

## Council of Governors

**12 December 2019**

<b>Paper title:</b>	Chair's Report	<b>Agenda item</b>  <b>6</b>
<b>Presented by:</b>	Cathy Elliott, Chair of the Trust, Chair of the Council of Governors	
<b>Prepared by:</b>	Cathy Elliott, Chair of the Trust, Chair of the Council of Governors	

Purpose of the report		
To update the Council of Governors on key developments at Trust-level, and to share highlights of the Chair's activities internally and externally since the last Chair's report.	For approval	<input type="checkbox"/>
	For discussion	<input type="checkbox"/>
	For information	<input checked="" type="checkbox"/>

Executive summary		
<p>This report provides:</p> <ol style="list-style-type: none"> <li>1. An update on Trust level developments, including the Care Quality Commission visit to inpatient services in September 2019 and the Trust related Action Plan and recent Board-level recruitment;</li> <li>2. An overview of a new NHS Improvement Chair appraisal framework which the Trust will adopt;</li> <li>3. An update on the new Trust Chair's activities since taking up the role on 16 September 2019, including West Yorkshire and Harrogate Partnership activities.</li> </ol>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below</b> <b>'Yes' or 'No'</b>  <b>No</b>	If yes please set out what action has been taken to address this in your paper

Recommendation
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of the report for information.</li> <li>• Note and support the adoption of the NHSI Chair appraisal framework for the Trust Chair.</li> </ul>

<b>Strategic vision</b>				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
				X

<b>Care Quality Commission domains</b>				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
				X

<b>Relationship to the Board Assurance Framework (BAF)</b>	The work contained with this report links to the following strategic risk(s) as identified in the BAF: Connections to 2.1, 2.3, 4.1 and 5.2
<b>Links to the Corporate Risk Register (CRR)</b>	The work contained with this report links to the following corporate risk(s) as identified in the CRR: None directly
<b>Compliance and regulatory implications</b>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> <li>• Continuing development work against the national Well-Led Framework;</li> <li>• BDCFT CQC Action Plan, relating to the 29A Notice for inpatient services.</li> </ul>

## Meeting of the Council of Governors

12 December 2019

### Chair's Report

#### Section 1

#### Bradford District Care NHS Foundation Trust Updates

##### The Care Trust Way

The Trust is making good progress in implementing the Care Trust Way to ensure Quality Improvement. The Board has been clear that it is important that we evaluate the work we are doing to transform the culture and implement the quality improvement system. We have been in discussions with the national research and policy body, The King's Fund, since July 2018 and have now agreed to initiate the relationship through a workshop to take place in March 2020. Non-executive Director Professor Gerry Armitage, and Chief Executive Brent Kilmurray are liaising with The King's Fund on the scope of the event. We are keen that we undertake an action research approach and, whilst we will gain an objective assessment of our progress, we will also seek constructive advice and guidance from The King's Fund on the basis of their extensive experience of working with NHS trusts across England on their quality improvement programmes. An article on the Care Trust Way can be found here for more information: <https://www.bdct.nhs.uk/care-trust-way-continually-improving-together/>

##### CQC Section 29a Warning Letter

At the end of March 2019 we received a warning letter from the national regulator, Care Quality Commission (CQC), regarding our acute inpatient wards and Psychiatric Intensive Care Unit. The CQC raised a number of concerns with us and requested an action plan in April 2019 that would deliver significant improvements, and subsequently a Rapid Improvement Workshop took place to address the concerns raised. This work was subsequently followed up on wards with the implementation of a Purposeful Inpatient Admission Process, also known as PIPA, and Daily Lean Management. Improvements made were sustained and subject to workplace audit and checking which formed part of standard work for our service managers.

During 10 - 12 September 2019, the CQC revisited to assess our progress against the warning letter action plan. The inspection went well and verbal feedback was broadly positive. Following this visit the CQC published their report which overall stated "whilst there had been significant improvements in ensuring that patients were safe, systems and processes were still embedding" and they did not re-rate the services. The full report can be found here: [https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAJ5715.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ5715.pdf)

We continue to work through our continuous improvement plans and look to improve the therapeutic environments on our wards. On behalf of the Board and the Council of Governors I would like to thank all staff involved in the improvements to the safety and quality of care in those services.

### **Children and Young Peoples Mental Health Services (CAMHS)**

The Trust provides a specialised CAMHS service to young people and families from across Bradford, Airedale, Wharfedale and Craven. These are specialised services that deal with high acuity. They are part of a wider system of children's and adolescent's services dealing with mental health and wellbeing that also includes school nursing, schools, the voluntary sector, digital channels and social care. All these teams are under significant strain as a result of increasing demand and the withdrawal or reduction of other services such as youth workers, mental health social workers, and school nursing. An increase in safeguarding concerns has also brought significant additional workload to these services.

On 19 September 2019, the local Health and Wellbeing Board agreed to a strategic review of all local authority and NHS commissioned mental health and wellbeing services for young people up to the age of 25 years (above the CAMHS age limit, but at this level to include the Special Educational needs cohorts). This will take a system wide perspective of the current pressures and seek to identify a way forward to ensure that there is a sustainable future for services that can enable us to meet the needs of young people and their families in a more timely and effective manner.

The report is jointly sponsored by the Trust, the Clinical Commissioning Groups (CCGs) and Children's Services at the Council and will report back to the Health and Wellbeing Board in January 2020.

### **Rapid Improvement Weeks**

Rapid Improvement Weeks have recently taken place to focus on and agree to make changes for the better to a number of aspects of the Trusts work and service delivery, including on Serious Incident Reporting and the Trust's First Response telephone service.

### **Council of Governors Engagement**

Having received feedback from the previous Chair and Governors on engagement opportunities, the Open House sessions for Governors will be revised for 2020, linking to topics of interest, such as Equality Diversity and Inclusion. A Governor survey is proposed for the New Year to gain views from Governors on their engagement with Trust to maintain or improve activities and further details will be available next year.

## Section 2

### NHS Improvement/England (NHSI/E) Chair Competency Framework

#### Briefing to Council of Governors

NHSI/E recommended from November 2019 a standard framework within which annual appraisals for NHS provider chairs are applied and managed. The principal aim is to ensure “the annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of a chair’s impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered.” NHS provider chairs will be appraised against the competencies of: Strategic; Partnerships; People; Professional Acumen; and Outcomes Focus. Details on the expectations of demonstrating the competencies are outlined in **Appendix One** at the end of this report.

NHSI/E states that the appraisal framework is not intended to be prescriptive, and “while its broad principles should be reflected in local practices, chairs, senior independent directors and lead governors will wish to apply discretion in ensuring context-specific issues and requirements are given due prominence.” The completed appraisal reporting template should be forwarded to NHS Improvement’s Chair and Chief Operating Officer for review and regional director, for information and, if required, potential moderation will be undertaken. Further information, including appraisal templates are available here: [https://improvement.nhs.uk/documents/6107/Provider\\_Chair\\_Appraisal\\_Framework\\_1no\\_v.pdf](https://improvement.nhs.uk/documents/6107/Provider_Chair_Appraisal_Framework_1no_v.pdf)

#### Next Steps

The Board was informed of this at the November 2019 Board meeting and the Council of Governors are now informed at this next meeting on 12 December 2019. Paul Hogg, Director of Corporate Affairs, and I informally briefed the Senior Independent Director (SID), Lead and Deputy Lead Governors in October 2019 of this incoming recommendation.

To adopt and align with this recommendation:

- From November 2019 I will set out my Public Board and Council of Governor reports within the NHSI/E framework;
- From November 2019 my initial objectives and personal development plan for the remainder of 2019/20 will be aligned with the framework, agreed with SID and the Lead and Deputy Governors;
- An initial six month appraisal review with the SID and the Lead and Deputy Governors in February/March 2020 will use this framework, including feedback from Governors and Stakeholders against the stated competencies;
- My objectives for 2020/21 will be aligned with the framework from April 2020 with an appraisal in March 2021.

The handover between Rob Vincent as the Trust’s current SID and his successor in spring 2020 due to his retirement in February 2020 will take into account this requirement.

## **Section 3**

### **Trust Chair Activities**

#### **Strategic**

**September – November 2019**

#### **Recent Activities**

The November Public and Private Board agendas cover the two recent areas of strategic work I have been leading on, including:

- A new Board Away Day on 11 November 2019 and the related action plan which resulted, taking into account the findings from our recent Board self-assessment survey and aligning it with the Board Assurance Framework (BAF);
- and the Review of Board Committee activities from April 2020, including the introduction of a Workforce and Diversity Committee to meet the Trust's and NHSI/E's requirements, following a Deloitte Well-Led recommendation in February 2019.

This collective work across the Board aims to develop our assurance and risk management processes together as well as ensure Board's strategic focus on the delivery of Better Lives, Together.

#### **Immediate Future Activities**

**Well-Led:** Following a planning meeting with Deloitte on 14 November 2019, we will ensure their expertise is maximised at a Board development session in February next year to support the completion of our Well-Led action plan with them over this year due to our current CQC rating of Requires Improvement in this area. These Well-Led activities with Deloitte will take into account the results of a recent Board self-assessment survey I created and led and a Board Away Day which I facilitated, and will lead to revising our Board Development Plan for 2020.

Our new Board Skills Matrix which I requested for October is work in progress, though it has already informed our recruitment process for a new Non-executive Director (NED) early next year due to Rob Vincent retiring at the end of his term of office.

Further information on national Well-Led requirements for NHS Trusts can be found here: <https://improvement.nhs.uk/resources/well-led-framework/>

#### **Partnerships**

**October – November 2019**

#### **West Yorkshire and Harrogate Health Care Partnership**

##### **Five Year Strategy**

The West Yorkshire and Harrogate Health Care Partnership has been developing a five year strategy which will be finalised into the New Year. Trust Board members had the opportunity to review and comment upon a draft of the strategy in September 2019 and

to review a revised draft in November 2019. The final draft of the strategy was reviewed and discussed on 3 December 2019 at the Partnership Board quarterly meeting which the Chief Executive and I attended to give feedback, and post-election, the strategy will be approved.

The strategy focuses upon 10 distinct goals, including the reduction in the gap in healthy life expectancy for people with mental ill health, learning disabilities and/or autism; addressing the health inequality gap for children; reductions in suicide rates; a more diverse leadership in health care; and responding to the climate emergency.

### **Committees in Common**

The Chief Executive and I attended the Committees in Common meeting on 3 October 2019. The agenda included an update on the programme activities and a detailed conversation on the Mental Health and Learning Disability strategy

To support this, the West Yorkshire and Harrogate Mental Health and Learning Disabilities Collaborative hosted a meeting for NEDs and Governors on 22 October 2019 in Leeds; thanks to the NEDs and Governors from the Trust who joined me and who professionally represented BDCFT that day.

### **Bradford City Council:**

The Chief Executive and I met with the Leader and Chief Executive Bradford City Council on 8 November 2019 to review our working partnership. Future ways of working and communicating were agreed as well having the opportunity for the Trust to address queries from elected members on the 0-19 and CAMHS services. I have suggested that regular meetings take place between the four of us from 2020 to develop our place based working partnership. In addition, the Bradford NHS Provider Chairs regular meetings with the Leader of the Council have been re-instated and will begin again on 6 December 2019.

### **Voluntary and Community Sector:**

I requested meetings with the local Voluntary and Community Sector (VCS) as part of my induction and to support the development of the Trust's work with the local VCS. I met with a forum of Mental Health VCS organisations on 5 November 2019, hosted by Mind in Bradford, and attended the Bradford Assembly of VCS organisations on 18 November 2019. VCS representatives acted as supporters and critical friends of the Trust, and VCS leaders requested the Trust's consideration of offering free training to them to help enhance their VCS practice, along similar lines to the Trust's successful work with the Cellar Trust, and the Trust is exploring dedicating a percentage of training from next year.

I proposed to the VCS developing a 'jigsaw' of pathways together to improve the transition for service users from prevention to ill-health to recovery services across the NHS and VCS. The VCS are positive about this opportunity and request we work together on pathways by type of service user and not by diagnosis. Pre-planning work has begun and we aim for a session to take place by March 2020, involving BDCFT staff and other partners.

### **Local Engagement**

Recently the Chief Executive and I met with Philip Davies MP (Shipley) on 15 October 2019 in London before the pre-election period to discuss the work of the Trust. Four other planned MP meetings have been postponed until after the general election.

### **National Engagement**

At our request, the Chief Executive and I met with Baroness Dido Harding, Chair of NHS Improvement (NHSI), on 15 October 2019 which has particularly led to being encouraged to consider in more detail our capital plans which are currently being developed.

The Chief Executive has been invited to join the NHS Providers' Board as an NHS Provider Mental Health representative which provides a welcomed opportunity for national engagement. More details on NHS Providers are here: <https://nhsproviders.org/>

### **Bradford Teaching Hospitals Chief Executive:**

Mel Pickup has started in role as the Chief Executive of Bradford Teaching Hospitals NHS Trust. Mel was previously the Chief Executive at Warrington and Halton NHS Trust. Mel has also been appointed as the system leader of the Bradford Health and Care Partnership. She will take up this role in March 2020 when Dr Andy Withers retires.

## **People**

### **BDCFT Board Recruitment**

Recruitment to Board level roles continues during autumn/winter and thanks to those staff, Governors and service users who are involved in these processes.

### **Director of Nursing, Professions and Care Standards:**

We were delighted to appoint Phil Hubbard as our new Director of Nursing in October 2019, following a selection day in September.

### **Audit Chair:**

We held a Selection Day on 17 October 2019 for a new NED as Audit Chair with four short-listed candidates. The Fit and Proper Persons Test and formal approvals are currently taking place for our preferred candidate so that the new Audit Chair can begin in post by the December 2019 Board meeting. The preferred candidate has already informally begun a handover with the current NED as Audit Chair, David Banks. Our thanks go to David for his six years service to the Trust which has been greatly appreciated.

### **Medical Director:**

We are delighted to report that Dr David Sims has been offered the role of Medical Director. David has been acting Medical Director since April 2019 and has been the Trust's long standing Deputy Medical Director and Consultant in Learning Disabilities CAMHS. I am sure you will welcome David to the Board and join me in recording our congratulations.



### **NED Recruitment:**

Planning has begun to recruit a new NED due to Rob Vincent retiring in February 2020. Information on the plans are available from this month and the deadline for applications will be mid-January 2020. We will introduce a focus group element to the NED recruitment day as well as the service user group and interview panel with the Lead Governor. We are seeking Governors to join the recruitment process, particularly the new focus group in February, and please contact Fran Limbert to register your interest.

### **NED Remits:**

Due to Board changes I have asked NEDs to share with me their interest in future Board remits and roles from spring 2020, and further details will be shared shortly.

### **Other Recruitment**

- **New Governors:** I led a new Governor Induction session on 29 October with the Lead Governor and BDCFT colleagues. We invited existing and new Governors to attend which provided an opportunity for both induction of new Staff and Public Governors, a refresher for existing ones and networking opportunities.

### **Hospital Managers:**

I am working with Teresa O'Keefe, Mental Health Act Advisor, on the recruitment of new Hospital Managers to increase the number of Managers available by five more, including a public open evening at New Mill on 3 December 2019. These specialist volunteering roles ensure the rights of people detained under the Mental Health Act and we have received four applications so far.

### **Internal Engagement**

I continue to work to engage across the Trust as part of my induction and role as Chair, including attending parts of the leadership team's business planning sessions; monthly service visits to CAMHS with the Board in October, to the Airedale Centre in November and to District Nursing next month; and joining the Clinical Excellence Awards panel.

## Appendix One

### **NHSI/E Provider Chair Annual Appraisal Framework**

NHSI/E recommended standard framework within which annual appraisals for NHS provider chairs are applied and managed:

#### Competency: Strategic

- Leads the board in setting an achievable strategy.
- Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.
- Provokes and acquires new insights and encourages innovation.
- Evaluates evidence, risks and options for improvement objectively.
- Builds organisational and system resilience, for the benefit of the population of the system as a whole.

#### Competency: Partnerships

- Develops external partnerships with health and social care system stakeholders.
- Demonstrates deep personal commitment to partnership working and integration.
- Promotes collaborative, whole-system working for the benefit of all patients and service users.
- Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.

#### Competency: People

- Creates a compassionate, caring and inclusive environment, welcoming change and challenge.
- Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.
- Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.
- Supports, counsels and acts as a critical friend to directors, including the chief executive.

#### Competency: Professional Acumen

- Owns governance, including openness, transparency, probity and accountability.
- Understands and communicates the trust's regulatory and compliance context.
- Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.
- Applies financial, commercial and technological understanding effectively.

#### Competency: Outcomes Focus

- Creates an environment in which clinical and operational excellence is sustained.
- Embeds a culture of continuous improvement and value for money.
- Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.
- Measures performance against constitutional standards, including those relating to equality, diversity and inclusion.