 with the Integrated Care Board (ICB) and NHS England to discuss how to improve training attendance, the available training and expectations to be delivered. The framework will be presented to the Board following confirmation from NHS England at the November Board and the action plan received at Board in December for agreement.	December 2023
Subject Access Request (SARS) and Freedom of Information Requests (FOI)	An investigation by the Information Commissioner's Office (ICO) highlighted non-compliance with SAR (Subject Access Request) regulations. This is a matter of non-compliance with legal obligations	The committee took assurance on the significant improvements made into the Freedom of Information backlog and were informed a refreshed process for SARS has taken place to support changes in the model.	Recruitment to begin immediately subject to the terms and conditions referenced by EMT. Digital Assurance Group to add a risk to the Corporate Risk register.	November 2023

	and carries financial, reputational, and regulatory risks.	The committee were informed EMT has agreed to support the recruitment of 2.0wte temporary reviewer posts to support the recovery plan for SARs.		
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
Risk Management Framework	Committee received, for approval, the updated Risk Management Framework which reflected feedback received and recommended amendments.	A change to the audit programme has been approved and the Directorate Risk Management review has been deferred from Q3 to Q4 and the scope changed to focus on reviewing the updated Risk Management Framework	The Risk Management framework is recommended for approval from Board of Directors subject to the agreed changes and the completion of the consequences table.	November 2023
3 Year Internal Audit Cycle Gaps Assurance Report	Committee considered assurance received from Finance and Performance Committee on the position on the identified gaps in the internal audit plan for 2023/24 and consideration if the additional audits would add value.	During 2023/24 audit planning consideration was given to the impact of audits in priority areas, increased risk-based focus for the audit programme over recent years. Committee noted the HFMA audit progress report presented at the meeting which does not change the level of assurance for the internal audit cycle.	With agreement from Internal Audit – it has been recommended to continue with the current 2023/24 Internal audit plan. Discussions will take place on the 2024/25 internal audit plan in December and January with consideration given to processes, current risks, costings to support a 3-year cycle of audit planning and core audit coverage.	January 2024
Corporate Risk Register	Discussions took place on the summary analysis of the risks, highest risks currently on the Corporate Risk Register, progress with the high-scoring risks on directorate and team risk registers not yet escalated onto the Corporate Risk Register and progress against the Risk Internal	Committee noted assurance that 6 of the 7 risks overdue for review (or which had overdue actions) on the Corporate Risk Register reported to the September Board, have been updated following engagement with risk owners and Executive	Work is taking place with support of the Executive Lead to ensure the risk owner updates the remaining 1 risk in relation to progress with actions and all risks due for review during November are updated.	November 2023

	Audit.	<p>leads.</p> <p>The committee noted significant engagement which had taken place with risk owners to address the 18 risks scoring 15 and above reported to the Board in September as not having been escalated onto the Corporate Risk Register. At the time of reporting 1 risk remained to be resolved and it was expected this would be resolved in time for reporting to the Board.</p> <p>The committee noted the plan for addressing risks of 12 not yet escalated by risk owners is under development and will be overseen at EMT with updates provided through the Corporate Risk Report to assurance committees</p>	<p>The plan and a further update on progress will be received at the next meeting through the regular report.</p>	<p>December 2023 EMT and January 2024 (ARC)</p>
Electronic Patient Record Implementation (EPR)	Committee noted and took assurance from the update provided on the overall project status of the RiO EPR implementation.	Progress is monitored through FPC.	N/A	N/A
Monitoring of Operational Plans, Action Plans and Third-Party Assurances	Committee received for information and assurance the update provided on the processes in place for monitoring action plans and noted plans for continuing to refine this for regular reporting to the committee.	Committee received assurance on monitoring arrangements in place for key operational plans, receipt of action plans and third-party reports.	A review of papers and AAA reports demonstrating work through committees in terms of what has been received since June will be brought back to Audit and Risk Committee.	January 2024.

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

Issue	Committee Update	Assurance Received	Action	Timescale
Annual Report and Accounts 2023-24 draft plan	Committee received the draft plan for preparing work required for the Annual Report and Accounts 2023-24.	A plan has been taken through the Executive Management Team (EMT). Work has begun on gap analysis against the new Code of Governance.	A meeting with Lead Authors and Executives will be taking place in October to go through timeframes and requirements. The first milestone for draft 1 of the Annual Report will be the January Audit and Risk Committee.	January 2024.
Annual Report to Audit and Risk Committee 2022/23 – Risk Oversight Group	Committee received the Annual Report and review effectiveness report from the Risk Oversight Group for approval.	Committee were assured that Risk Oversight Group is continuing to demonstrate impact.	It was agreed a mid-year reflection would be added to the planner with an updated table in the next AAA report	January 2024.
Digital Assurance Group	Committee received the Terms of Reference for approval	The updated Terms of Reference were approved.	N/A	N/A
Governance Report	Committee received an update on governance items.	A new tracker for cross committee referrals demonstrates examples of referrals between committees being captured on an ongoing basis Requirements of the Cork review are being evaluated for the Fit and proper persons' test. The first stage of internal audit has progressed well. Mid-year review of attendance at committees have demonstrated good attendance with quoracy met at all meetings. A new code of governance gap analysis first draft has been provided to Committee.	A further update will be provided to committee at the following meeting.	January 2024.
Single Tender Waivers	Committee received a summary of the waivers approved by the Executive Director of Finance since the report to the July 2023 meeting.	Committee noted the decisions of the Executive Director of Finance and were assured of the effectiveness of internal controls and compliance with Standing Orders.	N/A	N/A

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

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

Date: **12/10/2023**

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
There are no items to alert at this time.					

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
Gender Clinic Recovery Plan	The committee received the recovery plan for Gender Identity Clinic, which outlined the issues impacting on activity and wait lists as well as the mitigations that are being put in place to support recovery.	<p>Committee noted that the closure of the Tavistock Gender Clinic was not referenced in the report and that there could be impacts to the Trust's wait lists.</p> <p>It was noted to committee that as this sector is heavily performance monitored, and that permission needs to be sought before making any changes to the pathway. Regarding national strategic change, the team is working with NHS England.</p> <p>Committee were informed that patients on the waitlist are still able to access acute and crisis services and that as part of quality improvement, the waiting lists are being assessed to connect certain patients with these services where it is believed to be beneficial.</p>	Committee requested that the report provides more information such as throughput calculations and impacts on increasing activity so the committee can be assured on when the Trust will start to see a decrease in the waitlist.	November	BAF.0026
Electronic Patient Record Update	The committee were advised that an additional cycle of User Acceptance Testing (UAT) is taking place and there has been a lot of input with Operational Services.	Committee noted that there have been minor technical issues this week but that these have been resolved and there are no current risks that could result in a delayed go live date.	Committee requested for a simple and revised version of the report to be sent to committee members and be shared as a verbal item	October November	BAF.0021A BAF.0022

	<p>There has been progress in data migration with the automated migration meeting the majority of tranche 1 and 2 targets.</p> <p>80% of smartcards have been registered and training levels as of September 2022 are at 80% for substantive staff. Further engagement is taking place with Bank staff, who are at 20% trained.</p>	<p>Committee were also made aware that Executives have real time engagement throughout this programme.</p> <p>It was noted that the Corporate Risk Register has been updated regarding EPR risks and that risk 5202 has now been split into 3 separate risks (5224/5225/5226).</p>	<p>with Board of Directors which highlights the key risks and their mitigations.</p> <p>A Post Implementation Plan and an optimization plan is to be shared at a future FPC and BoD.</p>		
Finance Report and Cost Improvement Programme	<p>Committee noted that there are key deliverables to ensure the Trust meets the planned figures but that if the run rate continue with its current projection (£3.8m), it will be more difficult to meet the £3.2m that has been set.</p>	<p>Month 5 position has been shared at Executive Management Team and mitigating actions have been agreed in line with National Systems. It was noted that there would be further assurance in month 6 reporting.</p> <p>It was noted that the Out of Area trajectories for H2 have been revised in order to offset the stalling that occurred in the last 2 months of H1.</p> <p>Committee were advised that as of 11th October, agency usage has decreased by 27% and were assured that the programme is back on track.</p> <p>There is work taking place to look at corporate overheads and that a significant portion of the savings in this area will only be delivered in the end of the financial year or the following financial year. It is anticipated that by the end of October there will be robust plans for all corporate functions.</p> <p>It was discussed in Executive Management Team to widen the scope of the CIP Programmes to cover other areas and that service level recovery plans are to be developed to ensure the Trust delivers on its overall financial plan.</p>	<p>The Outline principles of the finance plan are to be presented in November FPC.</p>	November	BAF.0022 BAF.0026
ASSURE (Detail here any areas of assurance that the Committee has received)					

Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
Corporate Risk Register	<p>Committee was advised that the EPR risk has been split into 3 separate risks, which was agreed at the September FPC:</p> <p>Risk 5224 User Acceptance Testing - Risk score of 12. Risk 5225 Training – Risk score of 6 Risk 5226 Migration of Data– Risk score of 9</p>	<p>The committee approved the above risks and agreed that they would remain on the CRR due to EPR being a high-profile programme.</p> <p>Risk 4602 Ligature Anchor Points has been reviewed by head of estates and facilities to review the description and scoring, which feedback on this will be provided in a future CRR report.</p>	The Corporate Risk Register will continue to be updated and report to FPC at each meeting.	November	All apply
Policy Governance Group	<p>The following policy extensions were ratified by FPC post presenting at PGG:</p> <ul style="list-style-type: none"> • Responding to Tenders for new and existing clinical and non-clinical services FIN 006 • Delegation of Budgetary Authority FIN 018 • Employee Expenses Reimbursement Policy HR 030 	The extensions were deemed suitable for use and posed no risk. The revised policies will be presented to Policy Governance Group and then to FPC for ratification once updated.	Policy Governance Group will continue to report to FPC at each meeting.	November	All apply
Business Planning Group Terms of Reference	Committee were informed that Business Planning Group Terms of reference have been revised to remove the BPG authorization limit and that decision making will be made at Executive Management Team and FPC level.	The Terms of Reference were discussed at Executive Management Team prior to presenting at FPC.	The terms of reference for Business Planning Group were approved by the committee.	Annual	All apply

BAF Risk Descriptor:

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 in the medium term caused by factors including non-delivery of the financial plans, lack of 2 – 5-year financial plans including developed CIP programmes 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 lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.
BAF.0027	There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

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

Date: **09/11/2023**

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
Financial Performance Report (month 6)	Committee were advised that as of Month 6 the year-to-date deficit has increased to circa £2.7m with a £900k variance to plan.	The driving factors are due to CIP and unfunded pay award and Finance have requested recovery plans for all areas of overspend.	Recovery plans for agency and out of area are to be discussed at BoD in November and Finance will continue to report monthly to FPC.	November	BAF.0022 BAF.0026
Electronic Patient Record Update (EPR)	The committee were provided with an update on the Electronic Patient Record Update (EPR), which had a successful tranche 1 roll out and it is progressing into tranche 2.	Clarification on the EPR budget risk was requested and it was noted that there is an additional £0.2m revenue risk due to EPR implementation delays which will impact P&L.	EPR remains a standing item at FPC and will continue to update monthly.	Ongoing	BAF.0021a 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
Maple Ward Business Case Update	The committee were presented with the update which indicated costs of £8.7m compared to the original estimated cost of £5.3m.	The committee requested for further assessments to be conducted relating to investment prior to the paper being shared with BoD in December. These have been listed in the action section.	Committee requested that the following should be evaluated: <ul style="list-style-type: none"> The reference costs need to be assessed to understand if the increased figure is accurate and a pressure test on costing should be conducted. To advise the cost implications/affordability of the CQC related aspects within the design. To assess the cost implications/affordability of the 	December	BAF.0022 BAF.0026

			<p>desirable and ornamental aspects within the design.</p> <ul style="list-style-type: none"> • To conduct a clinically led risk assessment on the approach to the desirable/ornamental category. • To assess if the money could be better invested elsewhere. 		
ASSURE (Detail here any areas of assurance that the Committee has received)					
Issue	Committee Update	Assurance Received	Action	Timescale	BAF Risk
Corporate Risk Register	<p>Committee were advised that Risk 5226 required the risk descriptor to be updated before presenting to BoD.</p> <p>The wording to 3679 risk description has been updated and approved by QAC and is being shared at FPC as it links to 4602.</p>	<p>The committee approved the risks updates, and it was confirmed outside the meeting that risk 5226 has been updated on Ulysses.</p> <p>There is one risk on directorate registers with a risk score of over 15 which will be resolved prior to BoD and work is commencing to review all risks with scores of 12 and above. This work will be supported by the new Risk Officer.</p> <p>The top 4 risks remain as reported last time and the issue with duplicate risks on Ulysess has been escalated to the Ulysess user group and a corrected in a recent update.</p>	The Corporate Risk Register will continue to be updated and report to FPC at each meeting.	November	All apply
Policy Governance Group	<p>The following policy extensions were ratified by FPC post presenting at PGG:</p> <ul style="list-style-type: none"> • Management of Asbestos Policy – EST 006 • Water Quality Policy – EST 007 	The extensions were deemed suitable for use and posed no risk. The revised policies will be presented to Policy Governance Group and then to FPC for ratification once updated.	Policy Governance Group will continue to report to FPC at each meeting.	December	All apply

BAF Risk Descriptor:

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 in the medium term caused by factors including non-delivery of the financial plans, lack of 2 – 5-year financial plans including developed CIP programmes 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 lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.
BAF.0027	There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs