

Front sheet: Public Board of Directors
Item number: 23
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Private/ public paper:	Public
Report Title:	Governance report
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Presented by:	Dawn Pearson, associate director of communications and corporate governance
Vision and values:	The Trust vision is to ensure we work together for service users. Governance reporting supports the commitment to quality , ensuring we work together to improve services and deliver outstanding care .
Purpose and key actions:	This report provides updates on governance matters for the Board.
Executive summary:	<p>The report provides assurance to Trust Board that appropriate monitoring arrangements are in place. The report provides an update on:</p> <ul style="list-style-type: none"> • Operational plans, action plans and third-party reports so the Board can note how they have been received and documented in the assurance committee reports. This covers Tier I and Tier II committees and groups for 2024/25. • The report also provides an update on the annual process for receiving declarations of interests, gifts and hospitality in preparation for a report in May 2025. • An update on the work with Good Governance Institute (GGI) who have been appointed by the Trust to conduct a developmental well-led review, using the CQC quality statements for key lines of enquiry. • The cross-committee referrals tracker for 2024-2025 • New committee and Trust Board templates which include a new front sheet and a revised alert, advise, assure (AAA) report format. • An extra-ordinary meeting of the Council of Governors which took place during December 2024 to discuss the strategy refresh. • The final audit terms of reference for the divisional risk management audit. • An update on the annual report plans and milestones which have been developed in consultation with the executive leads and has been received through EMT. Trust Board are asked to note key dates. <p>Appendices included are: Appendix 1: action plan tracker Appendix 2: cross-committee referrals tracker Appendix 3: Annual report and accounts – development plan 2024/25</p>

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	No		
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes	X	No		
Ensuring our services are inclusive	Yes	X	No		
What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.					
<p>The Health and Social Care Act 2022 enhances and amends the Health and Social Care Act 2012 Act, setting out the legal framework within which a Foundation Trust operates, which includes the following:</p> <ul style="list-style-type: none"> • Constitution (including Standing Orders for practice and procedures of the Board of Directors and the Council of Governors); • The Accountable Officer Memorandum. • The Codes of Conduct. • Standing Financial Instructions as a framework for financial governance, • Scheme of Reservation and Delegation which describe the powers reserved to and delegated by the Board <p>These documents together provide a regulatory framework for the business conduct of the Foundation Trust</p>					
BAF and corporate risk/s:	The Trust Board has oversight of all BAF and corporate risks.				
Any background papers/ items previously considered:	This report provides key updates on governance matters for reporting to Board of directors, this report is received quarterly.				
Recommendation:	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Note the updates • Note for assurance the update on planning for the annual report and accounts 2024-25 				



**Trust Board
Governance report
January 2025**

1. Purpose of the report

The purpose of the report is to provide updates on governance matters for Trust Board. The paper includes appended reports, which provide more content and detail. The paper sets out:

- The background to the report
- Process for declarations of interest
- Process for operational plans, action plans and third part assurances
- A well led review process
- Cross committee tracker referrals
- New committee front sheets and AAA templates
- Update on the extra-ordinary meeting of the Council of Governors
- The final audit terms of reference for risk
- Annual report planning update.

2. Background

The governance report has been presented at audit and risk committee (ARC) prior to Trust Board to ensure that there has been a review as to the comprehensiveness and reliability of assurances on governance, risk management, the control environment, the integrity of financial statements and the annual report.

The Governance report forms part of the annual work programme and provides a report at every Trust Board on all governance related matters that have taken place this quarter, as well as updates on key areas of focus. The report also provides assurance that arrangements are in place to support appropriate and timely governance and monitoring arrangements.

3. Declaration of Interests 2024-2025

As per our managing conflicts of interest in the NHS policy, there is an annual process in place for the declarations of interests, gifts and hospitality.

The current policy which was approved in May 2024 states that all NHS staff, whatever their role or salary band, must declare any actual or potential conflict of interests which may have a bearing on their employment with the Trust. The process of calling in annual declarations is needed from:

- All salaried staff, band 7 and above who must make a declaration annually as a minimum, even if they have nothing to declare.
- Board members
- Governors

Updated declarations for the current financial year for the Board and for all Governors currently serving on the Council of Governors will begin this month, January 2025.

For workforce there is an up-to-date list of all staff above band 7 grade who must respond to and support the call for declarations of interest. Staff who fall into the category have been asked to provide an updated declaration of interest, which also includes private work, gifts,



hospitality and sponsorship. The process to capture responses started at the beginning of December, with ownership for gathering the declaration set out as the responsibility of leaders and managers. Promotional work to raise awareness of the process has been included on Jarvis and in staff communications throughout the December period. Further promotion and communication are expected to take place using Jarvis, with staff briefings planned for January and February 2025. All remaining staff who have been requested to complete a declaration have received a second reminder, with a third reminder due to be circulated week beginning 13 January. Any outstanding declarations will be escalated through line managers and executive leads.

To date the team have received 200 declarations, all of which have been completed and processed. In addition, it is worth noting that there are currently 56 staff who are not currently contactable due to maternity, leave sickness absence and secondments.

A further update and the final register will be presented to the audit and risk committee in May 2025, and to the Board of directors in May 2025. The final register of those received and who have consented to having their names on the public register will be published on the Trust website.

4. Monitoring of operational plans, action plans and third-party assurances

The monitoring for all action plans and third-party reports that have been received and noted for assurance committees and groups during 2024-25 continue to be monitored. These are also captured in annual reports from the Tier I and Tier II committees and groups. Operational plans are monitored through business and operational planning reports and transformation portfolio board.

5. Good Governance Institute (GGI) well led review.

GGI has been appointed by Sheffield Health and Social Care NHS FT to conduct a developmental well-led review, using the CQC quality statements for key lines of enquiry. The project started in December 2024 and will end on 3 March 2025.

GGI commenced using a desk top review of all relevant governance documentation, including work plans, attendance, terms of reference, corporate risk registers, policy governance as an example. This review was followed by observation of Committees, Council of Governors, which continue to take place, including Trust Board in January. One to one interview with Trust Board members, governors, leads and triumvirates are taking place in parallel. Recommendations will be shared at a Trust Board development session in February before a final report is received by the Trust in March.

6. Cross Committee tracker

The full cross-committee referrals tracker for 2024-2025 which demonstrates examples of referrals between the committees was received at the Audit and Risk Committee during January 2025 prior to Trust Board submission. The updates for specific assurance committees are noted at each meeting. These are also reflected in the AAA reports received at Trust Board.

7. Committee front sheet and AAA templates

It was noted at the September public Trust Board meeting that work will take place to review the Board and the Committee cover reports to simplify the templates. Work has now taken place to produce a new front sheet template and alert, advise, assure (AAA) report following



consultation with the non-executive directors, executive directors and the corporate assurance team, and has been implemented from December 2024.

8. Extraordinary Council of Governors meeting

An extraordinary Council of Governors meeting took place on the 4 December to provide opportunity for governors to get to know each other, to present items that had been deferred from the October meeting, and to provide an update on the development of the 10-year NHS plan. Work to develop a Trust strategy has started and the Trust has gained feedback from key stake holders and hosted conversations on the 10-year plan. Feedback from the development session with the Governors and other involvement workshops will inform the development of a Trust wide involvement approach, will help to inform our Trust priorities and set out the strategic direction of travel.

9. Divisional risk management audit.

In preparation for a divisional risk management audit by 360 Assurance, the Trust agreed the final terms of reference in January 2025 through Executive Management Team (EMT). The review will identify if risk management is both robust and effective at divisional level, as well as if it operates in line with the Trust's Risk Management Framework.

The scope of the work will cover 4 clinical and 3 corporate areas and will include interviews with key Trust staff, observing a sample of divisional governance meetings where risks are discussed, review and observe the work of the Risk Oversight Group and review a sample of the divisional risk registers. The clinical areas to be audited will be:

- Learning Disability,
- Rehab and Forensic,
- Inpatients, and
- IAPT.

10. Annual report and accounts update.

The update on progress to manage the development of the annual report and accounts 2024-25; the quality accounts and the health inequalities statements was agreed following the submission of a plan to committee in October 2024.

Following agreement of the annual report plan the section authors and executive leads were notified of the timescales and deadline, and a SharePoint document store was set up to manage submission. A meeting has also taken place with individual section authors and executive leads to launch work on the reports for this year in late October. The closing date for information was Friday 3 January. Several submissions have already been received and gaps in information will be further picked up with a second submission date of Friday 17 January following an email to leads. The associate director of communications and corporate governance is now reviewing submissions to create a draft version ready for review by the Chief Executive Officer (CEO) on Monday 27 January.

The value for money (VFM) element of the work will be submitted to external auditors KPMG this month following a review by executive leads and EMT. The date for submission will be Monday 20 January following a review by the CEO. KPMG will undertake their initial review and seek any further information or evidence from the Trust with the aim of having a final or near final version of the VFM ready for receipt through EMT in April and the Audit and Risk Committee and Trust Board in May.



11. Recommendations

The Trust Board is asked to:

- Note the updates provided
- Note for assurance the update on planning for the Annual Report and Accounts 2024-25

Appendix 1

Board Assurance Committee monitoring of action plans and third-party assurances

April 2024 – January 2025

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Finance and Performance Committee (FPC)

<u>Action Plans</u>	<u>Third Party Assurance</u>
April 2024	April 2024
<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None
May 2024	May 2024
<ul style="list-style-type: none"> • Annual Operational Plan and Priorities for 2024-25 (T1) • SDG March 24 Green Plan Action Plan Progress Update (T1) 	<ul style="list-style-type: none"> • None
June 2024	June 2024
<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None
July 2024	July 2024
<ul style="list-style-type: none"> • Business Opportunities and Risks - Strengths, Weaknesses, Opportunities and Threats and Political, Economic, Sociological, Technological, Legal and Environmental analysis (T1) • 2024 National Cost Collection Plan (T1) • 2024/25 IPQR Development Plan (T1) 	<ul style="list-style-type: none"> • None
August 2024	August 2024
<ul style="list-style-type: none"> • Capital Plan Year-to-date update 	<ul style="list-style-type: none"> • None
September 2024	September 2024
<ul style="list-style-type: none"> • Finance Strategy 2022-26 Progress Update 	<ul style="list-style-type: none"> • None
October 2024	October 2024
<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Greener NHS Delivery Programme • Data Security Protection Toolkit submission • National Cyber Security Assessment Framework
November 2024	November 2024
<ul style="list-style-type: none"> • Operational Plan Delivery Framework 	<ul style="list-style-type: none"> • None
December 2024	December 2024
<ul style="list-style-type: none"> • Sustainability and Green Plan Strategy 2025-2028 Draft 	<ul style="list-style-type: none"> • Corporate Benchmarking
January 2025	January 2025
<ul style="list-style-type: none"> • Sustainability and Green Plan Strategy 2025-2028 	<ul style="list-style-type: none"> • None

BAF Risks overseen at FPC (updated January 2025):

BAF.0021A - There is a risk of failure to ensure digital systems are in place to meet current and future business needs, caused by failure to develop and deliver an up-to-date modern digital strategy and systems and processes to support its delivery, resulting in poorer clinical safety, quality, efficiency and effectiveness.

Internal assurance

- Governance reporting in place - reporting into Programme Board with oversight by Trust Transformation Board and EMT. Governance arrangements updated and received through the revised EPR implementation plan approved at Board in April 2024.
- Additional support is in place should Insight do down.
- External independent expertise has been in place to support development of the new plan (from January 2024)
- DSPT audit. Internal audit have provided support and assurance around penetration testing.

External assurance

- Annual Data Security Protection Toolkit (DSPT) audit moderate assurance rating received in 2023 and in 2024.
- DSPT submission as part of national reporting
- External review –report received on EPR at Board in February 2024 with recommendations on actions required.

BAF.0021B - There is a risk of cyber security breach caused by inadequate arrangements for mitigating increasingly sophisticated cyber security threat and attacks and increased data protection incidents resulting in loss of access to business critical systems and potential clinical risk.

Internal Assurance

Governance reporting:

- Reports on patching reports are received at-DAG and will be reflected in the Service Management report received at DAG which reports onward to ARC and EMT (which is additional reporting in 2024/25).
- Service management reports include supplier engagement relating to system patching for key suppliers for locally hosted systems.
- Monthly performance reporting across all Teams for mandatory IG training.
- Oversight via reporting to DAG which has been in place since April 2023.
- DSPT compliance aligned with DPST work confirmed June 2024. The new DSPT is aligned to the annual audit programme and monitoring of internal audit actions takes place through the tracker received at ARC.
- Internal governance amended to re-instate IG, cyber and AI group reporting into ARC. ARC received cyber security

External assurance

- Confirmation provided to NHSD in accordance with prescribed national process.
- DSPT compliance – key indicator - Annual Data Security Protection Toolkit (DSPT) audit moderate assurance rating received.

posture review in October	
BAF.0022 - There is a risk we fail to deliver the break-even position in the medium term caused by factors including failure to develop and deliver robust financial plans based on delivery of operational, transformation and efficiency plans resulting in a reduction in our financial sustainability and delivery of our statutory duties	
<p><u>Internal assurance</u></p> <ul style="list-style-type: none"> • Governance reporting in place through - monthly financial reporting to Team and Programme Board, Assurance report to EMT, FPC and Board. • Performance Framework meetings and recovery plans and review processes. • Value Improvement Plan in place for 2024/25 with a number of costed plans identified and some delivered by onset of Q1. • Strengthened arrangements in place to develop and challenge VIP plans weekly meetings with Exec leads. 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> • NHSE Financial Review 2021/22 and ongoing support as required. • Internal audit on CIP received June 2023 - split opinion overall (significant on processes and limited on improvements already in place) it was recognised the gap had already been closed in 2023/24 CIP planning and no further action was needed.
BAF.0026 - There is a risk that we fail to take an evidence led approach to change and improvement caused by a failure to implement our integrated change framework effectively resulting in failure to deliver our strategy, improve outcomes, address inequalities and deliver value, growth and sustainability. Elements which would underpin this are Research, Innovation, Capability capacity and processes, and Quality Improvement	
<p><u>Internal assurance</u></p> <ul style="list-style-type: none"> • Individual programme highlight reports received at Transformation Portfolio Board. Portfolio report received monthly at Transformation portfolio board, EMT and Finance and Performance Committee. These highlighted risks and issues. • Schedule of deep dive reports on specific programmes at EMT • Standardised approach in place for all Programme Boards and have been available on sharepoint since January 2021; review schedule in place – the approach is currently under review. • Board, meeting minutes, report to Finance and Performance committee. • Business case approved to recruit to team to fulfil action. All posts within PMO filled. PMO Analyst in place to focus on check and challenge activities. • External resources were secured to support the completion of the Strategic Outline Case for the Therapeutic Environments 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> • Significant Assurance rating received by 360 Assurance to Audit and Risk Committee in January 2022 for the Transformation Board and PMO. • Some programmes have external assurance mechanisms in place, as follows: <ul style="list-style-type: none"> • Adult Forensic New Care • Health based place of safety bid – monitoring arrangements were in place by ICB (this opened in January 2024) • Primary and Community Mental Health via joint programme board with Primary Care Sheffield. • EPR – External representative on Programme Board to advise on procurement. External review of the programme commissioned and reported through FPC and Board in February 2024. External assurance role adapted but ongoing at December 2024 <ul style="list-style-type: none"> • Primary and Community Mental Health Transformation

<p>programme.</p> <ul style="list-style-type: none"> • Suite of templates available. All new projects and programmes use the new templates including TORs. • People Plan reports into people Committee and has a project group for e-roster project group reports into People Committee and Transformation Board. The progress on the people plan (which is refreshed annually to ensure delivery of the People Strategy and KPIs) is reported into People Committee and Board on a quarterly basis • Programme Managers were engaged in roadmap and development work, sharing learning and experiences on specific projects. 	<p>Programme – has representation from Primary Care and external organisations and the Learning disability programme and CMHT project boards have representation from external organisations.</p> <ul style="list-style-type: none"> • 360 Assurance have reviewed all TOR's. • External specialist resource is brought in where required e.g. EPR
<p>BAF.0027 - There is a risk of failure to ensure effective stakeholder management and communication with our partners and the wider population and to effectively engage in the complex partnership landscape, caused by missed opportunities to add value for our service users and to meet population needs that require a partnership approach, resulting in potential to miss opportunities to also safeguard the sustainability of the organisation longer term and ultimately may fail to deliver our strategic priorities and operational plan.</p>	
<p><u>Internal assurance</u></p> <ul style="list-style-type: none"> • CEO and Chair's briefing and reports to Board provides an overview of system and system governance arrangements. • SHSC Chair is lead Chair for the MHLDA Collaborative (effective from July 2023) • Business opportunities, risks (PESTLE AND SWOT) received at Board in February 2024 and ongoing updating in place. • Active engagement taking place – SROs are engaging as part of new ICS arrangements. • Engagement with the Council of Governors. • Strategies and associated implementation work plans are in place with reviews reflected in committee/Board planners. • Enabling strategies in place. • Quality Accounts reflects engagement. • Annual Report reflects engagement. • Project Initiation Document (PID) setting out the engagement arrangements including the stakeholder analysis. • Report to Board in June 2022 included detail on stakeholder 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> • Link into Outcomes Group in PLACE • New partnership arrangements are bedding in for PLACE, System and Collaboratives. • NHSE Well Led feedback on self assessment December 2022 • System quality oversight meetings post inspection • Significant assurance received from Internal Audit on the transformation programme 2022/23 • Externally supported (GGI) stakeholder review outcome received at Board in April 2024.

<p>engagement for each project. Work underway to refresh the approach in 2024/25</p> <ul style="list-style-type: none"> • 5-year plan and strategic direction received at FPC (Nov 2022) and Board workshop (Dec 2022) approved by Board Jan 2023. Revised priorities agreed in 2023 and Refreshed Strategy discussion planned at Board October 2024. • Quick wins developed and in place in support of the Desire Code work in advance of finalisation of the Communications Strategy (due to complete in October 2024) 	
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BAF.0030 - There is a risk of failure to maintain and deliver on the SHSC Green Plan, caused by lack of robust plans capability and capacity to deliver targets required resulting in potential to lead to poor patient outcomes, worsening of existing health inequalities, poor service delivery, disruption to services, inefficient use of resource and energy/higher operating costs, legal and regulatory action, missed opportunities for innovation, reputational damage, reduced productivity and increased environmental impact.

<p><u>Internal assurance</u></p> <p>Governance reporting:</p> <ul style="list-style-type: none"> • Annual Reports on Strategy delivery to the Board • Quality Strategy Sustainable Development Priorities progress reported into QAC. • Executive Lead identified for Net zero (Green Plan) in place (Director of Finance, Performance and IMST) • Awareness and education training on sustainable development and climate change reflected in Leadership and Management course • Establishment of a Sustainable Models of Care” sub group to the Sustainable Development Group • Greener NHS Dashboard data has been reflected in the Annual Report for 2023/24 <p>Negative Assurance</p> <ul style="list-style-type: none"> • We were unsuccessful in our bid for additional resources through low carbon skills funding however we are seeking feedback on our bid will continue to seek funding opportunities as they become available and are creating a control to support in responding to opportunities. 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> • Greener NHS – Quarterly data submission • Greener NHS Fleet Data submission
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BAF.0032 - There is a risk that our estate does not enable the delivery of our strategic priorities and meet the quality and safety needs of our service

users and appropriate working environment for our staff caused by failure to effectively reflect requirements resulting in suboptimal effectiveness, efficiency, experience and quality of care.

Internal assurance

- Annual PLACE report and associated action plan
- Annual Premises Assurance Model (PAM)
- 7 facet survey report
- Annual Health and Safety Report (and quarterly updates received at Assurance Committees)

External assurance

- Authorised Engineers Annual Audit including of the competencies required of internal teams
- ERIC returns and benchmarking
- Annual Premises Assurance Model (PAM)
- Sircle independent review of fire doors and compartmentation at all in-patient locations

People Committee (PC)

Action Plans

May 2024

- People Plan Milestones (T1) Implementation plan
- Inclusion and Equality Strategic Overview Action Plan 2023/2024 (T1)
- Equality Objectives 2024 – 2028 Year One Implementation Plan (T1)
- Acute and PICU Supervision and Mandatory Training Recovery Plans (T1)

July 2024

- Health and Safety annual Report 2023/24 (T2) - Health and Safety Actions plan and KPIs
- Acute and PICU Supervision and Mandatory Training Recovery Plans (T1)
- People Plan Progress against Implementation Plan (T2)
- Professions Plan Updates – Nursing, Allied Health Professions, Peer Support Worker
- Trainee Doctor Plan – actions to achieve the pledges outlined in the strategy includes action plan and KPIs. (T2)

Third Party Assurance

May 2024

- Values into Behaviours –update report (T1) Desire Code - behavioural design agency

July 2024

- None

Sept 2024

- Health Technical Memorandum (HTM) 05-01 Managing Healthcare Fire Safety, Board report. (T2)

November 2024

- Health Education Contract Self-Assessment 2024

January 2025

- None

<p>Sept 2024</p> <ul style="list-style-type: none"> • People Pulse July Results (T2) • Progress update against workforce plans (T2) • Acute and PICU Supervision and Mandatory Training Recovery Plans (T1) • EDI Strategic Overview Action Plan 2023/2024 (T2) • Equality Objectives 2024 – 2028 Year One Implementation Plan (T2) <p>November 2024</p> <ul style="list-style-type: none"> • People Plan Progress against Implementation Plan • Psychological Professions Plan • Staff Survey Responses and Engagement • Acute and PICU Supervision and Mandatory Training Recovery Plans (T1) • Annual Equality and Human rights Report 2023/2024 <p>January 2025</p> <ul style="list-style-type: none"> • Medical Establishment Review • Acute Supervision Recovery Plan • Inclusion and Equality Strategic overview action plan and objectives • Sexual Safety Workplan 	
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BAF Risks overseen at PC (updated January 2025):

<p>BAF 0013 - Risk that our staff do not feel well supported, caused by a lack of appropriate measures and mechanisms in place to support staff wellbeing resulting in a poor experience for staff, failure to provide a positive working environment and potential for increase in absence and gaps in health inequalities which in turn impacts negatively on service user/patient care.</p>	
<p><u>Internal assurance</u></p> <ul style="list-style-type: none"> • Menopause accreditation in place from September 2023 • People strategy (approved March 2023) – has a deliverable 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> • Model Hospital and NHSE/I returns. • CQC Well-Led.

<p>to support managers to deliver team and individual wellbeing.</p> <ul style="list-style-type: none"> • Governance reporting to People Committee • Service-led IPQR's monitoring. • Health and Wellbeing self- assessment toolkit. • Wellbeing and Engagement lead in place. • Return to work meetings monitored through eRoster. • Wellbeing conversation guidance now embedded in revised Supervision Policy. • Reports to People Committee include progress on milestones. <p>Diagnostic undertaken against national wellbeing framework (informed People strategy review and delivery plan) – updates received at People Committee</p> <ul style="list-style-type: none"> • Sexual safety charter- the associated implementation plan is in place 	<ul style="list-style-type: none"> • Internal audit 360 staff wellbeing audit - <i>Significant assurance</i>. We participated as a trailblazer to test out the HWB framework trailblazer (NHSEI) community of good practice. National NHS HWB framework diagnostic – this is an assessment tool and was reported into HWB assurance group and fed into the refreshed delivery plan from 2022/23. Findings have informed the plans for 2024-25. • The ICS have established a wellbeing roadmap and there are three elements around people, prevention and partnerships this will support the delivery of our health and Wellbeing priorities in the People plan. • Sexual safety charter –development and oversight provided in partnership with NHS sexual safety and domestic abuse team
<p>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 resulting in failure to deliver a modern fit for purpose workforce.</p>	
<p><u>Internal assurance</u> Governance reporting:</p> <ul style="list-style-type: none"> • Bi-monthly reporting to People Committee and Board; Project Boards report to workforce assurance group [from BAF risk 0019] Workforce assurance group apprenticeship levy reported through the Workforce Assurance Group [from BAF risk 0019] Recruitment and Retention Group reports to People and Recruitment and retention group (and reports received at People Committee). A set of subgroups has been established reporting to the newly formed Workforce Recruitment and Transformation group. A medical recruitment and engagement group (a subgroup of the assurance group) has been in place since December 2022 • HR team have engaged with services to support completion of Training Needs Analysis templates to identify their needs [from 	<p><u>External Assurance</u></p> <ul style="list-style-type: none"> • ICS Recruitment and Retention group attended by Deputy Director of People • Bi-monthly reporting to Quality Board (external group i.e. NHSE/I, CQC, CCG as was) • National People Plan reporting to ICS – we are required to provide evidence on meeting priorities so ICS can respond on national level. • ICS partnership working on workforce dashboard [from BAF risk 0019] • Quarterly data benchmarking report (apprenticeship levy data collection) to Health Education England on behalf of ICS [from BAF risk 0019]

<p><i>BAF risk 0019]</i></p> <ul style="list-style-type: none"> Improved data and systems to support accurate vacancy in place following work by People and Finance directorates. ESR has been updated with funded establishments. This gives workforce the ability to accurately report on vacancies (funded establishment – Staff in post) and means vacancy data can be updated on a daily basis. Internal audit on workforce data quality – received with significant assurance in 2024/25 	<ul style="list-style-type: none"> National People Plan reports into ICS. Progress with international recruitment 15 International nurses arriving this year (2023/24). NHSEI Performance workforce returns + direct support NHSEI and People workforce return (PWR) reporting which triangulates and checks our data PWR reporting and NHSEI governance for international recruitment Internal Audit significant assurance received for Data Quality – July 2024.
<p>BAF 0020 - Risk of failure as an organisation to live by our values caused by not addressing closed cultures poor behavioural issues and lack of respect for equality diversity and inclusion, resulting in poor engagement and communication, ineffective leadership and poor staff experience resulting in negative impact on our staff survey results, quality of service user experience and attracting and retaining high quality staff.</p>	
<p><u>Internal assurance</u></p> <ul style="list-style-type: none"> Staff engagement steering group reports monthly to Organisational Development Assurance Group which reporting into People Committee bi- monthly People Plan 23 -24 received at May People committee (contains all OD activity) People Committee received refreshed deliverables in 2022 People Pulse survey OD actions were refreshed as part of the People Plan update for 2022-23 NEW assurance following closure of action in March Team SHSC: Developing as Leaders (DAL) cohorts have taken place - Cohort 4 completed in July 2024. People Pulse July 2024 results showed an increase in Mood in all 9 Engagement scores. People Pulse surveys quarterly – frequency to be reviewed. 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> Quality Improvement Group (ICS) ICS HR Directors Group (NHS HR Futures report) – long term 10 year strategy to make improvements in HR and OD in the NHS to support delivery of the NHS People Plan NHS National Survey – amalgamated benchmarking across sector NHS People Plan provides assurance that SHSC People Strategy was developed taking account of this.

Mental Health Legislation Committee (MHLC)

<p><u>Action Plans</u> June 2024</p>	<p><u>Third Party Assurance</u> June 2024</p>
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<ul style="list-style-type: none"> • Statutory Advocacy Action Plan (T2) • The Human Rights work plan 2023/2024 (T2) Sept 2024 • Use of Force Annual Report (T2) including action plan September 2024 <ul style="list-style-type: none"> • None December 2024 <ul style="list-style-type: none"> • Use of Force Strategy plan 	<ul style="list-style-type: none"> • None Sept 2024 <ul style="list-style-type: none"> • None December 2024 <ul style="list-style-type: none"> • None
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There are currently no BAF risks specific to MHLC.

Quality Assurance Committee (QAC)

<p><u>Action Plans</u></p> April 2024 <ul style="list-style-type: none"> • Out of Area Recovery Plan • Recovery Team Allocations Waiting Times Recovery plan May 2024 <ul style="list-style-type: none"> • MH Survey and action plan (T1) • Memory Service Recovery Plan(T1) • Population Health Bi-annual report (T1) June 2024 <ul style="list-style-type: none"> • LD Improvement Standards (T2) • Patient Safety Report (T1) • Annual Health and Safety Report 2023-2024 (T2) July 2024 <ul style="list-style-type: none"> • Quality Assurance Report – Quality Strategy Process (T1) • Infection Prevention and Control (T2) • IPQR Gender Identity Service (T1)- strategic SHSC plan updates to address the quality impacts of the waiting lists 	<p><u>Third Party Assurance</u></p> April 2024 <ul style="list-style-type: none"> • PLACE Results 2023 • CLEAR: Eating Disorders Day Service May 2024 <ul style="list-style-type: none"> • None June 2024 <ul style="list-style-type: none"> • Independent Desk Top Thematic Review (T1) July 2024 <ul style="list-style-type: none"> • None September 2024 <ul style="list-style-type: none"> • Independent desk top thematic review October 2024 <ul style="list-style-type: none"> • Autism Quality Assurance Report (T1) • Acute Working Age Inpatient Clinical Model: (T1) • Medicines Safety Report Q1 (April 2024- June 2024) (T1)
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<ul style="list-style-type: none"> • SAANS and ADHD (T1) - strategic SHSC plan updates to address the quality impacts of the waiting lists recovery plans. <p>September 2024</p> <ul style="list-style-type: none"> • Quality Objectives • Independent Desk Top Thematic review action plan • New CQC Assessment Regime • Integrated Performance and Quality Report – Out of Area Recovery Plan <p>October 2024</p> <ul style="list-style-type: none"> • Use of Force Annual Report (T2) <p>November 2024</p> <ul style="list-style-type: none"> • Patient Safety Incident Response Plan(T1) • Burbage Assurance Report(T1) • Clinical and Social Care Strategy Update (T2) • Patient Safety Incident Response Plan (PSIRP) (T1) <p>December 2024</p> <ul style="list-style-type: none"> • Q2 Health and Safety Committee Alert, Advise, Assure Highlight Report (T2) • Community Mental Health Services Transformation: Evaluation of Implementation and Outcomes/Experience (T1) • Regulation 28 – Prevention of Future Deaths – November 2024 (T1) <p>January 2025</p> <ul style="list-style-type: none"> • Quality Assurance Report (T1) • Lived Experience Report (T2) • Community Mental Health Service Allocations Recovery Plan (T1) • Protected Characteristics Recovery Plan (T1) • Use of Force Strategy plan 	<ul style="list-style-type: none"> • Gender Commissioner Visit (T1) <p>November 2024</p> <ul style="list-style-type: none"> • SHSC Care Quality Commission (CQC) Statement of Purpose (T1) • SAANS ADHD Recovery Update (T1) • Bi-annual Population Health and Inequalities Report (T1) <p>December 2024</p> <ul style="list-style-type: none"> • Q2 Health and Safety Committee Alert, Advise, Assure Highlight Report (T2) • Community Mental Health Services Transformation: Evaluation of Implementation and Outcomes/Experience.(T1) • Regulation 28 – Prevention of Future Deaths – November 2024 (T1) <p>January 2025</p> <ul style="list-style-type: none"> • None
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BAF Risks overseen at QAC (updated January 2025):

<p>BAF.0024 - Risk of failing to meet fundamental standards of care caused by lack of appropriate systems and auditing of compliance with standards, resulting in avoidable harm and negative impact on service user outcomes and experience, staff wellbeing, development of closed cultures, reputation, future sustainability of particular services which could result in potential for regulatory action.</p>	
<p><u>Internal assurance</u></p> <ul style="list-style-type: none"> • Back to Good —Closure report received at Board November 2023 – ongoing reporting through Quality Assurance Report on embeddedness and outstanding elements overseen by relevant assurance committees. • Tendable being utilised consistently. • Regular reporting through governance routes including learning lessons, safeguarding reports, staffing reports, transformation programme reports. • Successful international recruitment with new recruits in post • The CQC report that was published on 16 February 2022 demonstrated we had delivered actions against the section 29a warning. Significant progress was noticed. New improvement actions are in place. Outstanding actions in respect of Maple ward LAPs will be mitigated when Maple decants to Dovedale 2. • New EPR plan approved by the Board in April 2024. • OMG oversight with reporting to EMT • Completion of the Fixed Ligature Anchor Point programme for acute adult in patient services - the risk to service users has been mitigated through the planned decant of Maple ward to Dovedale 2 following its move to Burbage - at the end of June 2024. 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> • 2023 CQC relationship visits – positive verbal feedback received. • Section 11 Audit with safeguarding partnerships. • Positive engagement around S42’s in 2023/24 in terms of Trust responsiveness. • CQC reinspection – Dec 2021 - Outcome of December 2021 acute and PICU inspection by CQC – reported Jan 2022. • Regularly reviewed by the Clinical Environment review group on a monthly basis. • Engagement with safeguarding partnerships at Executive level • NHSE funding required external reporting
<p>BAF.0025b - There is a risk of failure to deliver the therapeutic environments 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 impact on service user safety, more restrictive care and a poor staff and service user experience.</p>	
<p><u>Internal assurance</u></p> <ul style="list-style-type: none"> • Regular reporting (Capital Group; Therapeutic Environment Programme Board; Transformation Board) • Operational Structure presentation to People Committee • Health and Safety audits 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> • Evidence based approach to Reducing Restrictive practice implementation (note there is evidence of continuing improvement around use of restricted practice)

<ul style="list-style-type: none"> • IPQR monthly reports – statutory and mandatory training • Board and Executive visits to all wards and teams • Recruitment forecast confirmed • Completion of Stanage Dovedale 2 and Burbage refurbishments. • Opening of the new HBPOS in January 2024 • In February and March 2023 Registered Nurse and Healthcare Support Workers were onboarded covering many vacancies across acute wards. Systems are in place for rolling Registered Nurse and Healthcare Support Workers led by the Lead Nurse for recruitment. • Maple Ward decant to Dovedale June 2024 • Clinical Environmental Risk Group receives detail on any outstanding works • Estates Strategy interim review received at Board September 2024 • ICS Infrastructure Strategy which SHSC has contributed to. 	
<p>BAF.0029 - There is a risk of a delay in people accessing core mental health services caused by issues with models of care, access to beds, flow, crisis care management, and contractual issues resulting in poor experience of care and potential harm to service users.</p>	
<p><u>Internal assurance</u></p> <ul style="list-style-type: none"> • Regular reporting in place through governance structure including Learning lessons quarterly report; IPQR, Complaints report; Quarterly reports to Quality Assurance Committee; Quarterly reports to Finance and Performance Committee. • Community recovery plans for relevant services. • Allocation to named worker recovery plan. • Memory Service recovery plan • Culture and quality visits • Contracting updates as required. • Improved oversight of people waiting in CMHT's and Crisis and Urgent Team. Rag rating system provides oversight of people waiting, and where VCSE support is needed this is identified. • Improvement Plan for Gender services in place and being implemented. 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> • Gender services agreements re funding remain pending - Negotiation and escalation through commissioning forums at place, ICB and NHSE. • Adherence to the NHS Long Term Plan and the community team framework. • Relevant adherence to NICE guidance. • Attempting to move close to the 4-week waiting standard for relevant core services funding dependent.

<ul style="list-style-type: none"> • CMHT transformation – current lifestyle stage implementation completed July 2024 • NHSE regional deep dive on Gender Services – positive feedback received actions identified and addressed. Implemented changes and have recently been assessed by the Levy Review team. 	
<p>BAF risk 031 - There is a risk we fail to deliver on national inequalities priorities and our strategic aim to deliver inclusive services, caused by failure to adopt an inequalities based approach to care resulting in poorer access, later presentations and risk of poorer outcomes.</p>	
<p><u>Internal assurance</u></p> <ul style="list-style-type: none"> • Inequalities reporting to Board – details tbc following June development session • Inequalities measures in IPQR, plus breakdown of key metrics by personal characteristics in IPQR and workforce reports • Board development session and around MHA QI, health inequalities self-assessment and PCREF – June 2024 	<p><u>External assurance</u></p> <ul style="list-style-type: none"> • Reporting of nationally mandated inequalities measures in October 2024 and beyond in line with NHSE Statement on Inequalities

Audit and Risk Committee (ARC)

<p><u>Action Plans</u></p> <p>May 2024</p> <ul style="list-style-type: none"> • Emergency Preparedness Resilience & Response Assurance Framework Quarterly Update • Progress monitoring report against external audit actions (ISA 260) • Internal Audit actions progress report <p>June 2024</p> <ul style="list-style-type: none"> • Internal Audit actions progress report <p>July 2024</p>	<p><u>Third Party Assurance</u></p> <p>May 2024</p> <ul style="list-style-type: none"> • KPMG External Audit – including progress report, audit plan and risk assessment report • 360 Internal Audit – including progress, audit plan, audit charter and draft Head of Internal Audit Opinion statement. • Counter Fraud, Bribery and Corruption Progress Report – including draft submission to CFA and workplan. <p>June 2024</p> <ul style="list-style-type: none"> • KPMG External Audit – including progress report, audit plan and draft management letter of representation.
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<ul style="list-style-type: none"> Trust Emergency Preparedness Group monitoring progress on self-assessment Progress monitoring report against external audit actions (ISA 260) Internal Audit actions progress report <p>October 2024</p> <ul style="list-style-type: none"> Annual EPRR self-assessment pre-Board and submission Progress monitoring report against external audit actions (ISA 260) Internal Audit actions progress report <p>January 2025 Tbc post committee</p>	<ul style="list-style-type: none"> 360 Internal Audit – including progress, audit plan, audit charter and Head of Internal Audit Opinion statement. Quality Account <p>July 2024</p> <ul style="list-style-type: none"> KPMG External Audit Progress Report Counter Fraud, Bribery & Corruption Annual Report 360 Assurance Internal Audit Progress Report Trust Emergency Preparedness Group <p>October 2024</p> <ul style="list-style-type: none"> Counter Fraud, Bribery and Corruption Report <p>January 2025 Tbc post committee</p>
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There are currently no BAF risks specific to ARC but the committee oversees the whole BAF in advance of receipt at the Board of Directors

Board of Directors (BoD)

The Board receives and oversees the full BAF. Action plans have been received post Assurance Committees, but oversight is taking place at the assurance committees.

<p><u>Action Plans</u></p> <p>April 2024</p> <ul style="list-style-type: none"> Electronic Patient record Tranche 2 Programme Plan – programme plan Sale of Fulwood Site Maple Ward project 	<p><u>Third Party Assurance</u></p> <p>April 2024</p> <ul style="list-style-type: none"> Systems and partnership – SHSC Stakeholder Review, conducted for the Trust by Good Governance Improvement Electronic Patient record Tranche 2 Programme Plan – External Digital Assurance <p>May 2024</p>
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<p>May 2024</p> <ul style="list-style-type: none"> • Annual Operational Plan and Priorities for 2024-25 • Patient Led Assessment of the Care Environment (PLACE) and action plan <p>June 2024 None</p> <p>July 2024</p> <ul style="list-style-type: none"> • Independent Thematic Review of Learning <p>September 2024</p> <ul style="list-style-type: none"> • Review of the CQC rapid review of Nottinghamshire Healthcare Foundation Trust <p>October 2024</p> <ul style="list-style-type: none"> • Emergency Preparedness Resilience Response (EPRR) assurance framework 24-25 submission • SHSC health inequalities statement <p>November 2024</p> <ul style="list-style-type: none"> • Fair and Healthy Sheffield plan • Population health report • Emergency Preparedness Resilience Response (EPRR) assurance framework 24-25 submission • Clinical and Social Care Strategy annual review • Review of Intensive and Assertive Community Mental Health Care • Home First Programme Report • Fulwood estate 	<ul style="list-style-type: none"> • Guardian of Safe Working Annual report <p>June 2024 None</p> <p>July 2024</p> <ul style="list-style-type: none"> • Formal receipt of Auditor reports for the year ending March 2024 (final HOIAO and External Audit Report) • Annual Claims and Litigation Report 2023-24 (includes reporting from Capsticks) • Independent Thematic Review of Learning and action plan <p>September 2024</p> <ul style="list-style-type: none"> • Independent Thematic Review of Learning and action plan • Annual Medical Appraisal and Revalidation Board Report <p>October 2024</p> <ul style="list-style-type: none"> • Fair and Healthy Sheffield plan <p>November 2024</p> <ul style="list-style-type: none"> • Guardian of Safe Working report • Annual Equality and Human Rights Report • Workforce Planning and controls assurance report • Mid-Year Claims and Litigation Report 2024-25
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<p>December 2024</p> <ul style="list-style-type: none">• Fulwood estate• Maple ward project• Freedom to Speak Up self-assessment	<p>December 2024</p> <p>None</p>
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Cross Committee Recommendation Tracker 2024/2025

Month	Referring Committee	Receiving Committee	Issue Referred	Date handed over to committee lead	Confirmation of actions and next steps	Status	Date and reason for closure	Included on AAA Report
Apr-24	BoD	FPC	In relation to the the Finance Plan - service line reporting to be reported to June FPC	26/04/2024	A meeting is taking place with FPC NEDs and PE to discuss this matter	Closed	Meeting took place on 8th May to discuss this information	N/A
Apr-24	BoD	FPC	Estates Strategy -refreshed Estates strategy to be timetabled in for receipt at FPC prior to BoD	26/04/2024	To be received at committee	Closed	Received at June FPC	N/A
May-24	ARC	FPC	A referral will be made once the final external audit report is received in respect of the section in the VFM related to Financial Sustainability.	05/07/2024	The VFM identified no areas of significant weakness in the Trust's arrangements to secure value for money. One significant risk was identified for the majority of NHS organisations in respect of financial sustainability however no significant weaknesses for the Trust in this were identified. In reviewing this the auditors looked at financial planning processes and plans for delivering savings in 2024/25 compared to 2023/24. They noted governance around financial monitoring had been strengthened. Regular monitoring of the financial position is taking place at FPC and it is proposed no further action is required at this time however FPC are asked to confirm if anything is required.	Closed	Received cross committee tracker with update on confirmation of actions and next steps at October FPC and no further action required.	Yes
May-24	QAC	FPC	Discussions on the IPQR Development with Smi and NR	Discussed at May FPC	Discussed at FPC May	Closed	Discussed at FPC May	Yes
May-24	BoD	FPC	A revised IPQR plan will be taken to EMT in June and will be brought committees and Board in July.	23/05/2024	Added to July FPC Agenda	Closed	Received at July FPC	N/A
May-24	BoD	QAC	Deep dive at QAC on long length of stay and addressing complex case needs, in IPQR reporting to QAC	23/05/2024	TO come to July meeting	Closed	Discussed at QAC July 2024	N/A
Jun-24	ARC	FPC	To discuss the pension plan surplus	19/06/2024	The reporting of pensions assets and liabilities is a compliance matter and part of the WGA (whole of government accounts) process. The schemes are unfunded and backed by the exchequer, organisations have no control over pension valuation exercises, they are undertaken by an actuary for the administrators where decisions are made on pension contributions. The Trust has no control or ownership of the LA pension scheme assets and liabilities.	Closed	Received cross committee tracker with update on confirmation of actions and next steps at October FPC and no further action required.	Yes
Jun-24	ARC	FPC	The discuss the dual responsibility to oversee KPI's aligned to the committee and performance and to oversee the ongoing work with the overall responsibility of the Integrated Performance and Quality Report (IPQR)	19/06/2024	To discuss at FPC ASM	Closed	As part of the IPQR Development, a review of how KPIs are aligned to committees and that their reasons for inclusion are understood will take place. An annual review of KPIs is currently undertaken.	Yes
Jun-24	FPC	PC	MD and CP discussed if anything further needs to be actioned in People Committee regarding KPI 1. Reporting is provided through the People Dashboard but they will consider if further action is required. MD expressed that the financial impact of recruitment against the workforce plan is being considered at People Committee.	20/06/2024	No action is required	Closed	No action is required	N/A
Jul-24	QAC	MHLC	Concern was raised relating to the sharp rise in detained patients going absent without leave (AWOL) to be referred to Mental Health Legislation Committee for review and discussion.	11/07/2024	To be discussed in the September Committee	Closed	Included in MHLOG report for September	Yes
Jun-24	BoD	FPC	In relation to the EPR update: The review of benefits can be expected by the Board during phase 2 and will be available for receipt at the September Board meeting with information on tracking of risks to be reported to FPC. To note for forward plan for September Finance and Performance Committee and Board and PE and team to take forward planning for this and consideration of how to ensure tracking of financial risks takes place.	11/07/2024	To include in the EPR update at FPC	Closed	Highlight report has been included in the Transformation Portfolio Report which resolves this referral.	N/A
Jul-24	ARC	PC	For the committee to receive the case tracker in relation to Counter Fraud, Bribery and Corruption Annual Report with weekly data through a periodic update to triangulate the reporting delays, resolutions, and implications.	17/07/2024	Referral to remain open until the report is received. This item was deferred from the November meeting to allow time for SB to liaise with 360 Assurance and agreed to bring back to Jan 2025 meeting.	In Progress		Yes
Jul-24	ARC	FPC	A cross referral has been made to Finance and Performance Committee in respect of BAF risk 0025B noting further work will take place to strengthen BAF risk 0025B in respect of transformation work to provide timescales and expected route for delivery of milestones and progress with meeting the target score. This will include reference to milestones to address remaining non-acute litigation risks. FPC are asked to discuss this in terms of potential impact on approach to the scoring of this risk; deliverability of milestones and clarity on their impact on reaching the target score	18/07/2024	To include in the BAF report	Closed	Included in the Sept BAF report	Yes
Jul-24	ARC	PC	HFMA committee handbook to used by the committee for information and onward reporting in respect of FTSU	31/07/2024	Obtain handbook and share chapter relating to FTSU	Closed	Sent handbook to members	N/A
Jul-24	ARC	QAC	HFMA committee handbook to used by the committee for information and onward reporting in respect of FTSU	31/07/2024	Obtain handbook and share chapter relating to FTSU	Closed	Sent handbook to members	N/A
Jul-24	BoD	MHLC	Report on bodyworn cameras to be taken through MHLC in September with a recommendation to Board.	24/07/2024	Report to be received at MHLC September	Closed	Received at September Committee	N/A
Jul-24	BoD	MHLC	In relation to the IPQR report, the Board requested a referral to Mental Health Legislation Committee to review and discuss a rise in detained patients going absent without leave (AWOL).	24/07/2024	Report to be received via MHLOG at MHLC September and to be reflected on the MHLC wp	Closed	Included in MHLOG report for September	N/A
Jul-24	BoD	QAC	Learning Disability Service deep-dive highlight report to reflect latest update and what has changed for reporting to Board in September	24/07/2024	Sent email to Salli asking for next steps	Closed	JD and HC confirmed The note from Salma following Board said that the request was to provide a report to the private session of Trust Board rather than to QAC.	N/A
Jul-24	BoD	FPC	Learning Disability Service deep-dive highlight report to reflect latest update and what has changed for reporting to Board in September	24/07/2024	To include at September's FPC	Closed	included in the TPB report to FPC September	N/A
Aug-24	FPC	PC	It was requested that a cross committee referral from FPC to People Committee (PC) should take place for PC to review the aggregate of bank and agency usage over the last 12 months, which CP advised this data will be included in the September dashboard at PC	15/08/2024	To include in PC dashboard September	Closed	Received at September's committee	Yes
Aug-24	FPC	PC	The committee requested for a cross committee referral to People Committee to look at the themes from the current open employment claims	15/08/2024	DL confirmed a report to be added to Sept PC agenda	Closed	Received at September's committee	Yes
Sep-24	MHLC	PC	A referral is requested from MHLC to PC relating to staff being able to access Respect training and for People Committee to provide assurance on what is being done to ensure that staff have protected time to access their training courses.	09/09/2024	An update will be received at People Committee in November	Closed	Referral to remain open until the report is received but it is on track for November completion. Received at PC in November and a further update will come back in January.	Yes
Sep-24	QAC	FPC	QAC requested the OOA recovery plan to she discussed at FPC	11/09/2024	The recovery plan was distributed to FPC members 12/9/2024	Closed	The recovery plan was distributed to FPC members 12/9/2024	
Sep-24	QAC	EMT	The issue at Burbage are to be reported through EMT and reported back to QAC when appropriate if any negative changes occur	11/09/2024	Waiting for confirmation on how this will come back to QAC	Closed	Updates on Burbage will be receivedd at QAC as required. Was received at QAC in November and expect back again in January. All emerging quality risks are being montired at EMT.	Yes

Sep-24	BoD	QAC	Board requested that a deep dive discussion on quality related to the Learning Disabilities programme including discussion on cultural changes is taken to QAC. It was noted this may need to be discussed twice at QAC.	30/09/2024	NR to discuss with the Clinical Director timing for receipt Noted on QAC work programme for forward planning and NR to confirm timing - hold for November currently.	closed	ReceivedNovember Agenda - recived.	
Sep-24	BoD	QAC	Update on the clinical model for inpatient services to be received at QAC	30/09/2024	NR to confirm timing to note on the QAC forward plan.	Closed	On the Agenda for October 2024 and added to work programme	
Sep-24	BoD	QAC	Independent desktop thematic review of learning action plan to be received for monitoring of delivery through EMT and QAC	30/09/2024	Note for forward plans – timing for receipt to be confirmed.	Closed	Added to wrok programme	
Sep-24	BoD	MHLC	A new Use of Force strategy with a new 3-year plan will need to come to Board. To go to MHLC and EMT in December and QAC/Board in Janaury	30/09/2024	To note on the committee and Board forward plans.	Closed	Added to Decemner agenda and sent call for papers	Yes
Sep-24	BoD	FPC	Timing to be confirmed for receipt of the medium term financial plan at high level as part of planning for 2025/26 at Finance and Performance Committee prior to Board	30/09/2024	Plan to be scheduled at FPC	Closed	On the work programme for November therefore action closed	Yes
Oct-24	ARC	PC	The tracking and input from individuals on internal audit actions to be discussed for monitoring and improvement at the November meeting.	17/10/2024	Internal Audit Actions tracking report to be received at the November PC, for discussion	Closed	Report submitted to People Committee in November 2024.	
Oct-24	ARC	PC	A discussion on how the people suspended under investigation and the financial impact and implications arising from this may be overseen.	17/10/2024	Sent to SB and SS to consider if can be included in People Performance Dashboard in January - awaiting reply	In Progress		
Oct-24	BoD	QAC	Board requested a report on preventing future deaths to be received a QAC	24/10/2024	To note on the committee forward plan	Closed	Added to the work programme for December therefore action closed	

Appendix 6 - ANNUAL REPORT AND ACCOUNTS- DEVELOPMENT PLAN 2024/25

January 2025

The below document outlines the key dates and content owners for the development of the annual report and accounts 2024/25.

The executive director of finance is the executive lead for the production of the accounts and financial elements within the annual report.

The director of strategy will be the executive lead for the production of the annual report supported by the associate director of communications and corporate governance and the communications team and specifically the deputy head of communications who will co-ordinate production of the document, with support from PMO, calling in and chasing up copy throughout the process, in line with the deadlines within this plan.

There will be regular touch point meetings with the external auditors KPMG to keep track of progress, including delivery of the value for money evidence requirements and internal project meetings will take place with key leads to track and monitor progress.

Annual Reporting Manual

The annual reporting manual (ARM) 2023/24 outlines the information that is legally required in each section and should be used as a checklist and test for all of the information provided by those drafting sections until such time that the 2024/25 updated guidance is received

The ARM for 23/24 and is available here – [NHS England » NHS foundation trust annual reporting manual \(FT ARM\)](#)

Period covered

The annual report and accounts covers the period 01 April 2024 to 31 March 2025, drafters are asked to focus on outcomes/data/events/information within that window unless there was a significant event outside this which must be referenced.

MILESTONES

MILESTONE 1 - October 2024	Development and approval of the plan for production of the Annual Report and Accounts 2024/25 and the Quality Accounts 2024/25
MILESTONE 2 – November 2024	January 2025 Production and submission of the Value for Money element
MILESTONE 3 – February 2025	Production of Draft 1 of the Annual Report and the Draft Quality Accounts for EMT review Copy to be received signed of by Executive leads by the end of the first week of January
MILESTONE 4 – April 2025	Production of Draft 2 of the Annual Report and the Draft Quality Accounts for EMT review Copy to be received signed of by Executive leads by the end of the last week of March.
MILESTONE 5 – May 2025	Production and receipt of near final versions of the Annual Report and draft Annual Accounts and the Quality Accounts through EMT, ARC, Board of Directors
MILESTONE 6 – June 2025	Receipt of final drafts as required through EMT, ARC, Council of Governors and the Board of Directors for approval
MILESTONE 7 – end of June 2025	FORMAL SUBMISSION OF THE ANNUAL REPORT AND ACCOUNTS 2024/25 and laying before Parliament (July 2025 timing to be confirmed)

Key to authors and leads – **subject to final amendments**

Cross reference to appendix 2 – detailed section authors

Chair, Chief Executive and Executive team	Other key authors of copy	
<ul style="list-style-type: none"> • Chair – Sharon Mays (SM) • Chief Executive – Salma Yasmeen (SY) • Director of Corporate Governance – Deborah Lawrenson (DL) (until October 2024) • Associate Director of Communications and Corporate Governance Dawn Pearson - (DP from November 2024) • Executive Director of Finance – Phillip Easthope (PE) • Executive Director of People – Caroline Parry (CP) • Interim Executive Director of Nursing, Professions and Quality – Caroline Johnson (CJ) • Interim Medical Director –Dr Helen Crimlisk (HC) • Executive Director of Operations– Neil Robertson (NR) • Executive Director of Strategy – James Drury (JD) 	<ul style="list-style-type: none"> • Sarah Bawden (SB) • Jason Rowlands (JR) • Parya Rostami (PR) • Adele Sabin (AS) • Vanessa Garrity (VG) • Greg Hackney (GH) • Charlotte Turnbull (CT) • Liz Johnson (LJ) • Sarah Bawden (SB) • Andy Algar (AA) • Chris Cotton (CC) • Chris Reynolds (CR) 	<ul style="list-style-type: none"> • Zoe Zibeko (SZ) • Jenny Hall (JH) • Jo Hardwick (Jha) • Tallyn Gray (TG) • Sarah Ellison (SE) • Amber Wild (AW) • Vin Lewin (VL) • Carl Twibey (CT) • Rob Nottingham (RN) performance data • Vin Lewin (VL) • Phil Simon (PS) • Holly Cubitt (HC) • Amber Wild (AW) • Rashpal Khangura (RK) KPMG • Tom Watson (TW) 360 internal audit

DRAFT ANNUAL REPORT AND ACCOUNTS, QUALITY ACCOUNTS PLANNER 2024/25 – pending feedback from the Chair of ARC and the Chair of the Board

Task	Owner	Timeframe				Timeframe			Timeframe		
		September – end of December 2024				January 2025 – end of March 2025			April 2025 – end of June 2025		
Planning meetings with KPMG		Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June
<ul style="list-style-type: none"> Planning meeting – Annual Report and Accounts & stock takes on progress 	KMPG RK/PE, DL and JS	September 2024		X (VFM)		X		X	X	X	X
MILESTONE 1 – RECEIPT AND APPROVAL OF THE PLAN FOR PRODUCTION OF THE ANNUAL REPORT AND ACCOUNTS 2024/25 AND ASSOCIATED DOCUMENTS AND THE QUALITY ACCOUNTS 2024/25		26 2025 EMT	15 Oct 2025 ARC								
<ul style="list-style-type: none"> SHSC planning meetings – Annual Report and Accounts & stock takes on progress – PROJECT TEAM. 	SHSC – PE/DL/JD/DP/CC/CT/HC/PS/AW/BD/	September 2024		X	X	X	X	X		X	X
MILESTONE 2 – DEVELOPMENT OF THE VALUE FOR MONEY SUBMISSION						Jan 2025 ARC					
<ul style="list-style-type: none"> VFM work to take place November 2024 (following receipt of requirements from KPMG) – January 2025 VFM to be submitted by the Trust by 17 January 2025 and reported to EMT and to ARC VFM review work by KPMG starts post submission in January and through February with Trust needing to respond as required. 											
VFM		Sep	Oct	Nov	Dec	Jan	Feb	March	May	June	

• KPMG to provide the VFM request	KPMG – RK			End of Nov							
• Call for input for VFM and collation of materials	SHSC - DP/BD										
• KPMG to review progress of VFM and advise on further action required	KPMG - RK									Final version Submit to ARC by KPMG	
Issuing of NHS guidance		Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June
• FT Annual Reporting Manual Changes						Jan TTBC					
• Updated ARM/GAM								March TTBC			
Receipt of other key documents to ARC		Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June
• Receipt of Head of Internal Audit Opinion at ARC pre Board	360 audit									final	
• Annual declaration of interests, gifts and hospitality (Board and Council of Governors) and progress update with calling in declarations from senior staff	AW									final	
• External Audit annual report pre Board	KPMG										final
• ISA 260 from External Audit	KPMG										final
• Planning updates to be received at ARC	DP/PE										
• Draft Accounts & Final Accounts	PE/CC						27.02.25 EMT		EMT	FINAL ARC/BOARD May/June	
• ISA 260 Annual Report - Progress Against Actions	DP		ARC			ARC				ARC	
• Draft Going Concern report	PE/CC					ARC				FINAL ARC	

											May/June	
MILESTONE 3 – PRODUCTION OF DRAFT 1 OF THE ANNUAL REPORT, ANNUAL GOVERNANCE STATEMENT AND DRAFT 1 OF THE QUALITY ACCOUNTS							27.02.25 EMT					
Note – copy is to be provided signed off by relevant Executive Leads by the end of the first week of January 2025												
Note - (ENGAGEMENT ON PROGRESS WITH DELIVERY OF THE 2024/25 OBJECTIVES AND PLANNING FOR THOSE IN 25/26 WILL GO TO COG IN DECEMBER 2024 AND APRIL 2025)												
MILESTONE 4 – PRODUCTION OF DRAFT 2 OF THE ANNUAL REPORT, ANNUAL GOVERNANCE STATEMENT AND DRAFT 2 OF THE QUALITY ACCOUNTS									24.04.25 EMT			
Note – copy is to be provided signed off by relevant Executive Leads by the end of the last week of March 2025 except where otherwise agreed (i.e. end of year performance data)												
MILESTONE 5 - PRODUCTION OF DRAFT 3 NEAR FINAL VERSIONS OF THE ANNUAL REPORT, GOVERNANCE STATEMENT AND DRAFT 3 OF THE QUALITY ACCOUNTS										May ARC		
PRODUCTION AND RECEIPT OF DRAFT ANNUAL ACCOUNTS										May confidential Board		
MILESTONE 6 – PRODUCTION AND RECEIPT OF FINAL VERSIONS OF THE ANNUAL REPORT, ANNUAL GOVERNANCE STATEMENT, ANNUAL ACCOUNTS AND QUALITY ACCOUNTS												
<ul style="list-style-type: none"> Confidential COG – Receipt of draft annual report and accounts for information (VERSION SHARED WITH ARC AND BOARD) Audit and Risk Committee – Receipt of draft annual report and accounts and the Quality Account in advance of the Board Public Board – Approval of the Annual Governance Statement and Quality Account Confidential Board – Receipt of draft FINAL annual report and accounts – for approval 												
FINAL ARC/ BOARD May/June												
Key annual accounts submission points - timing is approximate based on 2023/24 and is to be confirmed by Finance team			Timeframe				Timeframe			Timeframe		
			September – end of December 2024				January 2025 – end of March 2025			April 2025 – June 2025		
			Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June
<ul style="list-style-type: none"> Final date for emailing invoices up to 31 December 2024 ttbc 	TBC				31.12.24							
<ul style="list-style-type: none"> Issue of M9 debtor/creditor statements between group bodies 						Week 1						

Bank holiday					Wed 25 Dec							
Bank holiday					Thur 26 Dec							
Bank holiday						Mon 1 Jan						
<ul style="list-style-type: none"> Agreement of M9 debtor/creditor deadline 						Week 3						
<ul style="list-style-type: none"> Issue of M9 I&E statements between group bodies 						Week 3						
<ul style="list-style-type: none"> M9 accounts submission: ALB consolidation schedules including AoB data to DHSC 						Week 4						
<ul style="list-style-type: none"> M9 accounts submission: commissioner forms including AoB data to NHSE 						Week 4						
<ul style="list-style-type: none"> M9 accounts submission: provider forms including AoB data to NHSI 						Week 4						
<ul style="list-style-type: none"> M9 debtor/creditor variances issued to individual bodies 							Week 1					
<ul style="list-style-type: none"> Deadline for agreement of M9 I&E 							Week 1					
<ul style="list-style-type: none"> Submission of commissioners M9 I&E AoB data to NHSE (including DR/CR) 							Week 2					
<ul style="list-style-type: none"> Submission of providers M9 I&E AoB data to NHSI (including DR/CR) 							Week 2					
<ul style="list-style-type: none"> Submission of ALB M9 I&E AoB data to DHSC (including DR/CR) 							Week 2					
<ul style="list-style-type: none"> M9 I&E variances issued to individual bodies 							Week 3					

• Resubmission of M9 commissioner I&E and debtor/creditor AoB data to NHSE								Week 4				
• Resubmission of M9 Provider I&E and debtor/creditor AoB data to NHSI								Week 4				
• Resubmission of M9 ALB I&E and debtor/creditor AoB data to DHSC								Week 4				
• M9 resubmitted variances (I&E and DR/CR) issued to individual bodies									Week 1/2			
• Final date for invoicing within NHS before M12 AoB exercise									Week 4			
• Final invoice payment date within NHS before M12 AoB exercise									Week 4			
• Issue of M12 debtor/creditor statements between group bodies									Week 5			
• Deadline for agreement of M12 debtor/creditor and issue of accruals statements and I&E statements between group bodies										Week 1		
Bank holiday – Good Friday										18 April 2025 BH		
Bank holiday – Easter Monday										21 April 2025 BH		
Key annual accounts submission points - timing is approximate based on 2023/24 and is to be confirmed by Finance team	Timeframe				Timeframe			Timeframe				
	September – end of December 2024				January 2025 – end of March 2025			April 2025 – June 2025				
	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June		
Bank holiday – early May										5 May 2025 BH		

Bank holiday – late May											26 May 2025 BH
<ul style="list-style-type: none"> Deadline for agreement of M12 I&E and completion of accruals discussion exercise 										Week 3	
<ul style="list-style-type: none"> M12 unaudited accounts submission: commissioner forms including AoB data to NHSE 										Week 4	
<ul style="list-style-type: none"> M12 unaudited accounts submission: provider forms including AoB data to NHSI 										Week 4	
<ul style="list-style-type: none"> M12 unaudited accounts submission: ALB consolidation schedules including AoB data to DHSC or AoB only 										Week 4	
Bank holiday – early May											1 May 2024
<ul style="list-style-type: none"> M12 AoB variances (DR/CR and I&E) issued to individual bodies 											Week 1
<ul style="list-style-type: none"> M12 unaudited accounts submission (if not already provided): ALB consolidation schedules (not including AoB resubmission) 											Week 1
<ul style="list-style-type: none"> Resubmission of Commissioner AoB (DR/CR and I&E) to NHSE 											Week 2
<ul style="list-style-type: none"> Resubmission of ALB AoB only (DR/CR and I&E) to DHSC 											Week 2
<ul style="list-style-type: none"> Resubmission of Provider AoB only (DR/CR and I&E) to NHSI 											Week 2

<ul style="list-style-type: none"> M12 AoB variances (DR/CR and I&E) issued to individual bodies 										Week 3	
<ul style="list-style-type: none"> Audited accounts submission: commissioner forms including AoB data to NHSE 										Week 3	
<ul style="list-style-type: none"> Audited accounts submission: provider forms including AoB data to NHSI 										Week 3	
<ul style="list-style-type: none"> Audited accounts submission: ALB consolidation schedules including AoB data to DHSC 										Week 3	
MILESTONE 7	FINAL SUBMISSION TO NHSE E-portal – June 2025 date to be confirmed likely to be either Friday 27 June or Monday 30 June 2025										
	<ul style="list-style-type: none"> Pre-submission checks by Parliamentary Clerk – date TBC 										
	<ul style="list-style-type: none"> Deadline to lay before Parliament – date TBC likely to be from early July 2025 When this is confirmed upload to the SHSC website and share final version with Governors Summary version to be produced Annual Members Meeting - date TBC – September 2025 										