

Board of Directors – Meeting held in Public

13 July 2023

Chief Executive’s Report

Paper title:	Chief Executive’s Report	Agenda Item 9
Presented by:	Therese Patten, Chief Executive	
Prepared by:	Therese Patten, Chief Executive	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input checked="" type="checkbox"/> Providing excellent quality services and seamless access <input checked="" type="checkbox"/> Creating the best place to work <input checked="" type="checkbox"/> Supporting people to live to their fullest potential <input checked="" type="checkbox"/> Financial sustainability, growth and innovation <input checked="" type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check ALL that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input checked="" type="checkbox"/> Responsive	

Purpose of the report
The purpose of the report is to provide commentary on strategic, operational and systems issues.

Executive Summary
<p>The purpose of this report is the inform the Trust Board of significant issues that occurred in the past months. The areas covered in this report are:</p> <ul style="list-style-type: none"> ▪ Trauma Informed Care ▪ UNICEF Baby Friendly Initiative ▪ Living our Values Awards ▪ Thanks a Bunch Nominations

- Appointment of substantive Chief Operating Officer
- Regulatory Matters and Visits
- Right Care Right Person
- COVID-19: Stepping down from NHS level 3 incident

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- Yes** (please set out in your paper what action has been taken to address this)
- No**

Recommendation(s)

The Board of Directors is asked to note the contents of the paper and seek any further clarification as appropriate.

Relationship to the Board Assurance Framework (BAF)

The work contained with this report links to the following strategic risks as identified in the BAF:

- SO1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)
- SO2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)
- SO3:** Maximising the potential of services to delivery outstanding care to our communities (QSC)
- SO4:** Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board)
- SO5:** To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC)
- SO6:** To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)

Links to the Strategic Organisational Risk register (SORR)

N/A

Compliance & regulatory implications

N/A

Board of Directors – Meeting held in Public

13 July 2023

Chief Executive's 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 Trust News

Trauma Informed Care

In June Trust Board completed a development session that looked at Trauma Informed Care (TIC). We learnt that TIC involved paying attention to what has happened in people's lives as well as what they are currently struggling with. It means that as care givers we must adapt our behaviour and approach to take account of people's lived experience, and by enabling them to feel safe they will be better able to move on with their recovery,

A Trauma informed approach has been shown to benefit people, reduce time in services and promote recovery and improved quality of life. It isn't about doing more but is about the way we do what we do, seeking to understand others behaviour and responding with compassion. It applies to all our people - each other, our staff, our partners in health and social care, our communities and of course those seeking our help and support.

The TIC programme team believe there is sufficient evidence from within and outside the Trust, to recommend that we refer to ourselves as a trauma informed organisation. To do this we will need to do a number of things, including providing staff with sensitive and specific training and development, ensuring that all 1-1s are restorative and promoting a sense of safety for staff and service users. In addition, we will need to begin to reference trauma informed principles in our public facing and internal websites and communication strategies by adopting the trauma informed badge.



Trust Board are asked to endorse this approach and the Trauma Informed Care team are asked to report back on progress in six months' time.

2 Awards and Recognition

UNICEF Baby Friendly Initiative

The Baby Friendly Initiative is a worldwide programme run by the World Health Organization and UNICEF. It was established in 1992 to encourage maternity hospitals to implement the

Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes and was subsequently extended to include community health-care services and university programmes for midwifery and health visiting/public health nursing. Initial accreditation as a Baby Friendly facility takes place in three stages:

- **Stage 1** of the assessment procedure is designed to ensure that the necessary policies, guidelines, information and mechanisms are in place to allow health care providers to implement the Baby Friendly standards effectively.
- **Stage 2** involves the assessment of staff knowledge and skills.
- **Stage 3** assesses the implementation of the Baby Friendly standards in the care of pregnant women and new mothers.

Re-assessment takes place after two years with the aim of ensuring that the standards are maintained. Ongoing assessment is carried out every three to five years with the same goal of ensuring the maintenance of standards.

The Trust Health Visiting Service was assessed during May. The assessors were able to interview 21 staff, 49 mums and visited five out of 15 of our clinics across the district. They described our staff as being welcoming, engaging and showing true compassion and care towards the families of the district.

The outcome report commends our staff for their hard work over the last two years in continuing to support mothers. It says that it was clear to the assessment team, that in many areas pregnant women and new mothers received a high standard of care.

We have four areas to improve on to fully meet all the standards (this is in comparison to 11 at the last assessment in September 21). We will then be reaccredited at stage three and can progress to Gold. These were fantastic results that demonstrate the impact that our service is having on the families across the district and I am grateful to everyone for the work they have done.

Living our Values Awards

Every month, colleagues and teams are recognised in our Living our Values awards, for actively demonstrating one of our Trust values in their work. The most recent winners are mentioned below congratulations to each of you.

	Number of nominations	Winners
March	3	<ul style="list-style-type: none"> ▪ Arif Sheikh, IT Officer ▪ Mohammed Masood, Support Worker Early Intervention in Psychosis team ▪ John Flaherty, IPS Team Leader
April	9	<ul style="list-style-type: none"> ▪ Senior Staff Nurse Annmarie Loblely and Kelly Kerin, Healthcare Support Worker ▪ Mohammed Idris, Recovery Coordinator and Darren Lindley, Employment Specialist ▪ Paula Ottley, Head of Estates and Facilities
May	9	<ul style="list-style-type: none"> ▪ Savitri Cameron, Community Matron ▪ Shanaz Shaffi, Payroll Liaison Officer ▪ Rebekah Blundell, Activity Co-ordinator

Thanks a Bunch Nominations

	Nominations	Awards	Single nominations	Team nominations	Grouped nominations	Single awards	Team awards	Group awards
Apr	13	7	6	1	0	7	0	0
May	23	11	20	1	2	10	1	0

I am pleased that as with previous months we continue to see nominations coming from across the Trust. The April and May nominations came from digital services, human resources and organisational development, the vaccination and immunisation children's specialist service, food services and City community mental health team.

3 Supporting our People

Appointment of substantive Chief Operating Officer

After a comprehensive recruitment and selection process, I am pleased to advise that Kelly Barker has been appointed as our substantive Chief Operating Officer. Kelly's career spans over 20 years with the NHS and she has worked in Bradford since 2004, holding a number of senior operational roles at our Trust including Deputy Director of Operations.

Kelly began her career as a Health Care Support Worker, before qualifying as a Mental Health Nurse and working clinically across the breadth of inpatient and community settings. Kelly is passionate and committed to leading and delivering high quality services to our communities. She is a values driven leader, committed to creating 'better lives together' using the Care Trust Way, our quality improvement methodology, and having co-production at the heart of everything we do.

I am delighted to have Kelly join the Executive Management Team and am pleased that the team is now fully established substantively.

4 Regulatory Matters and Visits

During this reporting period there has been one Mental Health Act (MHA) undertaken by the care Quality Commission (CQC) to monitor the use of the MHA and the compliance with the Code of Practice. This was undertaken on 18 May 2023 on Maplebeck ward.

The review identified the following areas which required improvement, to which a formal response is currently being prepared for submission by 11 July 2023, matters raised included:

- Sharing the outcome of MHA visits and findings with patients
- Why some rooms on the ward were locked
- Provision of lockable space for patients within their bedrooms for possessions which they might like to keep with them
- Community meetings
- Uptodate risk assessments and the addition of addendums that were no longer relevant
- Significant length of stay for one patient

Reportable Issues

The following events were externally reported:

CQC and NHSE reportable	LMH 136 suite	Young person admission to an adult mental health ward	YP admitted to 136 suite Bradford on 19/4/23 and transferred to Red Kite on 21/4/23
CQC reportable	Thornton	AWOL	Failure to return from authorised leave - returned voluntarily the same night
	Baildon	AWOL	Failure to return from authorised leave - returned voluntarily after 45 minutes
	Ilkley	AWOL	Failure to return from authorised leave - returned voluntarily approximately 36 hours later
NHSE reportable	Nil		

Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported, and three new SI's have been reported as below:

April – 1 suspected suicide (additional to the 2 detailed in the last report)

May – 2 suspected suicide

June – 0

Currently we have 14 open investigations with one being an external investigation, this is a double homicide and NHSE have commissioned NICHE to complete the investigation. Six investigations were completed in the reporting period.

Inquests

Twenty inquests were concluded during this period, six of which BDCFT staff were asked to attend to provide evidence. One of these cases was an Article 2 inquest with a jury, as it related to an inpatient death. In relation to the remainder of the inquests that took place during this period, BDCFT were not informed of the date of the hearing in advance, and no witnesses were required to attend.

There were no HMC actions nor criticism of the Trust from the Coroner in any of the inquests during this period. However, in advance of the Article 2 inquest, the Trust made admissions and instructed NHS Resolution to admit liability in the associated civil claim. The decision to make pre-inquest admissions was based on the findings and learning in the Serious Incident Investigation, and based on the evidence and concessions that the witnesses called to give oral evidence would (and did) make. Despite those admissions of failings in care, the Coroner was satisfied that a Regulation 28 (prevention of future deaths) report was not necessary based on the action plan that followed the findings, and assurance evidence that was provided with regards to changes and improvements that the Trust have since made.

In this period, we were also notified of a further 13 inquest conclusions which had been heard between 12.04.2021 and 29.09.2022. We continue to work with the coroner's officers to ensure that such information is provided at the earliest opportunity in order that conclusions

can be reported in the relevant period. This is not always possible due to coronial workload and backlogs.

5 National and System Developments

Right Care Right Person

Right Person Right Care (RCRP) is an operating model designed to ensure that when there are concerns for a person's welfare linked to mental health, medical or social care issues, the right person with the right skills, training and experience will respond. Recently a partnership agreement was signed between the Department of Health and Social Care and the National Police Chiefs Council that agrees RCRP is the approach to work on.

The core principles of this model are around reducing police involvement where it is unnecessary, for example, but not exhaustively, welfare checks, absconders or people absent without leave from hospitals. The national direction of travel is suggesting that police will only attend a Concern if it is deemed to:

- Be a genuine emergency, for example a person is at a real and immediate threat of death or serious harm or it is assessed the person(s) has been subjected to at least serious harm
- The individual(s) is a person within the care of the police and is facing some harm

Across Bradford and Craven Place, we have a long-standing positive relationship with our policing colleagues and have historically jointly owned and reviewed policies and procedures in situations similar to this. However, the imminent national sign off and roll out of RCRP may present new challenges and risks that we need to quickly assess and have jointly owned plans for.

To oversee and direct this work Kelly Barker as Chief Operating Officer and Senior Responsible Officer for the MH Crisis Pathway Act as One Programme, will be co ordinating a multi-agency strategic oversight group, the 'Right Care, Right Person Concordat' to ensure that the planning and roll out of the model is safe and aligns to our place and system strategic intent. As CEO I have already raised my reservations with Rob McCoubrey the District Commander of Bradford Police who has strongly endorsed the partnership approach to managing this change. I am also of the view that this has the potential to have a broader societal impact and will be asking our Health and Wellbeing Board to also have oversight of our plans.

At a system level, the West Yorkshire Mental Health and Criminal Justice Forum has been working to understand how we implement the RCRP principles safely. As part of this work, it has been agreed with West Yorkshire Police to produce joint communication statements at key points, such as the signing of this agreement. In anticipation of the announcement being made, WY Police are producing a draft joint statement which will be finalised in collaboration with the Forum and released contemporaneously through our communication channels and published on public facing areas of partners websites.

6 Media Coverage

Media and news highlights since the last public Board meeting included:

April coverage:

- Trust scores highly in PLACE results – Keighley News (x2), Telegraph & Argus (x2)
- Savitri Cameron celebrates 52 years of service – Community Nursing Now (x1), Telegraph & Argus (x1)
- Better Lives announce annual charity golf day – Keighley News (x1), Asian Express (x1), Telegraph & Argus (x2), The Yorkshire Post (x1)

Negative media coverage: £450,000 wasted on woke inclusion and diversity officers this month alone – Daily Mail (x2)

May coverage:

- Brushathon campaign launched to help Bradford children with dental care – Keighley News (x2), BCB (x1), Telegraph & Argus (x2)
- Dying matters event hosted to highlight importance of positive conversations – Telegraph & Argus (x1)
- PACT event celebrates service achievements – BCB (x1)
- Government funding approved for Airedale Hospital – Telegraph & Argus (x3), HSJ (x1)

Negative media coverage: None

7 COVID-19 (by exception)

On the 18th May Chief Executives received a letter from NHS England advising that they were stepping down from NHS level 3 incident (Appendix 1). This is in response to the World Health Organisation announcing that COVID-19 is no longer a Public Health Emergency of International Concern. In light of this change NHS England moved to step down incident management arrangements which have included a range of data reporting processes and communications.

Kelly Barker has led conversations with Chris Wright our emergency planner about what steps we need to take to step back from our COVID-19 command structures. There is benefit from some of the structures as they allow very swift decision making however, it is important that they do not duplicate routine management decision making. There is also benefit from some of the support processes that the command structure enabled with local and system colleagues. Members of the executive management team have agreed to meet to discuss the governance details and feed into the governance review process that is ongoing.

Therese Patten
Chief Executive