

Meeting of the Board of Directors - **Public**

8 July 2021

Paper title:	Chief Executive's Report	Agenda item 9.0
Presented by:	Therese Patten, Chief Executive	
Prepared by:	Therese Patten, Chief Executive	

Purpose of the report		
The purpose of the report is to provide commentary on strategic, operational and systems issues.	For approval	
	For discussion	X
	For information	X

Executive summary		
<p>The purpose of this report is to inform the Trust Board of significant issues that occurred in the past month. The key headline discussed in the report is:</p> <ul style="list-style-type: none"> • Awards and Recognition • Trust news and national developments • Media coverage • Regulatory Matters and Visits • Serious incidents and never events • Reportable issues • COVID-19 		
<p>Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?</p>	<p>State below 'Yes' or 'No'</p> <p style="text-align: center;">No</p>	<p>If yes please set out what action has been taken to address this in your paper</p>

Recommendation
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the content of the paper, and • Seek any further clarification as appropriate

Strategic vision				
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	X	X	X	X

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

Relationship to the Board Assurance Framework (BAF)	<p>The work contained with this report links to the following strategic risk(s) as identified in the BAF:</p> <ul style="list-style-type: none"> • SO1 • SO2 • SO3 • SO4 • SO5 • SO6
Links to the Supporting Operational Risk Register	<p>The work contained with this report links to the following corporate risk(s) as identified in the Supporting Operational Risk Register:</p> <ul style="list-style-type: none"> • N/A
Compliance and regulatory implications	<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"> • N/A

Board of Directors – Public
Thursday 8 July 2021
Chief Executive Report

The Chief Executive report provides an overview of news, events and significant issues that have occurred during the month that require Trust Board to be aware of and/or to discuss.

1 Awards and Recognition

1.1 Estates and Facilities

The team entered the Royal Society for Prevention of Accidents Awards 2021 in a different category this year having achieved a Gold Award and Gold Medal (5 successive Golds) over recent years. We received confirmation on 18th June that we have been Highly Commended in the Healthcare Services Sector Award for health and safety performance during the period of January to December 2020. These awards are presented in place of the gold/sustained award in recognition of our higher achievement, and but still count towards our sustained awards history. Congratulations to the team and thank you for your continued hard work and excellence.

1.2 Information Governance

As part of our annual mandatory assessment for the Data Security and Protection Toolkit (the old IG Toolkit), we have been advised that we have exceed the standard requirements of the toolkit. Attaining a level beyond the norm demonstrates our commitment to data security and quality, and importantly we can evidence this in practice, rather than just theory or intent. Congratulations and thanks to the team.

1.3 Digital Innovation Hub

Our health and care partnership has been selected through a competitive process as one of four Health Foundation innovation hubs to be established nationally. We were successful in our application to take part in the Adopting Innovation programme and a Bradford and Craven Innovation Hub will be developed, focusing on ageing well, one of the priority areas for our system transformation work. The Hub will identify proven innovations and help develop local culture and skills so that these innovations can be effectively adopted. We will receive £475,000 funding and will work with partners to develop coaching and leadership programmes, establish peer networks, train innovation champions, and run campaigns to raise awareness

particularly with under-represented, seldom-heard groups. The key areas that the Hub will work on are anticipatory care, enhanced health in care homes, and urgent community response.

1.4 Royal College of Psychiatrists Quality Improvement Annual Conference 2021

We have had a poster showcasing The Care Trust Way (CTW) accepted for the Royal College of Psychiatrists Quality Improvement Annual Conference. The submission highlights our CTW vision and shares examples of how combining our Quality Improvement tools with coaching has supported staff make a difference during the pandemic. One of the examples of the CTW in action was our in house built Business Continuity Plan App.

2 Trust news and national developments

2.1 ICS Design Framework

NHS England and NHS Improvement published the Integrated Care System Design Framework on 16th June 2021. The framework sets out the operating model for ICSs from April 2022, after the enactment of the Health and Care Bill which makes them statutory and sets out the core arrangements that will be expected in each system. It also acts as interim guidance for development and preparation over the rest of this year. Points to note include:

- An ICS will be made up of a Partnership and a statutory NHS body. The partnership is expected to be a committee with a role to align the purpose and strategies of system partners. The ICS NHS body will have statutory functions - planning to meet population health needs, allocating resources, overseeing delivery - and will have a unitary board
- The ICS NHS body will be expected to agree with local partners the membership and form of governance at Place level – five arrangements are suggested:
 - a consultative forum
 - a committee of the ICS NHS body
 - a joint committee of the ICS NHS body and one or more statutory provider
 - an ICS NHS body director with delegated authority
 - a lead provider contracted to manage resources at Place
- Trusts providing acute and mental health services are expected to be part of one or more provider collaborative, while community and ambulance trusts, and non-NHS providers should participate in these where it makes sense
- Providers will continue to be accountable for quality, safety, use of resources and compliance with standards, as well as the delivery of any services or functions delegated to them by an ICS NHS body. Executives of providers will remain accountable to their boards for the performance of functions for which their organisation is responsible

- NHSE/I will retain its statutory regulatory responsibilities to take any formal regulatory action with providers
- Key features of the financial framework suggest that ICS NHS bodies will be given a duty to act with a view to ensuring system financial balance and to meet other financial objectives set

The framework includes a roadmap to implement new arrangements for ICS NHS bodies by April 2022, including appointing leadership teams and ensuring a smooth transition of staff from CCGs.

2.2 Board Strategic Development

As we move forward from the COVID-19 pandemic the Board has been reviewing our Trust strategy in the light of not only the unprecedented times that we have seen, but the emerging integrated care environment that we are moving into. Work is progressing and after our strategic board session we have now agreed a number of workstreams to be progressed as below:

- Better Lives Together – refresh and update within current Trust and system context
- Stakeholder mapping – update current and project to future state
- Partnering strategy – clarity on why, who and how do we partner for maximum effect
- Clinically driven – ensure the clinical and patient voice is central to what we do
- Financially sustainable – understand our vulnerabilities and plan a way forward

We have identified a NED and ED pair to take forward each of the programmes and plan to come together in September with the results of this work.

2.3 Complex Lives population Health approach

We have been in contact with Mersey Care NHS Foundation Trust with regards to work they have done, initially in Liverpool, to apply a population health approach to linking data and investment in services that support people with physical and mental health issues. The work helped establish priority areas for the health and care system, and importantly how resources could be used differently and more efficiently. The results of the piece of work showed high level spend across the complex lives group but also that services were often working in silos or duplicating and were not efficient either financially or in meeting the needs of this vulnerable group.

We are keen to replicate this work and have met with Wes Baker from Mersey Care who led the project. It appeared at the first meeting that to complete the project Liverpool had the advantage of having a longitudinal care record that combines health, care and justice data, and that the project would be harder to manage without that. However, discussions with our CCG population health lead and BI team suggest that we have an alternative, Radir, that brings together primary and

secondary care data and is closely linked to public health so we now feel more confident that work can be replicated locally.

In addition, the Trust have been involved in Mental Health surge modelling in partnership with our West Yorkshire and Harrogate MH collaborative Trusts. This work has highlighted the sharp increase in referrals into Mental Health services and different ways of working will be needed to meet this demand. Our recent 'Next Steps' week also highlighted areas that require transformation when being considered in relation to health inequalities.

At this point it is sensible for us to join up these workstreams and look at our data from a population health lens to enable us to establish the priorities and investment needs for our Place. We are meeting with Paul Rice the Place digital SRO this month to have a conversation about focus and resource required.

2.4 Inequality to Opportunity

The State of the Nation report used evidence from Born in Bradford to show how vulnerabilities, such as poor mental or physical health, unemployment and crime, below standard education and low aspirations, cluster in areas of multiple deprivation. Children and families in these areas are more likely to be multiply vulnerable and so require a coordinated, multi-agency response to their needs. Of Bradford's 30 wards, 14 were assessed as in the bottom 10% for multiple deprivation, before the pandemic so, as the report highlighted, the need to act is urgent.

Drawing on the best evidence of what works, the strategy set out an approach to delivery that combines the use of data science tools with working with professionals, communities and families to better understand patterns of vulnerability in our most disadvantaged communities. This then helps front line professionals, from all relevant services, share information and coordinate their work with children and families.

The plan has been agreed by our Integrated Care Partnership Board and a taskforce was then created and networks mobilised. The team have also submitted an application in partnership with Leeds City Council, to the Ministry of Housing Communities and Local Government Local Data Accelerator Fund for Children and Young People for £1M of inward investment. The Fund would support Leeds and Bradford to tackle high-impact, priority use cases that can deliver immediate education, health, social and economic benefits:

1. Trauma – improving support for Adverse Childhood Experiences
2. Autism – providing the right support as early as possible

Regardless of the outcome of the application, the taskforce has started to develop and test the methodology in the context of the problems experienced with regard autism waiting lists. On the 29th of June, we brought together all relevant organisations, from CAMHS to schools and families from across the District to agree a long-term vision and principles for action. Thirty-two individuals met at the Wolfson

building (in a covid secure environment) to discuss the interactions between services and families at a local level, and the sequencing of actions at a project level. Specific delivery partners were identified and governance structures agreed.

The key recommendation agreed by all delegates, was the urgent need to move from the current, dysfunctional and expensive ‘diagnosis -led’ system, to a needs-based approach, where data tools and collaboration between professionals makes earlier, cheaper and faster ‘informal’ intervention the default. Starting in a small number of our most disadvantaged communities, and working closely with schools, the aim is to identify and begin to meet the majority of children and families’ needs without forcing them all through one or more formal diagnostic pathway. A series of proposals were proposed within the workshop, and a strategic and delivery plan are being developed on the basis of these proposals. Delivery will be challenging and will depend on clear, collaborative leadership if we are really going to make a reality of the principles set out in our strategy:

1. Clear accountability and a mandate to act
2. Empowering localities and families
3. Removing barriers to and incentivising multi-agency working
4. Keeping evidence at the heart of planning and delivery
5. Our plans must include investment for growth

2.5 Partnership with Department for Education

As described above we are working closely with the Born in Bradford research team and other partners to plot better support to children on the autistic spectrum and their families. This has included demonstrating that early years education information can be used to predict children who will have specific neurodiverse conditions including autism, which drives our work to promote early and school based assessment.

To enable closer working and to drive our Inequality to Opportunity ambitions we are delighted to welcome Damon Boxer to the Trust on secondment from the Department for Education. Damon will work with David our Medical Director and will lead the implementation of this support to families, working with Born in Bradford and other partners. We already have great connections with AWARE, who support families where there is an individual on the autistic spectrum, and this will provide us with further opportunities to support parent training programmes and other support for families.

3 Media coverage

Media and news highlights since the last Board meeting included:

Area /date	Details

<p>Superhero day for local children on NHS birthday – 28 June</p>	<p>Local primary-aged children are being invited to take part in a superhero day to mark the 73rd birthday of the NHS which was established on 5 July in 1948.</p>
<p><u>You're a Star Awards 2021 winners announced – 25 June</u></p>	<p>Local healthcare heroes have been celebrated at the Trust's seventeenth annual You're a Star Awards ceremony for clinical and non-clinical staff, service users, carers and volunteers.</p>
<p><u>Calling families, friends and local businesses to support breastfeeding mums – 21 June</u></p>	<p>In a year when many people have come to value family more than ever, this year's Breastfeeding Celebration Week (21-27 June) focuses on encouraging partners, families, friends and local businesses to support breastfeeding mums, as they help baby get a great start in life.</p>
<p><u>Activity and engagement sessions planned by local Care Trust's Learning Disability team – 16 June</u></p>	<p>The Learning Disability Health Support team at Bradford District Care NHS Foundation Trust is encouraging the public to get involved in some fun activities and events next week (21-25 June) to mark the recent Learning Disability Awareness week.</p>

4 Regulatory Matters and Visits

Nothing of note to report.

5 Serious incidents and never events

The following Serious Incidents have been opened and closed on STEIS during the period from the 5th May 21. There were 6 reported incidents and 5 cases closed:

5.1 Incidents reported

- suspected suicide – First Response and previous contact with CMH Assessment Team
- service user assault on service user
- suspected suicide - CMH Assessment Team
- suspected suicide - CMHT Assessment Team & MWBC
- suspected suicide (LSCFT SI) - discharged from inpatient ward joint investigation
- suspected suicide – PLN Service

5.2 Incidents closed

- suspected suicide – MWBC
- assault of patient by staff - inpatients

- suspected suicide - CMH Assessment Team
- IG Incident - CAMHS Service
- suspected suicide - CMHT Adult

6 Reportable issues

Nothing of note to report.

7 COVID-19

The executive team continue to lead the Trust response to the pandemic. The following slide deck highlights the key issues for Board to note.

Therese Patten
Chief Executive
01 July 2021