

Name of meeting: Council of Governors - Public

Date: Thursday 2 February 2023

Time: 5.00pm until 6.05pm

Venue: Meeting held virtually using Microsoft Teams

Agenda

	Lead	Time
1 Apologies for absence (verbal)	LP	5.00pm
2 Declaration of any Conflicts of Interest (verbal)	LP	
3 Minutes of the previous meeting held on 1 December 2022 (enclosure)	LP	
4 Minutes of the Annual Members' Meeting held on 28 September 2022 (enclosure)	LP	
5 Matters arising (verbal)	LP	
6 Action Log (enclosure)	LP	
GOVERNOR FEEDBACK		
7 Issues and Questions from Communities (verbal)	Governors	5.05pm
8 Youth Views (verbal)	LM	
STRATEGIC CONTEXT		
9 Chair's Report (enclosure)	LP	5.15pm
QUALITY, SAFETY AND RISK		
10 Performance Report (enclosure)	SI / MW	5.20pm
11 Update on SEND inspection and Children's Trust (verbal)	PH	5.25pm
12 Assurance Reporting (enclosures)		5.30pm
12.1 Charitable Funds Committee held on 27 October 2022	MR	
12.2 Finance, Business and Investment Committee held on 24 November 2022	MA	

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| 12.3 | Mental Health Legislation Committee held on 24 November 2022 | SL |
| 12.4 | Quality and Safety Committees held on 17 November and 15 December 2022 | AM |
| 12.5 | Workforce and Equality Committee held on 27 October 2022 | MR |

WORKFORCE

- | | | | |
|---------|--|-----------|---------------|
| 13
1 | Industrial Action Update (verbal) | BC | 5.40pm |
| 14
1 | Staffing Update (verbal) | BC | |
| 15
1 | Staff Survey Update (verbal) | BC | |

FINANCE, SUSTAINABILITY AND GROWTH

- | | | | |
|---------|---------------------------------------|-----------|---------------|
| 16
1 | Lynfield Mount Update (verbal) | MW | 5.55pm |
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GOVERNANCE AND WELL LED

- | | | | |
|---------|--|------------------------|---------------|
| 17
1 | Procedure for Reimbursement of Expenses (enclosure) | FS | 6.00pm |
| 18
1 | Terms of Reference for Merged Council of Governors Nominations and Remuneration Committee (enclosure) | FS | |
| 19
2 | Council of Governors Annual Work Plan (enclosure) | For information | |
| 20
2 | Notification of future Meeting Dates (verbal) | LP | |
| 21
2 | Any Other Business (verbal) | LP | |
| 22
2 | Meeting Evaluation (verbal) | LP | 6.05pm |

**The next public Council of Governors meeting will take place following the private meeting on:
Thursday 4 May 2023, 5.00pm until 6.30pm**

Council of Governors' Meeting held in Public
Thursday 1 December 2022 at 5.05pm
Virtual meeting held on Microsoft Teams

Agenda item

3

Present:	Dr Linda Patterson OBE Chair of the Trust (Chair of the Council of Governors) Ishtiaq Ahmed Appointed Governor: Sharing Voices Maz Ahmed Non-Executive Director Helen Barker Public Governor: Craven Kelly Barker Interim Chief Operating Officer Darren Beever Public: Bradford South Dr Sid Brown Public Governor: Shipley Tina Butler Appointed Governor: Bradford Assembly Deborah Buxton Appointed Governor: Barnados Bob Champion Chief People Officer Sue Francis Staff Governor: Non-Clinical Anne Graham Public Governor: Bradford West Zahir Irani Appointed Governor: Bradford University Cllr Sabiya Khan Appointed Governor: Bradford Council Simon Lewis Non-Executive Director Linzi Maybin Staff Governor: Clinical (Deputy Lead Governor) Alyson McGregor Non-Executive Director Sally Napper Associate Non-Executive Director Carole Panteli Non-Executive Director Trevor Ramsey Public Governor: Bradford West Tim Rycroft Chief Information Officer Anne Scarborough Public Governor: Keighley (Lead Governor) Pamela Shaw Staff Governor: Clinical Joanne Squires Staff Governor: Clinical Fran Stead Trust Board Secretary (Secretariat) Jimmy Vaughan Public Governor: Keighley Mike Woodhead Director of Finance, Contracting & Estates
Apologies:	Phil Hubbard Interim Chief Executive (Director of Nursing, Care Standards & Professions) Mufeed Ansari Public Governor: Bradford East Darren Beever Public: Bradford South Cllr Matthew Bibby Appointed Governor: Bradford Council Andrew Chang Non-Executive Director Mike Frazer Public Governor: Bradford East Cllr Wendy Hull Appointed Governor: Craven District Council Roberto Giedrojt Staff Governor: Non-Clinical Katie Massie Public: Bradford West Hannah Nutting Public Governor: Shipley Mark Rawcliffe Non-Executive Director Helen Robinson Deputy Trust Board Secretary Joyce Thackwray Public: Bradford South Michaela Worthington-Gill Public: Bradford East

MINUTES

Item	Discussion	Action
244	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the meeting at 5.05pm, welcoming everyone & noting the apologies received.</p> <p>The meeting was quorate.</p>	
245	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
246	<p>Minutes of the Council of Governors' meeting held on 1 September 2022 (agenda item 3)</p> <p>The minutes of the public Council of Governors' meeting held on 1 September 2022 were agreed as a true and accurate record, subject to one minor amendment to show the attendance of Bob Champion at the meeting.</p>	FS
247	<p>Matters Arising (agenda item 4)</p> <p>There were no matters arising.</p>	
248	<p>Action Log (agenda item 5)</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • noted the contents of the action log; • noted that no actions required further work; & • agreed to close the action listed as complete. 	
249	<p>Issues Raised (agenda item 6)</p> <p>Following the discussion that had taken place at the Private Council of Governors meeting on 1 December 2022, in relation to the suicide of a young person within the district, & associated mental ill-health challenges, a subsequent discussion took place. The Chair outlined that engagement continued with the family of the individual, with the Trust undertaking the internal serious incident processes, alongside review work at Place looking at the multi-agency services that had been provided.</p> <p>No further issues were raised by Governors.</p>	
250	<p>Youth Views (agenda item 7)</p> <p>Ms Maybin provided an update on the activities that had taken place & were schedule to support youth engagement & involvement. This included an overview of:</p>	

Item	Discussion	Action
	<ul style="list-style-type: none"> developments on the strategy for the Trust's youth involvement; continued engagement with Young Dynamos; & engagement with NHS Cadets. <p>The Council of Governors:</p> <ul style="list-style-type: none"> noted the update; welcomed continuation of engagement & involvement activities for young people; & noted that further updates, including requests for involvement will be provided to Board members. 	
251	<p>Chair's Report (agenda item 8)</p> <p>The Governors received the Chair's Report, which included:</p> <ul style="list-style-type: none"> internal & external engagement activities; an update on the 2022 Annual Members' Meeting; Non-Executive Director appointments; Go See engagement visits; upcoming Board & Committee meeting details; & a proposal to merge the Council of Governors Nominations, & Remuneration Committee. <p>A discussion took place on external engagement, with Governors recognising the importance of multi-sector engagement, including partnerships with the voluntary & charity sector. The different regions that the Trust worked across was also recognised, with the importance of ensuring continued engagement across the different Places.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> welcomed the continued engagement taking place both internally & externally; & supported the proposal to merge the Nominations, & Remuneration Committee. 	<p>Corporate Governance</p>
252	<p>Performance Report (agenda item 9)</p> <p>The Director of Finance, Contracting & Estates presented the report & highlighted the information presented on workforce pressures; Out of Area Placements (OAPs); waiting times to access services & associated improvements made to Children & Young people's waiting times. The Chief People Officer provided an update on the industrial action that was taking place nationally, the internal situation, & how the Trust continued to engage at Place, System, & nationally on the emerging situation. The Governors heard how oversight of performance, & industrial action featured within the work of Committees, the Board, & throughout the operational meeting structure.</p>	

Item	Discussion	Action
	<p>A discussion took place on staff turnover, including the Trust's retention strategy. The importance of staff satisfaction was recognised, along with the different mechanisms for engaging with staff, & how learning featured as part of the exit interview process for any staff leavers.</p> <p>A discussion took place on OAPs, which included an update on the local contract in place with Cygnet to support Trust's bed management plans. Governors heard how benchmarking had taken place to support internal analysis of the bed management position, with the complexity of service users needs recognised which resulted in longer lengths of stay. The Interim Chief Operating Officer outlined how the Care Trust Way methodology & co-production was being used to support forward planning of service delivery, & configuration of services, & business planning. Governors would be kept updated on engagement & involvement opportunities as part of the reaching out engagement work for service development.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • noted the update provided; • welcomed the opportunity to be involved with members, service users, carers, & the wider public on engagement activities; & • noted that further discussion on performance management continued to take place within the Board, & Committee meetings. 	
253	<p>Audit Committee held July & October 2022 (agenda item 10.1)</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • welcomed the Audit Committee AAA Report. There were no items identified that required escalation. 	
254	<p>Charitable Funds Committee held July 2022 (agenda item 10.2)</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • welcomed the Charitable Funds Committee AAA Report. There were no items identified that required escalation. • Noted the programme of investment, from April 2022 to October 2023, to support financial sustainability for the Better Lives NHS charity whilst the business model & income plans developed. 	
255	<p>Finance, Business & Investment Committee held September 2022 (agenda item 10.3)</p> <p>Mr Ahmed presented the report & drew the Governors attention to two matters:</p> <ul style="list-style-type: none"> • continued engagement & planning in support of the Lynfield Mount redevelopment & associated capital investment; • financial pressures, which had largely been offset by non-recurrent underspend 2022/23, & associated financial targets & pressures that were expected 2023/24, the transformation work required to ensure financial 	

Item	Discussion	Action
	<p>delivery, & the expectations of working in partnership across a System, where the System was required to deliver financial targets & efficiencies.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • welcomed the Finance, Business & Investment Committee AAA Report. There were no items identified that required escalation. 	
256	<p>Mental Health Legislation Committee held September 2022 (agenda item 10.4)</p> <p>Mr Lewis presented the report & drew the Governors attention to the one item that had been escalated as an alert, which was the ‘timeliness of reports & documents for mental health tribunals and hospital manager meetings’. Mr Lewis outlined the investigation work that had taken place to better understand the issue & the subsequent actions that had been put in place to improve performance. This included temporary investment in the workforce model of the responsible team due to high unplanned staff absence levels.</p> <p>Governors noted the continued focus of the Committee on receiving assurance of least restrictive practice taking place within mental health & learning disability services, the improvements seen on performance, & how learning continued to be shared across services in support of continuous improvement.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • noted the content of the Mental Health Legislation Committee AAA Report. 	
257	<p>Quality & Safety Committee held October 2022 (agenda item 10.5)</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • welcomed the Quality & Safety Committee AAA Report. There were no items identified that required escalation. 	
258	<p>Council of Governors Annual Work Plan (agenda item 11)</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • noted the contents of the Annual Work Plan. 	
259	<p>Any Other Business (agenda item 16)</p> <p>Dr Brown raised one area of other business, he outlined how a previous public Governor had been involved with the Complaints Group at the Trust & asked what opportunities there would be for further involvement initiatives. The Trust Board Secretary outlined different initiatives that Involvement Partners had taken part in previously, & highlighted the difference within involvement & engagement work, & roles / responsibilities of Governors. It was agreed that</p>	FS & Bev Fearnley

Item	Discussion	Action
	<p>an update on the Complaints Group, & the involvement / engagement workstream would be shared with Governors.</p> <p>No items of other business were raised. The Chair thanked everyone for attending & the good discussion that had taken place. The meeting was closed at 6.20pm.</p>	
<p>260</p>	<p>Meeting Evaluation (agenda item 17)</p> <p>A discussion took place in support of continuous improvement on the effectiveness of the meeting.</p> <p>The Chair thanked the Council of Governors for their time. The meeting was closed at 6.20pm.</p>	

Signed:

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Dated:

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Annual Members' Meeting
Wednesday 28 September 2022
Meeting held virtually on Microsoft Teams

Present:	Dr Linda Patterson OBE	Chair of the Trust
	Susan Francis	Staff Governor: Non-clinical
	Roberto Giedrojt	Staff Governor: Non-clinical
	Anne Graham	Public Governor: Shipley
	Linzi Maybin	Staff Governor: Clinical (Deputy Lead Governor)
	Trevor Ramsay	Public Governor: Bradford West
	Pamela Shaw	Staff Governor: Clinical
	Joanne Squires	Staff Governor: Clinical
In Attendance:	Therese Patten	Chief Executive
	Bob Champion	Chief People Officer
	Shane Embleton	Deputy Director of Estates & Facilities
	Gilbert George	Interim Director of Corporate Affairs
	Phillipa Hubbard	Director of Nursing, Professions and Care Standards
	Badar Abbas	Manager, KPMG
	Simon Lewis	Non-Executive Director and Senior Independent Director
	Tafadzwa Mugwagwa	Interim Chief Operating Officer
	Carole Panteli	Non-Executive Director
	Mark Rawcliffe	Non-Executive Director
	Helen Robinson	Deputy Trust Board Secretary and Corporate Governance Manager (Committee Secretariat)
	Tim Rycroft	Chief Information Officer
	Dr David Sims	Medical Director
	Mike Woodhead	Director of Finance, Contracting and Estates

118 Members of the Trust and members of the public.

Minutes

Item	Discussion
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103 Welcome (agenda item 1)

The Chair of the Trust opened the virtual meeting at 10:00am and welcomed the public, members, governors, Trust colleagues and Board members. Dr Patterson encouraged attendees to submit questions during the session through the use of the Microsoft Teams Question and Answer (Q&A) function and informed attendees that these would be answered

in the virtual Q&A session following the presentations, along with those questions that had been submitted in advance.

Dr Patterson thanked all staff, volunteers and everyone who had been involved with the delivery of the Trust's work over the last 12 months, for their tenacity, passion and determination to deliver services and ensure safe care for patients, service users, carers and local residents under challenging circumstances. She went on to thank Board colleagues and the Council of Governors who had worked closely together to ensure that the organisation was fit for purpose and the best it could be.

104 Apologies for Absence (agenda item 2)

Apologies for absence had been received from Anne Scarborough, Lead Governor; Tina Butler, Appointed Governor: Bradford Assembly; Maz Ahmed, Non-Executive Director; Alyson McGregor, Non-Executive Director; Andrew Chang, Non-Executive Director.

The Annual Members' Meeting was quorate.

105 Declarations of Interest (agenda item 3)

There were no declared conflicts of interest in respect of any agenda items.

106 Minutes and Matters Arising from the Meeting Held on 16 September 2021 (agenda items 4 and 5)

The minutes from the Annual Members Meeting held on 29 September 2021 were agreed as a true and accurate record. It was noted that there were no matters arising from the previous meeting.

107 Presentation from the Chief Executive: Annual Report – “Looking back, with an eye on the future” (agenda item 6)

Ms Patten delivered a brief presentation, which reflected on 2021/22 and also looked to the year ahead. She referred to the continued response to COVID-19 and in particular praised the Infection Prevention and Control Team for their work keeping the workforce and the Trust's service users safe. Ms Patten also recognised the pressures which had been experienced by staff in mental health and community services, which had often been overlooked in favour of the acute hospital response.

Ms Patten referred to the two community vaccination centres that had delivered more than a million doses of vaccines and thanked everyone involved in making this happen.

Some time was then spent reflecting on the Trust's staff, the health and wellbeing support that had been available during the pandemic, and the excellent work of the Trust's Better Lives charity.

Ms Patten stated that the Trust played an important role in connecting communities, and this work would continue to be developed in the future.

Ms Patten summarised the reset and recovery work, including the Next Steps programme, which had looked at the Trust's people, wellbeing and ways of working, the environment, health inequalities and inclusion, digital, and sustainability and best value. She acknowledged that new ways of working were not always inclusive and thanked clinical staff for providing services using digital technology whilst enabling service users to make the choices which were best for them and their care.

Ms Patten referred to the various partners of the Trust and the changes which had occurred during 2021/22 as a result of the Health and Care Act. There was now a duty to collaborate with partners at System (West Yorkshire and Harrogate) and Place (Bradford District and Craven) level. She also highlighted the priorities of the Act As One partnership in Bradford, which aimed to deliver key transformation work for the benefit of the population.

Looking to the future, Ms Patten anticipated further challenges including the continuation of COVID-19, a potentially high impact of seasonal flu, financial challenges for the NHS and close partners, and the cost of living crisis. However Ms Patten felt optimistic about the future, due to the impact of working together with partners. A refresh and review of the Better Lives Strategy would have ambitions regarding going from strength to strength as a community connector and move the organisation forwards.

Ms Patten closed by thanking staff, involvement partners, Governors and everyone who had supported the organisation over the last year.

108 Presentation from the Director of Finance, Contracting and Estates (agenda item 7)

The Director of Finance, Contracting and Estates presented a report on the Trust's financial position that outlined the key performance metrics and a forward look at the key challenges and opportunities that the Trust would be facing in the next financial year.

He stated that in response to the pandemic, temporary financial arrangements had continued for the whole NHS during 2021/22. The Trust had a break-even plan and ended up with a surplus of £1.365m before impairments, which was a deficit of £1.991m after impairments.

Around £6m of capital expenditure had been invested in a major refurbishment of the Assessment and Treatment Unit (£1.8m); further roll out of anti-ligature alarmed doors in the inpatient estate (1.2m); implementation of the electronic Prescribing system for Mental Health inpatient services (£0.4m); and routine replacement of equipment, upgrading of systems and maintenance of the Trusts estate.

Mr Woodhead highlighted challenges which had impacted on the financial situation, but overall the Trust had performed better than the plan.

Mr Woodhead outlined how the £199.6m expenditure had been broken down, with the majority of costs being around staffing. He went on to break down the £197.6m income, the majority of which had come from contracts with Clinical Commissioning Groups.

Looking ahead, Mr Woodhead stated that the Trust had approved a break-even plan for 2022/23, however there remained a significant level of uncertainty and risk in the plans due to the ongoing impact of COVID-19, the evolution of Integrated Care Boards and Systems, and the impact of the cost of living crisis. Robust risk management arrangements were in place, alongside a strategic programme to deliver the £14.4m efficiency target. A capital programme of £4.9m had been approved for 2022/23.

Mr Woodhead ended by stating that the Trust had a strong history of effective financial management and he was confident that financial risks would be managed, and statutory duties met within the plans set for 2022/23.

109 Presentation from the Trust's External Auditor (agenda item 8)

Mr Abbas, Manager at KPMG LLP, provided a presentation on the findings from the Trust's 2021/22 Annual Report and Accounts. Firstly, he outlined the scope of the work and outlined responsibilities as an independent provider of the external audit services, including the audit of the financial statements.

Mr Abbas stated that the audit found the Annual Accounts for 2021/22 to be a true and fair view of the state of the Trust's affairs with the accounts being prepared in accordance with the Department of Health and Social Care Group Accounting Manual. Mr Abbas added that the auditors had found that the Trust had suitable arrangements in place to ensure that appropriately informed decisions were made with resources deployed to achieve planned and sustainable outcomes. He stated that findings from the financial statement audit had resulted in an unqualified (satisfactory) opinion and shared that the Trust's annual governance statement reflected the Trust's control environment and risk management arrangements.

Next, Mr Abbas presented information about the value for money findings, which assessed whether there were any significant weaknesses in the Trust's arrangements for achieving value for money. He stated that no significant weaknesses had been identified.

In relation to the whole of government accounts, Mr Abbas confirmed that the Trust's submission to NHS Improvement for the production of the consolidated NHS provider sector accounts matched the financial statements.

Finally, Mr Abbas confirmed that there had been no inconsistencies identified in relation to the Trust's Annual Report.

110 Presentation from the Director of Nursing, Professions and Care Standards, and Deputy Chief Executive: Quality Accounts / Quality Highlights (agenda item 9)

The Director of Nursing, Professions and Care Standards presented the Quality Report, outlining the statutory requirements and explaining the purpose of the report as being:

- To represent a true and fair reflection of the quality of services provided
- Provide the views of the report from key external stakeholders.

Mrs Hubbard explained the improvement of the Trust ratings from the Care Quality Commission (CQC) to an overall rating of “Good”, but recognised that there were still areas requiring improvement.

The report further outlined:

- Clinical audit and research and innovation;
- Quality performance;
- Involvement – service users, communities, engagement;
- Volunteering and the Better Lives Charity – to enhance services;
- Giving staff a voice to create an open culture;
- Feedback from key stakeholders.

111 Presentation from Chief People Officer: Our People (agenda item 10)

The Chief People Officer noted that the Annual Report and Accounts provided a wealth of workforce-related data. For the purposes of the Annual Members Meeting, Mr Champion explained he would focus on the Trust’s delivery against the NHS’s People Plan and the four key delivery areas / pillars of:

- Looking after our people;
- Leadership, inclusion and belonging in the NHS;
- Growing our workforce for the future;
- New ways of working and delivering care.

Mr Champion explained how the Trust aimed to achieve each key area and the programmes of work that had been put in place in order to achieve those aims.

112 Presentation from the Deputy Lead Governor: Lead Governor’s Report (agenda item 11)

The Deputy Lead Governor started by explaining the topics that would be covered in the presentation:

- Current membership;
- In year achievements;
- Focus into the future.

She drew attention to how being in the role of governor was felt to be a privilege. The membership demographics were reported and it was explained that there was a drive within the Council of Governors to increase youth membership as they were the workforce, leaders and innovators of the future.

The role of the governor, how they represented the community and ways they got involved was described as well as how the place-based approach would enable governors to focus on the bigger picture and how the future might look. However, she noted that whilst the CQC

rating had improved to “Good”, there should be no complacency and that improvements were still needed.

The three areas that had been the Governors’ biggest focus in the past year were noted as:

- The Integrated Care System – the place-based approach;
- Covid-19 – staffing;
- Youth membership.

The different categories and constituencies of governors were confirmed and their role of challenging the Board of Directors and holding the Non-Executive Directors to account for the performance of the Board was explained. They were able to do this as they listen to issues in their local communities, service users and staff in order to find solutions.

113 Presentation by Deputy Director of Estates and Facilities: Our Future – Smarter Spaces Strategy (agenda item 12.1)

The Deputy Director of Estates and Facilities introduced the Smarter Spaces Strategy which was aimed at creating a good quality estate around the Trust’s services with facilities that were fit-for-purpose and in the right locations. It was explained that this had begun with the commissioning of an external report which reviewed the estate and proposed opportunities to achieve the ambition of creating the best places to work and deliver high quality services.

The intention of using the hub and spoke model and what that entailed was explained, noting the intention to have five main hubs across the district with up to 30 spokes around them. This would focus on reducing the estate but at the same time would provide higher quality accommodation suitable for modern healthcare needs.

The differences between hubs and spokes were outlined, noting that the hubs would also have the ability to be shared with the Trust’s external partners where appropriate. The methodology was explained, noting it was a five-year plan which would continue to evolve with continuous engagement required to align with digital and workforce transformation work. Maintaining quality service delivery during the transformation was seen as key and this would be continuously tracked.

Achievements to date were highlighted and it was noted that future plans needed to work alongside other strategic programmes to achieve the clinical transformation projects. Adapting to situations and issues as they arose would be achieved by continuous engagement and consulting, especially with the Local Authority in the Neighbourhood Asset Review aimed at bringing health and social care opportunities together.

114 Presentation by the Chief Information Officer: Our Digital Future (agenda item 12.2)

The Chief Information Officer outlined the current digital situation and anticipated future digital direction to support the organisation, staff and be able to deliver quality services. He drew attention to the publication of the Trust’s digital strategy at the end of 2021, noting the ability for the strategy to adapt and be flexible as needs required. He noted that the digital solutions were focused on the people who use the Trust’s services:

- Service users – to ensure their safe and secure access to services
 - Staff – to provide access to the training and technologies to assist with their roles.
- Threats to cyber security were acknowledged along with the Trust’s ability to respond appropriately.

The digital strategic themes were explained along with the associated aims and ambitions to becoming a digital leader and what that would mean for each digital pillar.

Further explanation of the five year plan for the digital strategy was provided with expectations to 2026.

115 Virtual Question and Answer Session (agenda item 10)

The Chief Executive thanked the presenters for summarising some of the vast amount of work that had been achieved in the last year. She then opened the meeting up to receive questions from members of the public and stakeholders for the Trust’s Board of Directors, noting that some questions had been received in advance and others had been submitted using the virtual chat facility on Microsoft Teams.

The following question had been received in advance for the Board of Directors:

Question 1: Keith Double, Trust member, asked “Given that service users' and carers' input to the recruitment process at Bands 7 and above is considered to be a high priority and appropriate training given, how is the training for staff on interview panels organised? What, if any, are the differences between the training? Why are service users and carers not involved at lower bands?”

Answer: Mr Champion, Chief People Officer advised that the involvement of service users in the recruitment and selection process was a very valuable component. Before the pandemic, face-to-face training was delivered for service users and line managers. However this was suspended in response to COVID-19 although line managers were still able to access the training. Service User training was along the same lines as that provided to line managers. He further advised that details of the components of the training packages and associated presentation decks could be provided if requested. From October 2022, a working group would be looking into how service user representatives could be facilitated on panels for all patient facing roles of band 5 and above, as well as how to make the training available to service users in a safe manner in order to give them more confidence and be able to contribute effectively.

The remaining questions had been raised during the meeting noting that some had already been answered in the virtual chat facility

Question 2: Trevor Ramsay, Public Governor asked “Why is an incorrect number for First Response still being given out, including on the MIND Bradford’s answerphone message.”

Answer: The Chief Executive stated that the Trust used a national freephone number for all First Response services throughout the country. The telephone number being given out would be investigated and rectified as appropriate.

Action: Chief Executive.

Question 3: Jo Squires, Staff Governor asked “Do staff have the opportunity to do an exit interview with HR? Some people might not feel able to provide an accurate reason for leaving to their direct manager or team members.”

Answer: The Chief People Officer stated that the procedure started with the employee completing a confidential online exit questionnaire in their Electronic Staff Record portal. They were then offered a meeting for a leaver conversation with HR and/or their line manager, whoever they felt more comfortable talking to. Wherever concerns about the employment relationship were raised during that process, colleagues were signposted to other procedures, such as grievance, dignity at work, or freedom to speak up.

Question 4: An anonymous attendee asked “What there was for young people already working for the Trust?”

Answer: The Chief People Officer stated that the Trust had a variety of apprenticeship programmes available at all levels, so was able to support personal and professional development into professional career pathways, or simply to help young people be the best they could be. Apart from career support and advice, the Trust could provide a wide range of resources to support personal development and lifestyle choices. The Chief Executive shared her enthusiasm for apprenticeships and stated that they were already used successfully within the Trust, but the Trust was looking for more ways to use them and the Human Resources department were aware of this ambition.

Question 5: Mike Frazer, Public Governor stated that “the Trust was doing great work in funding and organising health and well-being activities e.g. walking and singing groups, but asked if more could be done?”

Answer: The Director of Nursing, Professions and Care Standards stated that the Trust had a comprehensive programme in place but planned to improve this further as part of the Better Lives Charity work.

Question 6: An anonymous attendee asked “When are we going to get better staff areas to relax when on breaks etc, in all areas?”

Answer: The Director of Finance, Contracting and Estates stated that there was a recognition that there were areas for improvement in this regard, and the Trust would try to meet these needs in the design of its future estate through the Smarter Spaces programme. It was recognised that it was more difficult to rectify in some areas such as Lynfield Mount and consideration was being given to how to manage this area if the Trust was not successful in gaining national funding.

Question 7: Mike Frazer, Public Governor stated that “There are some key players such as NHS living well and charities like the Cellar Trust fishing in the same waters and could we have an executive at operational level with specific responsibilities to work with partners to coordinate and expand well-being activities?”

Answer: The Deputy Director of Estates & Facilities stated that the Trust was actively engaging with the Cellar Trust with their ambitions for a health and wellbeing hub, along with other external partners. The Chief Executive added that The Bradford Partnership (made up of the Chief Executives of the NHS Trusts along with a GP, voluntary sector and care home representatives,) considered the changes in legislation, and working with voluntary sector partners was fundamental to this. The Chief Executive noted that it was everyone's responsibility and the work done in the partnership focused on health inequalities and population health. The previous Chief Operating Officer used to have a specific responsibility around this area. This would be reviewed with fellow executives to see if any further work was required.

Action: Executive Management Team.

Question 8: An anonymous attendee stated "Sports Teams and clubs might be a good shout for the Trust and across the ICS, similar to university society models".

Answer: The Chief People Officer stated that sporting and other physical activities were very much in consideration within the Trust's health and well-being and healthy living agenda. How that progressed would depend to a large extent on infection prevention and control obligations, but that he would advocate for sports teams and clubs when safe for to do so.

Question 9: An anonymous attendee stated "It would be good to know more about the Trust plans to integrate workers together with our partners for co-location, for example, health with social care".

Answer: The Director of Finance, Contracting and Estates replied that this was a key part of the Smarter Spaces programme. The Neighbourhood Asset Review included all Health, Council, Emergency and VCFS partners with a view to establishing which services to co-locate and how to do it. It was about more than just co-locating but about how to better work together to deliver effective services to the population.

Question 10: An anonymous attendee asked "When will we get access to large meeting rooms for team away days, group meetings and learning rather than paying for external facilities? A second related question was included, "When can we move away from all the mask wearing etc it had a place but think we need to mirror what's going on outside of the NHS now and free up rooms etc for normal usage".

Answer: The Director of Finance, Contracting and Estates replied that this was largely driven by Infection Prevention Control measures. Until it was deemed safe to work in close proximity without masks etc, the Trust would continue to need to book larger external spaces for some large events. The Chief Executive noted that the booking of spaces in New Mill seemed to be progressing well, including meeting rooms. The Director of Nursing, Professions and Care Standards responded regarding status of infection prevention and control noting the rising rates which was leading to caution in order to protect both service users and staff and their families. Whilst there were some larger bookable rooms, masks still needed to be worn. Some of the larger rooms on the estate were reserved for training functions. Assurances were given that the Trust would continue to review the guidance available.

Question 11: An anonymous attendee stated "It would be great to have a dedicated education space in the Lynfield Mount Hospital estate, to be considered as a gold quality education and training provider for all clinical and non-clinical groups".

Answer: The Deputy Director of Estates & Facilities stated that this had been recognised and was part of the Lynfield Mount redevelopment plans, subject to funding being granted.

No further questions were raised.

116 Any Other Business (agenda item 12)

No other business was raised. At the conclusion of formal business, the Chair closed the Annual Members' Meeting and thanked everyone for attending, noting the documents could be downloaded, a recording of the meeting could be watched and the Trust was always open to further questions.

The Chair commented on how the future was exciting and she looked forward to having the opportunity to build on the work of the last year with the team, Governors and service users.

Action Log for the Council of Governors Public Meeting from December 2022

Action Key	Green: Completed	Sky Blue: Update to be provided at meeting	Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
1. 05/05/22	<u>Performance Report</u> Director of Nursing, Professions and Care Standards and Infection Prevention and Control to consider whether information provided to the Partnership Safeguarding Board could be made available to Governors.	Director of Nursing, Professions & Care Standards	September 2022	The minutes from the Partnership Safeguarding Board are available on the Bradford City Council website. Completed – The Council of Governors is asked to consider this action closed.
1 – 01/12/22-1	<u>Minutes of the Council of Governors’ meeting held on 1 September 2022</u> Minutes of the public Council of Governors’ meeting held on 1 September 2022 to be updated to show the attendance of Bob Champion.	Trust Secretary	February 2023	Completed – The Council of Governors is asked to consider this action closed.
2 – 01/12/22-3	<u>Chair’s Report</u> Exercise to take place to merge the Nominations, & Remuneration Committee on behalf of the Council of Governors.	Corporate Governance Team	February 2023	Completed – The Council of Governors is asked to consider this action closed.

Action Key	Green: Completed	Sky Blue: Update to be provided at meeting	Amber: In progress, not due	Red: Not completed, action due	
Action Log Reference	Action (including the title of the paper that generated the action)		Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
3-01/12/22-4	<u>Any Other Business</u> Update on the Complaints Group, & the involvement / engagement workstream to be shared with Governors.		Deputy Director of Quality Governance & Patient Safety	February 2023	<p>The Trust's Complaints Group was disbanded as part of continuous improvement work previously identified to support a service refresh. The Trust continues to work actively with Involvement Partners, with work taking place to review & refresh the Trust's involvement Strategy – Your Voice Matters. This refresh is expected to be completed Spring 2023, with the Quality & Safety Committee being kept updated on progress.</p> <p><u>Completed</u> – The Council of Governors is asked to consider this action closed.</p>

Actions closed at the last meeting

Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
2. 01//09/22	A FTSU self-assessment would take place via a Board development session, in conjunction with a discussion with the Governors.	Corporate Governance	December	The next Board Development session is scheduled for 24 January 2023 and this will be among the topics covered. This action was closed December 2022.

Council of Governors - public

2 February 2023

Paper title:	Chair's Report	Agenda Item 9.0
Presented by:	Dr Linda Patterson OBE – Chair of the Trust	
Prepared by:	Fran Stead – Trust Secretary	
Committees where content has been discussed previously	Board of Directors – January 2023	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input type="checkbox"/> Providing excellent quality services & seamless access <input type="checkbox"/> Creating the best place to work <input type="checkbox"/> Supporting people to live to their fullest potential <input type="checkbox"/> Financial sustainability, growth & innovation <input checked="" type="checkbox"/> Governance & well-led	
Care Quality Commission domains Please check ALL that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Caring <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input type="checkbox"/> Responsive	

Purpose of the report
Chair's Report to the Council of Governors on key activities that have taken place over the last quarter, & upcoming areas of interest for Governors to be aware of.

Executive Summary	
Chair's Report to inform Governors on relevant partnership engagement & developments, system & integrated care partnership working, & activities with the Trust's Council of Governors, staff, & Board of Directors.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this) <input checked="" type="checkbox"/> No

Recommendation(s)
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • note the partnership & engagement work that has taken place; • note & confirm availability to observe public Board & Committee meetings; • note the process supporting the Trust’s response to the NHS England consultation on proposed amendments to the provider licence; • note that NHS England has provided an addendum to ‘Your statutory duties – reference guide for NHS foundation trust governors’ which covers system & partnership working; • be assured on the process for managing Chair & Non-Executive Director (NED) appraisals & objective setting; • be assured on work facilitated by the Committee Chair’s to undertake an effectiveness review of the Board Committee meetings; & • note that the Board has approved a new version of the Triple A report, to incorporate ‘decisions made’.

Relationship to the Board Assurance Framework (BAF)	
<p>The work contained with this report links to the following strategic risks as identified in the BAF:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> SO1: Engaging with our patients, service users & wider community to ensure they are equal partners in care delivery (QSC) <input checked="" type="checkbox"/> SO2: Prioritising our people, ensuring they have the tools, skills & right environment to be effective leaders with a culture that is open, compassionate, improvement-focused & inclusive culture (WEC) <input type="checkbox"/> SO3: Maximising the potential of services to delivery outstanding care to our communities (QSC) <input checked="" type="checkbox"/> SO4: Collaborating to drive innovation & transformation, enabling us to deliver against local & national ambitions (Board) <input type="checkbox"/> SO5: To make effective use of our resources to ensure services are environmentally & financially sustainable & resilient (FBIC) <input type="checkbox"/> 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	N/A
Compliance & regulatory implications	<p>The following compliance & regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • Well-Led Compliance • Foundation Trust Code of Governance • NHS Act • Health & Social Care Act • NHS England / Improvement Appraisal Framework for the Chair’s & Non Executive Directors • Nolan Principles

- Provider Licence

Council of Governors - public

2 February 2023

Chair's Report

Partnerships

Over the last two months I have been meeting with various stakeholders to introduce myself & to continue discussions on key issues. They include the following:

- 25 November attended the West Yorkshire Health & Care Partnership meeting with Local Authority Leaders, Health & Wellbeing Board Chairs, Integrated Care Board (ICB) Place Committee Chairs & NHS West Yorkshire ICB Non-Executives
- 6 December invited to give evidence at the Health Select Committee in Parliament on the experience of working in the new Integrated Care System which came into effect 1 July 2022
- 12 December met with Cathy Elliott, Chair of the West Yorkshire ICB
- 13 December attended the Bradford District & Craven Partnership Board
- 15 December met with Philip Davies MP for Shipley
- 19 December attended West Yorkshire Health & Care Partnership Monthly meeting with Local Authority Leaders, Health & Wellbeing Board Chairs, ICB Place Committee Chairs & NHS West Yorkshire ICB Non-Executives.

I was also delighted to be involved as a judge with the Trust's Christmas card design competition, & join the regional roadshow hosted by NHS England, on the incoming planning guidance. I continue to meet monthly with Councillor Susan Hinchcliffe, Leader of Bradford Council.

Governor engagement & duties

Board of Directors & Committee meetings

There is the opportunity for Governors to observe public Board, & Committee meetings, chaired by our NEDs. All meetings are currently held using Microsoft Teams. Please contact the Corporate Governance team corporate.governance@bdct.nhs.uk to arrange attendance. Attending will give you another opportunity to observe the NEDs undertaking their role, whilst supporting you to observe the discussion that takes place to give you a greater understanding of the Trust.

Date of Meeting	Time	Meeting
16 February 2023	9.30am	Quality & Safety Committee
16 February 2023	1.00pm	Workforce & Equality Committee

9 March 2023	9.00am	Public Board of Directors
16 March 2023	9.30am	Quality & Safety Committee
23 March 2023	9.30am	Finance, Business & Investment Committee
23 March 2023	12.30pm	Mental Health Legislation Committee
30 March 2023	9.30am	Charitable Funds Committee
6 April 2023	9.30am	Audit Committee
20 April 2023	9.30am	Quality & Safety Committee
27 April 2023	9.30am	Workforce & Equality Committee
4 May 2023	1.00pm	Charitable Funds Committee

NHS Provider Licence consultation

NHS England has proposed changes to the Provider Licence to support effective system working & the delivery of high-quality sustainable care, feedback was invited from providers through a formal consultation. The Provider Licence sets out the conditions that healthcare providers must meet to help ensure that the health sector works for the benefit of patients, now & in the future. All providers that deliver healthcare services for the NHS are required to hold a licence, unless exempt. The licence forms part of the oversight arrangements for NHS providers, serves as the legal mechanism for regulatory intervention, & underpins mandated support.

The consultation closed on the 9 December 2022, The Council of Governors is asked to note that the Trust provided feedback on the consultation through a joint Place response, & also through a joint Mental Health, Learning Disability & Autism provider collaborative response. Nationally, we await the outcome of the consultation, following which it is anticipated that new Provider Licences will be issued to all licence holders. The estimated timeline for issue will be communicated by NHS England, with existing licence arrangements being maintained until the new licences take effect.

The role of the Council of Governors – NHS England

The role of governors is set out in 'Your statutory duties – reference guide for NHS foundation trust governors'. A new Addendum to the existing guide which covers the impact of system working on councils of governors has been published. This addendum does not change the duties of governors in terms of how councils operate within the Trust, but links these duties to system working. Full details can be found here: [NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors](#)

The key point in this new addendum which refers to system working states that to “*support collaboration between organisations & the delivery of better, joined up care, councils of governors are required to form a rounded view of the interests of the ‘public at large’.*”

This Addendum to the guidance for governors seeks to place the existing, legal duties of councils of governors (unchanged by the 2022 Health & Care Act) into the context of system working. It addresses holding the non-executive directors (NEDs) to account for the performance of the board, representing the interests of trust members & the public, & approving or not, significant transactions, mergers, acquisitions, separations or dissolutions.

This addendum only applies to a council of governors' role within its own foundation trust's governance.

Governance matters

Effectiveness reviews

Governors are asked to be assured that a series of effectiveness reviews will commence over the coming months, starting with the Board Committee meetings. This is in line with year-end close down work, good governance practices, & requirements of the NHS Code of Governance. The reviews will give meeting attendees & members the opportunity to reflect on past practice & performance over the last year, & consider any changes that should be enacted the following year. This work is aligned to the production of the Committee's Annual Report, review of the Terms of Reference, & agreeing the next year's work plans, all of which are facilitated by the NED Committee Chair.

Appraisals & objective setting

Governors are asked to note work will take place over the coming months for individual Board members to spend time reflecting with their line manager on the past year as part of the appraisal discussion, this will include reviewing their objectives from the last year & agreeing the next year's objectives & personal development plan. The Senior Independent Director, & Lead Governor will lead the Chair of the Trust's appraisal & objective setting discussion. As required, we continue to work to the national NHS England appraisal framework for Chair's & NEDs. An assurance report will be presented to the Council of Governors on the completion of the Chair & NEDs appraisal & objective setting process.

Triple A report development

Following a Board Development Session, October 2022, which considered & agreed Board governance development plans, a supporting action was agreed to further development the Triple A report (Alert, Advise, Assure). This was in support of continuous improvement, learning lessons to inform practice, & in support of a section supporting 'decisions that have been made' being included within the report template. The template continues to be rolled out internally, & shared with partners as an example of good practice supporting oversight & assurance reporting. The updated template is attached as Appendix one for information.

Dr Linda Patterson OBE FRCP

Trust Chair

January 2023

Fran Stead

Trust Secretary

January 2023

Escalation and Assurance Report (AAA+D)

Report from the: [NAME] Committee
 Date of meeting: [MEETING DATE]
 Report to the: Board of Directors

Agenda Item
9.1

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Advise:			
<ul style="list-style-type: none"> 			
Assure:			
<ul style="list-style-type: none"> 			
Decisions / Recommendations:			
<u>Risks discussed:</u>			
<ul style="list-style-type: none"> 			

New risks identified:

-
-
-

Report completed by:

[NAME]
Committee Chair and Non-Executive Director

[DATE]

Council of Governors - Public

2 February 2023

Paper title:	Performance Report	Agenda Item 10
Presented by:	Mike Woodhead, Director of Finance, Contracting & Estates	
Prepared by:	Susan Ince, Deputy Director of Performance and Planning	
Committees where content has been discussed previously	Board of Directors 12/01/23 Quality and Safety Committee 15/12/22, 19/01/23 Mental Health Legislation Committee 26/01/23 Workforce and Equality Committee 20/10/22 Finance, Business and Investment Committee 26/01/23	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input 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 performance report is to assist the Council of Governors in seeking assurance against the Trust’s performance and progress in delivery of a broad range of key targets and indicators.

Executive Summary

The Council of Governors performance report uses selected narrative and slides from the Board integrated performance report. A sub-group of Governors met in April 2022 to consider the content of the report, to ensure Governors receive the information they need. It was agreed to provide summary data regarding quality of care (including safeguarding, incidents and service user feedback); workforce; waiting times; and out of area placements. This complements the Alert, Advise, Assure reports received from Committees. Governors are also provided with a link to the full Board integrated performance report and data pack so they can access further detail if required.

In November and December 2022, high service demands have continued, compounded by workforce challenges, with high labour turnover, increased vacancy rate, continued difficulties in attracting and retaining professionally qualified staff and sickness absence higher than pre-COVID rates. These challenges continue to affect performance and waiting times.

On 23 December 2022, NHS England published the 2023/24 priorities and operational planning guidance. The guidance acknowledges the continuing complexity and pressure faced and sets out fewer, more focused national objectives that will form the basis for how the performance of the NHS will be assessed, alongside the local priorities set by systems.

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 Council of Governors is asked to:

- consider the key points and exceptions highlighted and note the actions being taken.

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)

The work contained with this report links to the following corporate risks as identified in the SORR:

- 2485: Reduced staffing levels in speech and language therapy core paediatric service due to vacancies
- 2504: Waiting lists in memory assessment services

	<ul style="list-style-type: none"> • 2509: Community nursing services demand exceeding capacity • 2535: Staff wellbeing – 0-19 children’s services • 2598: Staff shortages in older people’s mental health services • 2609: Organisational risks associated with out of area bed use (finance, performance and quality) • 2610: Core Children and Adolescent Mental Health Service waiting list • 2611: Improving Access to Psychological Therapies waiting lists • 2620: Increased demand on speech and language therapy community adult service • 2661: Increased demand on speech and language therapy paediatric complex needs service • 2672: Lynfield Mount Hospital – Estate condition, associated impacts & redevelopment requirements
Compliance & 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"> • The NHS oversight framework describes how NHS England’s oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.

Council of Governors Performance Report

2 February 2023 meeting

Performance relating to November and December 2022

Combined impact of:

- **high service demands** - increased acuity and complexity;
- **workforce challenges** - with high labour turnover, increased vacancy rate, continued difficulties in attracting and retaining professionally qualified staff, sickness absence remaining higher than pre-COVID rates and a higher proportion of long term cases relating to anxiety, stress and depression than before the pandemic.

2023/24 Operational Plan

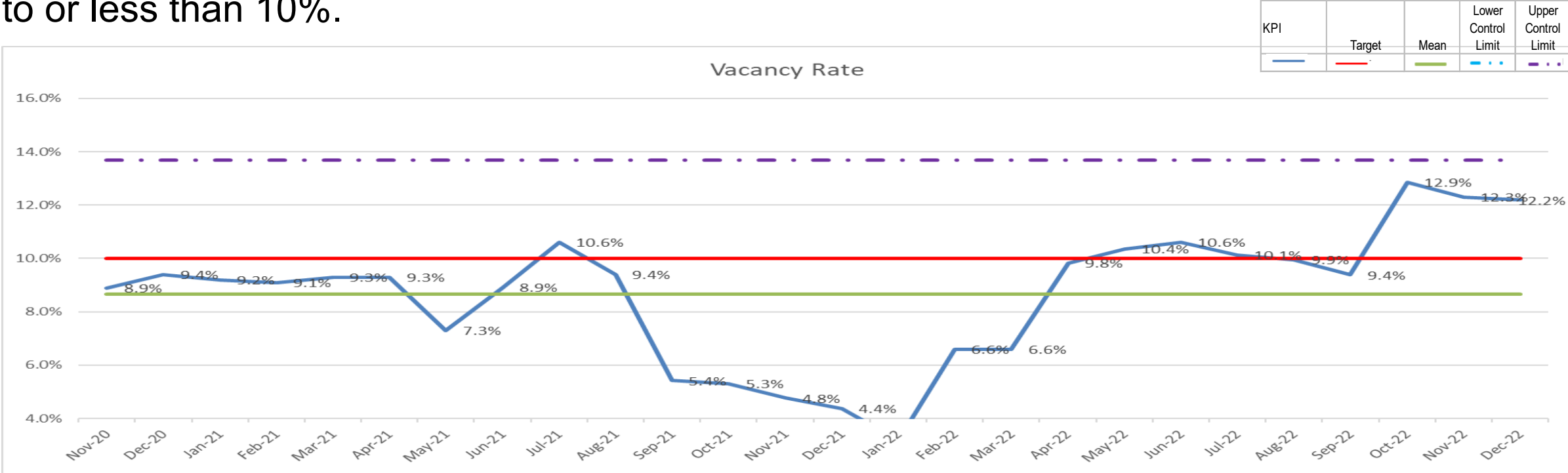
On 23 December 2022, NHS England published the 2023/24 priorities and operational planning guidance. The guidance acknowledges the continuing complexity and pressure faced and sets out fewer, more focused national objectives that will form the basis for how the performance of the NHS will be assessed, alongside the local priorities set by systems.

Workforce Dashboard (December 2022)

Metric	Goal & Action status		Current	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		11.22%	Recruitment rate increasing from start of new financial year, now above target
Key Workforce Metrics – Sickness Rate	4%		7.56%	Sickness rate increased by 0.4% from November
Key Workforce Metrics – Labour Turnover	10%		15.85%	Labour turnover continues to be above target but has remained static since July
Key Workforce Metrics – Vacancy Rate	10%		12.18%	Vacancy rate is now above the 10% target
Mandatory Training Summary	80%		86.84%	Overall compliance remains above 80%
Appraisal Rates Summary	80%		58.85%	Appraisal compliance has dropped significantly due to a technical recording issue which has now been resolved
Clinical Supervision Rates Summary	80%		80.12%	Compliance rate has been consistently above target
Safer Staffing – Compliance Levels/ Heat Map/ Working Time Directive Breaches / Bank and Agency - Fill Rates/ Booking reasons	-		-	Fill rates and bank and agency usage remain high due to Specialing, COVID impact. Working Time Directive breaches still difficult to manage

Sickness Absence

- **Recruitment, retention and wellbeing of staff** continue to be a key concern and focus.
- **Labour turnover** has stabilised but remains high (15.9% in November and December).
- **Vacancy rate** increased in October 2022 and remains high, exceeding the Trust target of equal to or less than 10%.



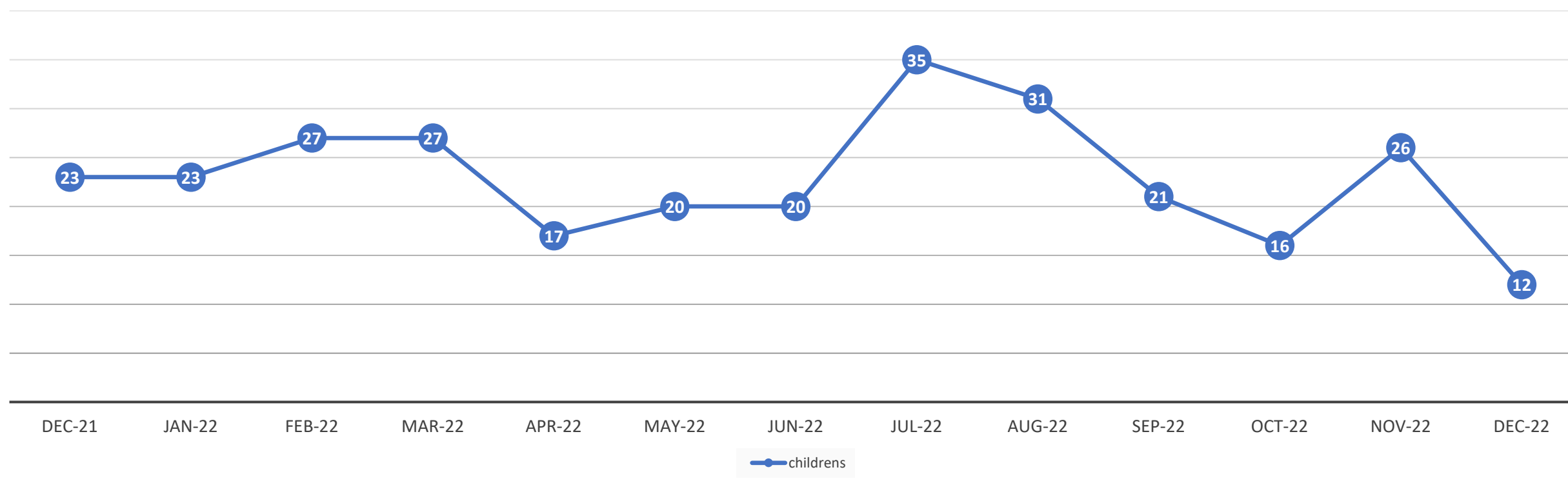
- There are **elevated vacancy rates in some operational services** (particularly adult mental health inpatients, estates and facilities, community nursing services, dental services) correlated with high levels of sickness absence.
- **Innovative approaches** are being taken to help **to mitigate risk**. For example in community nursing services, the Trust has contracted with a private care organisation to provide additional planned capacity for the out of hours district nursing service over the winter. A recruitment event took place in January. Work is ongoing with Bradford Council to explore enhanced home care contracts.

Quality and Safety

Safeguarding Dashboard (December 2022)





Metric	Goal & Action status	Current	Average (rolling 13 months)
Safeguarding Adult Referrals	N/A	13	6.9
Safeguarding Children Referrals	N/A	12 (Bradford)	23.0 (Bradford)
Duty Calls regarding adults	N/A	89 (Bradford)	88.5 (Bradford)
Duty Calls regarding children	N/A	55 (Bradford)	54.6 (Bradford)

Referrals to Children's Social Care



Quality and Safety

Incidents Dashboard (December 2022)

Metric	Goal & Action status	Current	Average
All incidents	N/A 	768	921.2
Violence & Aggression	N/A 	146	196.1
Medication Errors	0 	26	46.0
Near Misses	N/A 	8	19.3

Patient Insight Report (December 2022)

How do we monitor patient experience?

We ask service-specific questions to patients using each of our services

The Friends and Family Test reports overall satisfaction

We present the positive answers to the question:

Overall, how was your experience of our care?
as a percentage of all those responding

The PX Score represents the patient experience

We ask questions about the experience of each of our services

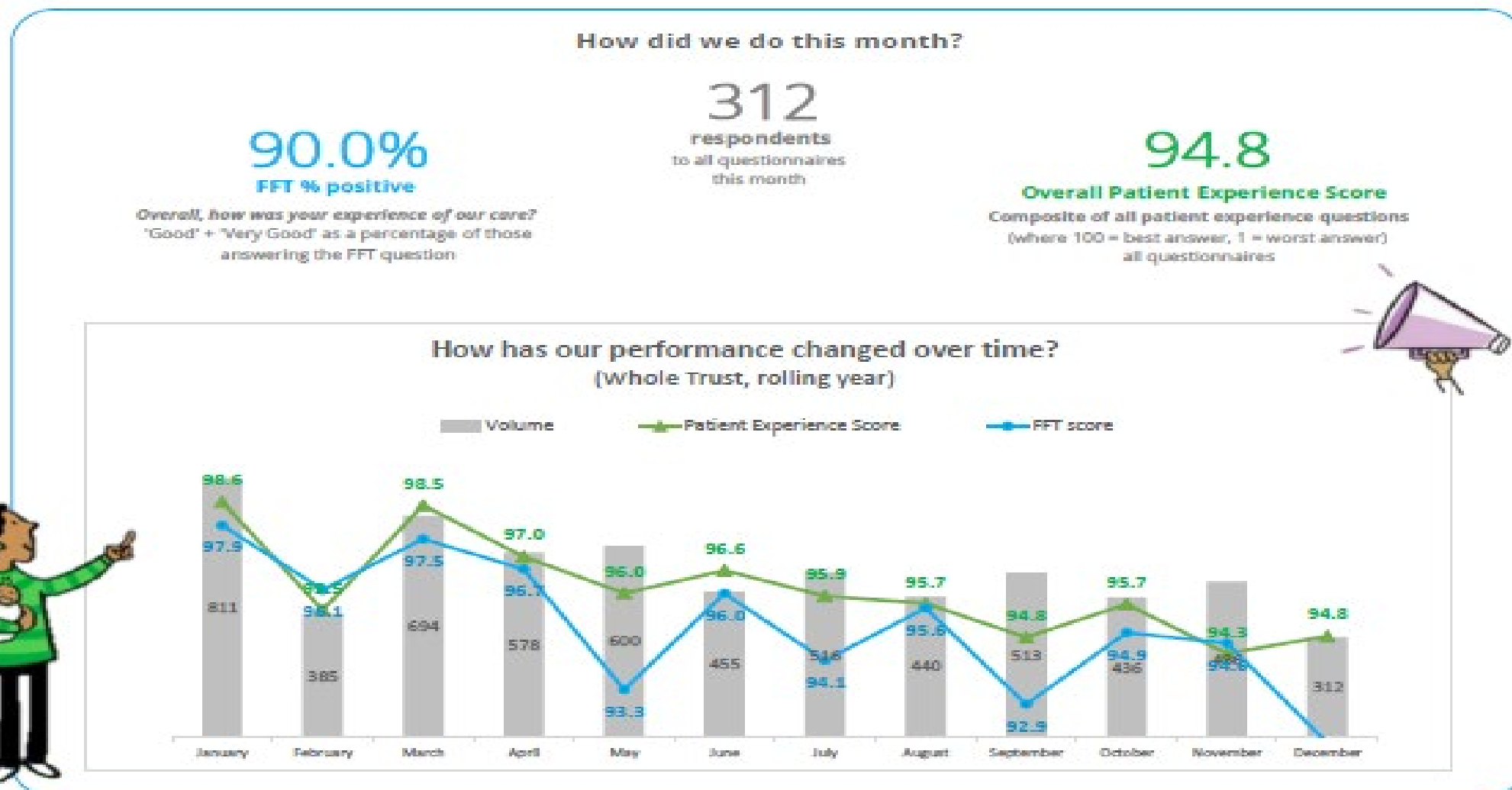
Each response is scored on a scale of 1-100
The score is a composite measure representing
all reported patient experience via Patient Connect

90

is our target for both measures

Scores need to be interpreted in context; Please check the volume of responses before drawing conclusions from scores.

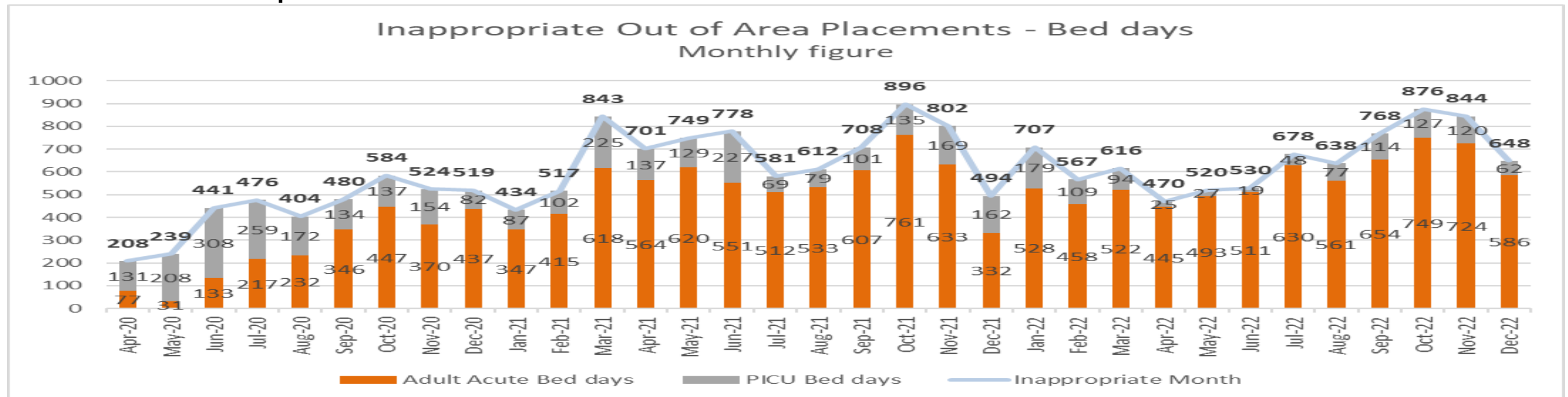
What do our patients say about the Trust as a whole?



NHS Oversight Framework Metrics

– Out of Area Placements

- Use of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds has continued due to a combination of reduction in bed capacity to support COVID infection prevention and control requirements for isolating and cohorting patients and acuity of service user presentation. Pressures on mental health inpatient services are continuing over the winter period.



- National objectives outlined in the 2023/24 operational planning guidance include:
 - achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services;
 - work towards eliminating inappropriate adult acute out of area placements.
- One of the key 2023/24 operational plan priorities for the Trust, with place and system support, will be adult acute mental health pathway transformation, across community and inpatient services, in order to reduce demand and admissions, length of stay, out of area placements and agency usage.

- Demand is rising for many services and capacity is being constrained through a combination of staff absence, vacancies and infection prevention and control measures.
- The Senior Leadership Team continues to oversee processes to manage and reduce waiting lists, including support for people who are waiting.
- Waiting times standards continue to be met in services including:
 - podiatry: non emergency pathways; rapid access; nail surgery;
 - tissue viability;
 - MyWellbeing Improving Access to Psychological Therapies (IAPT) – referral to 1st treatment;
 - Child and Adolescent Mental Health Service (CAMHS) – referral to 1st appointment (assessment), referral to 2nd appointment (treatment);
 - early intervention in psychosis
- Waiting times have stabilised for children and young people with eating disorders: 85.7% of urgent cases and 86.9% of routine cases met the access standard in quarter 3.
- The main services where waiting times standards are not currently being met are:
 - community dental service: treatment under general anaesthetic; clinic services;
 - speech and language therapy: patients on non-emergency pathways; paediatrics;
 - continence: referral to appointment;
 - CAMHS: broader CAMHS pathways; neurodevelopment assessment;
 - MyWellbeing IAPT service: waits between 1st and 2nd appointments (though improving position);
 - psychological therapies: community mental health services;
 - Memory Assessment and Therapy Service (MATS): referral to first appointment / diagnosis
 - Bradford and Airedale Neurodevelopmental Service: adult autism; adult attention deficit hyperactivity disorder.

A note on the charts used in this data pack

Within this data pack there has been a concerted move to using Statistical Process Control (SPC) charts where this is the most appropriate way of visualising data. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included. It is important to note that whilst the variation and assurance symbols are predominantly associated with SPC charts, we have taken the approach of standardising their use within this document across all data types to ensure consistency of language and approach. We have also included ‘action status’ symbols to highlight the current response to the data displayed in each chart.

Following is a description of the meaning of the symbols used throughout this document.

Variation			Assurance			Action Status			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target	Watching brief – continue to observe in order to better understand the current position	Improvement – continue actions to support improvement until steady state achieved	Deterioration or maintained under-performance – instigate or review actions to ensure drivers of current position are mitigated	Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain

Escalation and Assurance Report (AAA+D)

Report from the: Charitable Funds Committee
Date of meeting: 27th October 2022
Report to the: Board of Directors

**Agenda
Item
12.1**

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Ongoing financial viability of the Charity given external factors and reduced fundraising activities	Financial support package and options to be presented to the Board	MW/MR	November Board
Implementing Ambassadors to promote, advocate and ideation generation for funding opportunities	Request for ongoing ambassadorial support in clinical areas.	MR	November Board
Advise:			
<ul style="list-style-type: none"> The Director of KPMG presented the charity’s audited Annual Accounts and Annual Report for 2021/22, noting that there were no material changes to the accounts and that the amendments made related to gift-aid associated with donations and legacies, change of name, rounding of figures and some minor wording updates Governance clarity was documented concerning the sign off of process for the annual accounts. The Committee Adopted the accounts and the annual report, subject to final approval by the Audit Committee on the 27 October 2022 and Board and Trustees on the 10 November 2022. Slight changes to the Trust deed of the Charity were made namely the change of the charity name to ‘Better Lives NHS’ and the Addition of a dissolution clause within the existing Charity Trust Deed, recommended by the Charities Commission for all NHS charities. 			
Assure:			
<ul style="list-style-type: none"> External assurance was received from KPMG on the accounts of the Charity providing a clean audit opinion. Assurance was received regarding the expenditure and balances of the charity through the transaction and balances agenda item where granular level detail was provided on income sources and expenditure. The data was comprehensive and provided assurance that the aims and objectives of the charity were being achieved. 			
Decisions / Recommendations:			

Decision for Board concerning the support of the Charity moving forward.
<p><u>Risks discussed:</u></p> <ul style="list-style-type: none"> • The viability of the Charity • The embedding of Charity Ambassadors and the necessity for idea generation to support grant applications.,
<p><u>New risks identified:</u></p> <ul style="list-style-type: none"> • Ongoing financial viability of the charity given the recently cancelled Ball event and loss of PEC sponsorship, cost of living crisis and reduced income from fundraising events.

Report completed by:

Mark Rawcliffe
Committee Chair and Non-Executive Director

Escalation and Assurance Report

Report from: Finance, Business and Investment Committee

Date the meeting: 24 November 2022

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert:

- Whilst the trust is forecasting a break even financial position for 2022/23 which is in line with plan, there are a number of financial risks that are mitigated by non-recurrent mitigations mainly due to the level of vacancies across services. Financial risks primarily relate to bank and agency staff being use to deliver model roster staffing model, as well as acuity levels and staff absence in low secure services. Transformation work streams to identify savings for next year and beyond need to be accelerated to avoid a significant financial gap. To date, the Committee has not received sufficient assurance on the deliverability of initiatives or the associated financial savings. The organisations Board Assurance Framework has elevated the risk associated with financial sustainability. In addition, the Committee noted that NHS England have issued a new protocol covering the implications for providers that are not able to achieve financial balance.
- Given the ongoing delays and uncertainty surrounding capital for the Lynfield Mount redevelopment, the Committee raised a concern regarding the ongoing operational viability of the site. An assessment will be undertaken to understand the clinical and patient safety aspects, which will most likely to be reviewed at Quality & Safety Committee. Furthermore an assessment of the ongoing estates maintenance costs and backlog will be reviewed in detail in a future FBIC meeting.

Advise:

- The Committee reviewed the YTD financial position to month 7. The Trust continues to meet the financial trajectory for the year, reporting a YTD position of £834k against a planned surplus of £705k. Whilst there is a degree of confidence that we will deliver the full year breakeven plan, this is reliant on £5.02m of non-recurrent measures. The efficiency programme of £14.4m is off track up to October by £995k with a forecast shortfall against plan of £5.02m. Workforce availability to support the Model Roster efficiency plans has proved a limiting factor during the year.

Assure:

- The Committee received an update on the Provider Collaboratives financial performance. No material financial risks or issues were noted.
- The Committee noted that the Trust had been allocated c£1.2m (which must be match funded) to achieve the nationally mandated Frontline Digitisation Minimal Digital Foundations. The business case for this expenditure is to ensure the Trust's clinical systems can meet National expectations, support the trusts transformation agenda and to inform the

procurement process for the long term Frontline Patient Record System (new contract due to commence in July 2025).

Risks discussed:

- The Board Assurance Framework and Organisational Risk Register were considered.

New risks identified:

- None.

**Report completed by: Maz Ahmed, Finance Business & Investment Committee
Chair
24 November 2022**

Escalation and Assurance Report (AAA+D)

Report from the: Mental Health Legislation Committee
Date of meeting: 24.11.22
Report to the: Board of Directors

**Agenda
Item
12.3**

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
1. The Committee (“C”) did not think any matters required a formal “alert”.			
Advise:			
2. Other comparable trusts have had similar issues re timeliness of reports/documents re tribunal and “hospital manager” hearings. Our service levels are more ambitious than some. Consideration to be given to the most appropriate service levels. 3. An involvement partner shared some concerns from other service users about their own personal experiences as service users. Interim COO agreed to follow up, with a view to understanding more, taking any appropriate action, and reporting back to C. 4. A judge (of a tribunal hearing) requested an alternative room for a hearing , on the basis that the allocated room was considered unsuitable. 5. C was updated that, following the specific escalation/alert raised by C in its previous report, there had been some positive discussions, and a proposal for additional resource was in the process of being submitted.			
Assure:			
6. The dashboard data was considered/scrutinised. 7. C received a useful update (on matters such as “low holds”, use of force generally, and some work regarding sexual safety) – which helped C to “triangulate” data – from the Positive and Proactive Forum , which continues to do some excellent work. 8. C discussed, and obtained reasonable assurance in relation to, an update re recent CQC monitoring visits and the action plan in response to CQC feedback. 9. C considered an interim report re the Mental Capacity Act (focused on the inpatient audit and improvements). 10. C discussed the half-year report re the Mental Health Act activity. C asked for some further information, within future iterations, re benchmarking, if available. 11. The meeting was observed by at least one member of staff for developmental purposes. C remains keen to be open and transparent in its work, and to encourage and support career progression.			
Decisions / Recommendations:			
12. Approved report re Hospital Managers. 13. Approved half-year report re Mental Health Act activity (subject to a matter relating to “gender descriptors” being reviewed). 14. Approved outline plan re Audit Items.			

Risks discussed:

- Board assurance framework and strategic organisational risk register noted/discussed.

New risks identified:

- Nothing material at board level

Report completed by:

Simon Lewis
Committee Chair and Non-Executive Director

23.12.22

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee
Date of meeting: 17 November 2022
Report to the: Board of Directors

Agenda
Item
12.4.1

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Workforce & safe staffing with high (although slightly reduced levels of sickness) and an increase in labour turnover. Particular concern in Palliative Care, SALT, HV, School nursing and DN services and a recognition that stretched teams face burnout.	Innovative and pragmatic approaches are being taken across services to help to mitigate risk. Risk registers to be updated to reflect current demand and pressures Workforce Plan to be reported through WEC	QSC/WEC	Monitored monthly
Demand and complexity coupled with workforce impacting upon waits and performance	Board to remain sighted		
High use of agency to support safer staffing levels	To be kept under review	Exec Lead /HR	
Advise:			
<ul style="list-style-type: none"> Increased risk in delivering on SO1.1 Your Voice Matters due to multiple factors. The risk is understood and plans are in place to take a collaborative approach to rebuilt and strengthen the Trusts commitment to Involvement Partners and the wider involvement strategy. Short term ways of maintaining relationship with trusted partners is also recognised. Low uptake in Covid booster alongside increase in flu increases the risk in capacity to deliver due to staff sickness. A number of plans are in pace to mitigate this risk. The transition to a new national reporting system for Patient Safety Events presents two risks; the first of staff having to spend longer, the second that the system is not fit for purpose in MH Trusts and potentially could mean that additional data would need to be collected to meet our needs. A number of steps to mitigate are in place. Increase in statutory reviews from 9-23 last month E-rostering procedures will be revised to reduce reporting errors 			

Assure:
<ul style="list-style-type: none"> • A rigorous programme of quality visits have been carried out in response to national media attention on Closed Cultures in MH Trusts and recommendations made. Focus will be given in December QSC • Continued positive performance in LTP for MH(EIP,CYP,ED, IPS) • Risk register reflective of all care group alerts with appropriate action in place & overseen by QuOps • Assurance that the ATU build is on track • We congratulate the team on the high quality Guidance on Paediatric Dental Neglect • The STOMP, EIP and dental work audits provided great assurance
Decisions / Recommendations:
<p><u>Risks discussed:</u></p> <ul style="list-style-type: none"> • SO1 • SO3 • •
<p><u>New risks identified:</u></p> <ul style="list-style-type: none"> • SO1.1- delivery of Your Voice Matters •

Report completed by:

Alyson McGregor
Committee Chair and Non-Executive Director
17th November 2022

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee
Date of meeting: 15th December 2022
Report to the: Board of Directors

Agenda
Item
12.4.2

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Against a continuing background of workforce challenges we face a period of further uncertainty influenced by industrial action (at neighbouring trusts for now), potentially increasing infection rates and the contribution of the cost of living pressures on absenteeism.	Recommend enhanced oversight of staffing levels and support over the winter period to be enacted through Gold Command as and when this is stood up in response to the pressures.	QSC/WEC	Monitored monthly
Against a continuing background of high demand and complexity there is a risk that the local industrial action and expected additional winter pressures may cause a further deterioration in waiting times.	Recommend that the Board retains oversight of implementation of winter plans with pressures being escalated through Gold command if necessary over the winter period.	QSC	Monitored monthly
The number of out of area placements for adult mental health services remains high at 2084 bed days against a trajectory of 1406	Continued high level focus on finding medium- and long-term solutions to estate problems	Board	Monitored monthly
Advise:			
<ul style="list-style-type: none"> • Our Involvement Partner reported concerns and fears from staff and patients of the impact of the Smoke Free policy. Implementation plan to come back to QSC in Feb and good communications plan to be put in place. • Appraisal compliance has dropped to 57.92%. Improvement expected next month • Fill rates and bank and agency usage remain high with a slight increase in agency usage this month due to unforeseen patient acuity. • Safeguarding: there have been an increase in the number of referrals to Children's social care .Advice and support calls for adults have increased over the last 5 months and increased for children over the last 3 months 			

- Access to IAPT show significant improvement (with improved recruitment) but remain below trajectory. Plans are in place to address despite continuing challenges.
- The access targets for CYP with eating disorders are below target but have an improved position and on trajectory to be within national access targets.
- Speech and Language Therapy RTT 61% (95% target) remains a concern. Plans in place to improve but unlikely to bear results in short term.
- % Of Initial Health Assessments booked (38%) and completed (43%) within timescale are very low against the 90% target
- Compliance for all medical devices has improved slightly but at 79.8% remains below the target of 95%

Assure:

- Overall mandatory training compliance remains over 80%. Areas of non-compliance which are below target have been identified and mitigation in place.
- Patient safety incidents are stable and show normal variation within expected limits. Incidents of violence and aggression continue to show a sustained reduction.
- Trust received a 95.7% patient experience score and a 93.8% positive Friends and Family Test score (although the number of respondents is low (437)).
- Continued reduction in the number of pressure ulcers reported
- CQUIN Lower leg wounds – demonstrating improved practice
- Reduction in insulin administration errors
- Slight increase to 83.8% in the number of dental patients waiting less than 18 weeks
- EIP continues to perform above national target
- Increasing opportunities to work collaboratively in the Children’s system
- Staff wellbeing and development days showing positive impact
- Trusts response to asylum seekers emergency has been commendable

Decisions / Recommendations:

- Risks discussed:**
- SO1
 - SO3

- New risks identified:**
-

Report completed by:
 Alyson McGregor
 Committee Chair and Non-Executive Director
 15th December 22

Escalation and Assurance Report (AAA+D)

Report from the: Workforce & Equality Committee
Date of meeting: 20th October 2022
Report to the: Board of Directors

**Agenda
Item**

12.5

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Key Performance Metric Concerns <ul style="list-style-type: none"> Colleague Retention Turnover Sickness Colleague recruitment 	A comprehensive plan is in place and is being reviewed and revisited on a regular basis. There is a lag time between consistent implementation of actions and them having a discernible impact. A review of the Workforce Strategy and implementation success to be undertaken at the next meeting.	BC	Next WEC meeting
		BC	
Implications of workforce for 2023/2024 financials	Ongoing communication with FBIC to understand impact of workforce planning on Model Roster and financial implications for the forthcoming year.	MA/MR/MW/BC	Jan
Advise:			
<ul style="list-style-type: none"> An Apprenticeship Levy Update took place highlighting current plans for a more fuller utilisation of the resources and the phasing of activities explained. This remains a key focus of activities and fundamental to the success of the workforce plan. Health & Wellbeing update was provided detailing the newly appointed Employee Assistance Programme (EAP) an agreement with the Cavell Nurses' Trust to provide support to nursing staff experiencing personal or financial hardship, a newly developed menopause toolkit and an update on Occupational Health appointments for the previous 6 months Within the Belonging and Inclusion plan racial bias was discussed (linking with a previous Board Meeting on 13th Oct) highlighting potential racial bias in recruitment and disciplinary procedures. The report and actions plans to come back to WEC. 			
Assure:			
<ul style="list-style-type: none"> Assurance was received thorough the staff stories of Saiqa Kauser & Nicola Barrett relating to Reciprocal Mentoring programme, its success, the support it provides and the plans to recruit new cohorts. The staff stories and reflections also showed organisational learning being put into place for future colleagues. Colleague Survey 2022. An update of the progress of the Staff Survey highlighting the Trust's response rate was similar to the rest of the country and was assuring despite anomalies at department level. The Committee were reassured that those areas where engagement had been low in previous studies were being given encouragement to voice their opinions. Public Sector Equality Duty Report was presented and this provided the Committee with assurance that the Trust was complying and fulfilling and going beyond its equality duties. 			

<ul style="list-style-type: none"> • Cost of living Crisis was discussed and strong assurance received around the compassionate, insightful and supportive nature of the trust operating within a cost constrained environment, Clear cohort analysis had been undertaken around certain job types that might be more susceptible to external economic factors and actions put in place to ensure equality of treatment.
<p>Decisions / Recommendations:</p>
<p><u>Risks discussed:</u></p> <ul style="list-style-type: none"> • The Committee Dashboard and the Board Assurance Framework encapsulates the main risks under considerations for this Committee namely Strategic Objective 2 (SO2) relating to prioritising our people • 2.1 embedding a compassionate and inclusive culture. • 2.2 recognising & rewarding staff, sharing learning – this area was highlighted as requiring more work • 2.3 ensuring staff have a voice that counts • 2.4 staff are safe and healthy. This risk requires a better understanding and ways to achieve the sub-objectives. • Committee Dashboard focusing on risks of recruitment, retention, turnover and sickness. • Racial bias in the recruitment and disciplinary process.
<p><u>New risks identified:</u></p> <ul style="list-style-type: none"> • No new risks were identified. There is a clear understanding of the key risks and issues being managed through this Committee with robust action plans and onwers identified. The key risk relates to the deliverability of the management actions and these having a discernable effect on the key metrics.

Report completed by:

Mark Rawcliffe
 Committee Chair and Non-Executive Director

Council of Governors - Public

2 February 2023

Paper title:	Procedure for Reimbursement of Expenses	Agenda Item 17
Presented by:	Fran Stead, Trust Secretary	
Prepared by:	Helen Robinson, Deputy Trust Secretary/Corporate Governance Manager	
Committees where content has been discussed previously		
Purpose of the paper Please check ONE box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input type="checkbox"/> Providing excellent quality services and seamless access <input checked="" type="checkbox"/> Creating the best place to work <input 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 type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input checked="" type="checkbox"/> Responsive	

Purpose of the report
To provide a review of the Governors and Members Reimbursement of Expenses Procedure.

Executive Summary .
<p>The Governors and Members Reimbursement of Expenses Procedure is scheduled for a review by the Council of Governors every three years to ensure it remains accurate and comprehensive. The amendments include:</p> <ul style="list-style-type: none"> - minor formatting changes - removal of sections not required as part of the current Trust template for a procedure - a specific reference to taxis has been added as an alternative transport arrangement. <p>The reviewed procedure is attached to this report for review by members of the Council of Governors.</p>

<p>Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?</p>	<p><input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this)</p> <p><input checked="" type="checkbox"/> No</p>
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Recommendation(s)
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Approve the reviewed procedure for the reimbursement of expenses for Governors and Members.

Relationship to the Board Assurance Framework (BAF)	
<p>The work contained with this report links to the following strategic risks as identified in the BAF:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SO1: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC) <input checked="" type="checkbox"/> 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) <input type="checkbox"/> SO3: Maximising the potential of services to delivery outstanding care to our communities (QSC) <input type="checkbox"/> SO4: Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board) <input type="checkbox"/> SO5: To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC) <input type="checkbox"/> 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)	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> • n/a •
Compliance & 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 •

Governors and Members Reimbursement of Expenses Procedure

This document contains guidance which supports the Trust's Employment Policy. The key messages the reader should note about this document are:

1. This document covers all aspects of Governor and Member involvement (including Staff and Service Users)
2. The process to reimburse Governors and Members for their expenses when contributing to the work of BDCFT and involvement in the planning of service delivery
3. Ensure Governors and Members are not at risk of being financially worse off because of their involvement with the organisation
4. The policy will ensure guidance is provided on what expenses may be reimbursed and the appropriate payment rates
5. BDCFT will review all payment rates annually

This document has been approved and ratified. Circumstances may arise where staff become aware that changes in national policy or statutory or other guidance (e.g. National Institute for Health and Care Excellence (NICE) guidance and Employment Law) may affect the contents of this document. It is the duty of the staff member concerned to ensure that the document author is made aware of such changes so that the matter can be dealt with through the document review process.

NOTE: All approved and ratified policies and procedures remain extant until announcement of an amended version via Trust-wide notification, e.g. through the weekly e-Update publication or global e-mail or uploading to the appropriate section on BDCFT's Intranet (Connect).

Procedural Document Title:	Governors and Members Reimbursement of Expenses Procedure
Version:	2
Name and Title of Responsible Director/Senior Manager:	Fran Stead, Trust Secretary
Name and Title of Author	Helen Robinson, Deputy Trust Secretary
Title of Responsible Committee / Group (or Trust Board):	N/A
Procedural Document Compliance Checklist adhered to:	Yes.
Target Audience:	Governors and Members.
Approved by:	Non-Clinical Policies Ratification Group.
Date Approved:	
Ratified by:	Non-Clinical Policy Review Group.
Date Ratified:	1/2/2017.
Date Issued:	
Review Date:	2/2/2027
Frequency of Review:	Every 3 years.
Responsible for Dissemination:	Deputy Trust Secretary.
Copies available from:	Connect on BDCFT Intranet.
Where is previous copy archived (if applicable)	N/A

Amendment Summary:	<p>The Author is required to indicate whether or not the Procedural Document is a minor or major revision to the previous version by amending the following statement:</p> <p>This is a minor revision to an existing Procedural Document.</p>
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Contents

1	INTRODUCTION	5
2	REIMBURSEMENT FOR GOVERNORS AND MEMBERS	5
2.1	Reimbursement for Governors.....	5
2.2	Reimbursement for Members	6
2.3	Expenses.....	6
2.4	Process for Reimbursement	7
3	DEFINITIONS.....	8
4	ASSOCIATED INTERNAL DOCUMENTATION	8
9	APPENDIX A: GOVERNORS AND MEMBERS EXPENSES	Error! Bookmark not defined.

INTRODUCTION

This procedure provides guidance on which members of the Council of Governors (including Staff and Service Users) and Foundation Trust members may be reimbursed for legitimate expenses incurred whilst undertaking agreed activities for the benefit of Bradford District Care NHS Foundation Trust (BDCFT).

The role of Governor is voluntary and it is a guiding principle of Foundation Trust status that members of the Council of Governors do not receive any form of salary for being a Governor.

The Trust however recognises that the reimbursement for reasonable out of pocket expenses in relation to any agreed activities should be provided.

Membership of the Foundation Trust and engagement in activities and events arranged by the Trust is similarly voluntary. Members that are invited to participate in authorised events (not including general meetings) should receive parity of reimbursement under the conditions set out in Section 2.1.

This procedure applies to all members of the Council of Governors and Foundation Trust members who are designated as 'authorised' under the conditions set out in Section 2 of this document.

Bradford District Care NHS Foundation Trust (BDCFT) values the input of Governors and Foundation Trust members and considers it to be essential that reimbursement to this group of people is made in a manner that is acceptable to the individual.

Reimbursing Governors and Foundation Trust members for their expertise and time when contributing to the work of BDCFT is good practice, fair and encourages their involvement in the planning and delivery of services.

1 REIMBURSEMENT FOR GOVERNORS AND MEMBERS

1.1 Reimbursement for Governors

Foundation Trust Governors participating in events such as meetings of the Council of Governors, events, Committees or sub-groups as agreed or invited by the Trust and whose expenses are not paid by another organisation, should be entitled to claim expenses. Such events may include:

- Induction Sessions
- Council of Governors' meetings
- Meetings of formally constituted Committees/Groups i.e., Membership, Nomination & Remuneration
- Pre-authorized training for governors
- Members' meetings/events that have been organised by the Trust and at which the governor's presence has been requested
- Any other meetings where governors have been requested by the Trust

Members of the Council of Governors, who attend public meetings or other meetings

without specific invitation, or prior agreement with the Trust, will not receive reimbursement.

1.2 Reimbursement for Members

Members may be entitled to claim expenses if they have been personally requested to participate in an event, by personal letter or personal email from the Chair or Trust Secretary and where it is stated that the Trust will reimburse the recipient. In all cases, agreement is required in advance with the Trust for expenses to be paid.

Foundation Trust members who attend public meetings or other meetings without specific invitation or prior agreement with the Trust will not receive reimbursement.

1.3 Expenses

Expenses for Governors/authorised members will only be reimbursed for the following expenditure:

Travel expenses by the cheapest/practical available means to attend Governor training workshops or other training sessions organised by the Trust, meetings of the Council of Governors, Sub-Groups of the Council of Governors, members and local constituency meetings arranged by the Trust, and, where agreed prior to the meeting, meetings of the statutory sub-committees such as the Nominations and Remuneration Committee.

Mileage rates, where authorised, will be consistent with HMRC approved mileage rates. Further information can be found at:

<https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-national-insurance>

Where a Governor/authorised member requires alternative transport arrangements, such as taxis, costs will be met, only by prior agreement. Where public transport would not be appropriate or reasonable, governors may claim full reimbursement, without gratuity, for the fares incurred if prior agreement has been made with the Deputy Trust Secretary. Reimbursement will only be granted on provision of receipt.

Parking and toll charges incurred as a direct result of attending authorised meetings may be claimed.

No traffic or parking fines will be reimbursed by the Trust.

Travel by bicycle/motorcycle to be reimbursed at the staff rate for the use of such vehicles (please refer to the Trusts Subsistence and Travel Policy).

Public transport to be reimbursed on provision of receipt.

Subsistence allowance where the Governor/authorised member is away from their home for longer than five hours for the purpose of attending a designated meeting and where no refreshment is provided at the Trust's expense (current rates for each time period are available from the Deputy Trust Secretary). Unless in exceptional circumstances, overnight expenses will not be paid. Periods away from home are calculated from the times of leaving and returning home.

Expenses of a companion required enabling a Governor/authorised member to participate may be paid by prior written agreement with the Trust. If the attendance

(including travel) exceeds five hours and refreshments are not provided at the venue, expenses may be claimed at the same rate paid to the governor/authorised member.

Child Care/Carer costs will be reimbursed with prior agreement of the Deputy Trust Secretary. Reimbursement will occur where it has been necessary to employ a registered carer to look after a child or dependant. Reimbursement will be on the minimum wage hourly rate and on production of a valid receipt or invoice.

Reimbursement of particular needs, such as linguistic support or specialist audio equipment, may be authorised by prior written agreement with the Deputy Trust Secretary. A receipt will be required for authorised services.

Office support services should normally be undertaken by the Executive Office. Telephone charges, photocopying, stationery and other sundry items incurred in performance of their duties will be eligible for reimbursement.

In all cases, receipts are required to be attached to claims.

Where a mileage rate rather than like-for-like reimbursement is claimed, the recipient, where appropriate, will be responsible for declaring to the Inland Revenue this income for tax purposes.

All expenses should be submitted with receipts and expenses should be claimed within one month.

Claimants should be aware that if they are in receipt of benefits these payments might impact upon their entitlements. Clarification on this should be sought from the local benefit agency before expense claims are made.

1.4 Process for Reimbursement

Foundation Trust Governors/authorised members remain wholly responsible for the completion and accuracy of their claims. The Deputy Trust Secretary shall be responsible for verifying that the claim relates to an event for which the attendance of the Governor or member has been sanctioned/authorised and for keeping an accurate record of all claims submitted.

A sample of the travel and expenses claim form is included in Appendix A. Claim forms are available upon request from the Foundation Trust Office.

Original receipts must be attached to the form where necessary and the form must be signed by the Governor or member.

Completed forms should be sent to the Foundation Trust Office. The Deputy Trust Secretary shall verify that the claim relates to an authorised attendance at an event and subject to this, will 'pass for payment'.

Claims will normally be reimbursed direct to the nominated bank or building society account by BACS payment in accordance with Trust policy.

Any individual claims for less than the maximum value of a petty cash reimbursement, as set out in the Trust's Standing Financial Instructions may be reimbursed at the Trust Cash

Office. Governors/authorised members requiring this method of reimbursement should make this clear when submitting the claim form to the Foundation Trust Office.

2 DEFINITIONS

For the purposes of this procedure the definition of Reimbursement is ensuring the Foundation Trust Governor and Foundation Trust member is not out of pocket as a result of their involvement e.g. bus fares.

It is the Council of Governors' responsibility to represent the interests of their Trust members and of the public, particularly in relation to the strategic direction of the trust. Governors do not undertake operational management of NHS foundation trusts; rather they provide challenge to the unitary board of directors and hold the non-executive directors individually and collectively to account.

3 ASSOCIATED INTERNAL DOCUMENTATION

In respect of this procedural document:

- *BDCFT Subsistence and Travel Policy*

CLAIMANT

I certify that

- 1. I declare that the information given on this claim form is true and correct to the best of my knowledge and the travelling expenses claimed overleaf are in accordance with the expenses policy of the Council of Governors, are in connection with official visits to the places indicated on the dates shown and have not been claimed elsewhere.
- 2. All relevant receipts are provided with this claim.
- 3. My current vehicle insurance policy provides at least 3rd party cover when used on official business including cover against injury or death of passengers.
NB: The Trust cannot accept any responsibility for any risks not covered by your insurance policy

Signature

Date

AUTHORISING OFFICE

I certify that to the best of my knowledge and belief the claimant was engaged in the service or business stated on the dates shown overleaf and the expenses claimed are arithmetically correct.

Name

Designation

Signature

Date

Council of Governors - Public

2 February 2023

Paper title:	Terms of Reference for Merged Council of Governors Nominations and Remuneration Committee	Agenda Item 18
Presented by:	Fran Stead, Trust Board Secretary	
Prepared by:	Helen Robinson, Deputy Trust Secretary/Corporate Governance Manager	
Committees where content has been discussed previously	Council of Governors 1/12/22	
Purpose of the paper Please check ONE box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input type="checkbox"/> Providing excellent quality services and seamless access <input type="checkbox"/> Creating the best place to work <input type="checkbox"/> Supporting people to live to their fullest potential <input 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 type="checkbox"/> Safe <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input type="checkbox"/> Responsive	

Purpose of the report
To seek approval from the Council of Governors for the merged draft Terms of Reference for the Nominations and Remuneration Committee.

Executive Summary
In December 2022 approval was gained from the Council of Governors for the Corporate Governance Team to act on Governor’s behalf to bring together the Council of Governors Nominations Committee, and Remuneration Committee into one Committee meeting (Nominations and Remuneration Committee). Whilst separate Committees have worked well in the past, it was noted that often the discussion items that are presented to one of these Committee’s will also be presented to the other Committee because of the specific duties that each Committee is responsible for. The merging of the two Committees is intended to support efficiencies without compromising the Trust’s robust governance arrangements.

As a result, a draft Terms of Reference for the Nominations and Remuneration Committee has been produced, based on the separate Terms of Reference documents that are currently in place for the Nominations Committee, and the Remuneration Committee.

It was also agreed that all existing members of the Nominations Committee and the Remuneration Committee will automatically become members of the Nominations and Remuneration Committee, on the basis that this is an existing agreement in place for existing work that is not being changed, simply amalgamated together for efficiency purposes.

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 Council of Governors is asked to:

- Review and approve the draft Terms of Reference for the Council of Governors Nominations and Remuneration Committee.

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

**Council of Governors – Nominations and Remuneration Committee
(To be ratified by the Council of Governors on 2 February 2023)**

Terms of Reference

Version:	1
Reviewed by:	Corporate Governance
Ratified by:	Council of Governors
Date reviewed:	19 January 2023
Date ratified:	2 February 2023
Job title of author:	Deputy Trust Secretary
Job title of responsible Director:	Chair of the Council of Governors Chair of the Trust
Date issued:	
Review date:	February 2023
Frequency of review:	Annual
Amendment Summary: N/A – new Terms of Reference drafted as a result of merging the existing Council of Governors Nominations Committee and Remuneration Committee.	

1 Name of Committee

Council of Governors Nominations and Remuneration Committee.

2 Composition of the Committee

The Committee will consist of at least 5 members who will be Governors, one of whom will be the Lead Governor, or the Deputy Lead Governor, should the Lead Governor be unavailable. Membership will be disclosed in the Annual Report and Accounts.

Membership of the Committee shall be reviewed annually. Governors wishing to express an interest in joining the Committee shall discuss their nomination with the Lead Governor, and Chair of the Trust.

The Chair of the Trust shall attend each meeting in their role of Chair of the Council of Governors. The Chief People Officer shall attend each meeting to provide advice relating to people items. The Trust Board Secretary shall attend each meeting and provide appropriate advice and support to the Chair of the Trust and Council members.

3 Quoracy

No business shall be transacted at a meeting unless at least two Governors are present. If a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest he/she shall no longer count towards the quorum. The Chair of the Committee will have a casting vote if necessary.

Chair: The Lead Governor will be the Chair of the Committee. In the absence of the Lead Governor, the Deputy Lead Governor will be asked to attend the meeting to act as Chair. If the Deputy Lead Governor is not able to attend either, those present at the meeting will elect a Deputy Chair for the purpose of the meeting from the Governors present.

Deputies: For quoracy purposes, another Governor can be invited to attend a Committee meeting in the absence of a Committee member.

Non-quorate meeting: Non-quorate meetings may go ahead unless there has been an instruction from the Chair not to proceed with the meeting. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 Meetings of the Committee

Frequency: The Nominations and Remuneration Committee will meet as required, at a place and time determined by the Committee.

A full set of papers comprising the agenda, minutes of the previous meeting and associated reports and papers will be sent to all Governors and attendees in a timely manner.

Urgent meeting: Any Governor may, in writing to the Chair, request an urgent meeting. The Chair will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner.

Minutes: The Corporate Governance team shall ensure the minutes of the meeting are taken.

5 Authority

Establishment: The Trust shall establish a Nominations and Remuneration Committee to support the Council of Governors to fulfil some of its duties. The Council of Governors is established in accordance with the requirements of the NHS Act 2006, and paragraph 11 of its Constitution.

Powers: Its powers are detailed in the NHS Act 2006, Health and Care Act 2022; Monitor (NHS England) NHS Foundation Trusts' Code of Governance; and the Trust's Constitution.

Cessation: The Nominations and Remuneration Committee is a standing Committee of the Council of Governors. It will continue to meet in accordance with these Terms of Reference until the Council of Governors determines otherwise.

6 Role of the Group

6.1 Purpose of the Committee

The Council of Governors hereby resolves to establish a Committee to be known as the Nominations and Remuneration Committee. The overall aims of the Committee are to:

- Review and make recommendations to the Council of Governors in the process of appointment of Non-Executive Directors (including the Chair); and
- Review and make recommendations to the Council of Governors on appropriate level(s) of remuneration and allowances for the Chair and Non-Executive Directors.

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Nominations and Remuneration Committee

In carrying out their duties, members of the Committee and any attendees must ensure that they act in accordance with the values of the Trust which are:

- we care
- we listen
- we deliver.

Governors must also abide by the “Council of Governors’ Code of Conduct which all Governors will sign as part of their induction.

6.3 Duties of the Committee

The Council of Governors will be required to carry out a number of statutory duties under the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and Health and Care Act 2022. The Nominations and Remuneration Committee’s key objectives are:

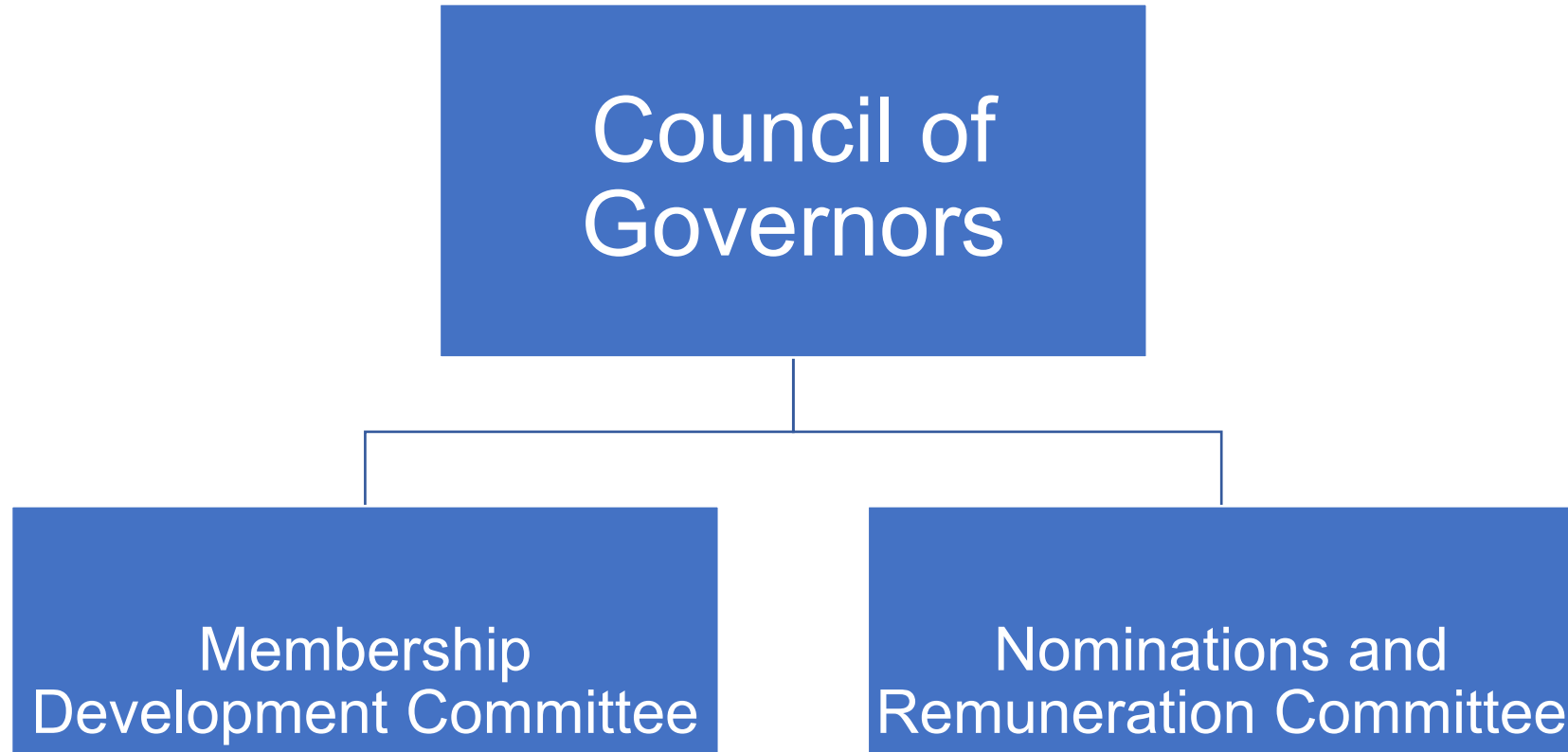
- To make recommendations to the Council of Governors on the appointment of Non-Executive Directors (including the Chair); and
- Reviewing and making recommendations to the Council of Governors the levels of remuneration and allowances for the Chair and Non-Executive Directors.

The duties of the Committee will include the following:

- on expiry of the initial Non-Executive Directors’ current term of appointment, to consider whether to recommend to the Council of Governors to reappoint each or any retiring Non-Executive Director

- to ask the Board of Directors to identify suitable candidates if the Council of Governors does not make a reappointment
- to consider suitable candidates identified by the Board of Directors
- to ensure plans are in place for the orderly succession for appointments to the Board
- to make recommendations to the Council of Governors on each appointment taking into account the job description and person profile drawn up by the Board of Directors
- to consider the level of remuneration of the Chair and Non-Executive Directors including any supplementary payments
- make recommendations to the Council of Governors on any increases in remuneration
- undertake, at least every three years (and when it is intended to make a material change to remuneration), an assessment of remuneration levels (this will be through the use of external professional advisers). If an external assessment is not deemed necessary, ensure the reason(s) for this are incorporated into the minutes of the meeting and reported through the Annual Report
- to review the output report from the appraisal process for the Chair and Non-Executive Directors prior to submission to the Council of Governors and NHS England.

7 Relationships with other groups and committees



8 Duties of the Chair

The Chair of the Nominations and Remuneration Committee shall be responsible for:

- agreeing the agenda with Corporate Governance, taking advice from the Chair of the Trust, and Chief People Officer
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion
- giving direction to the Secretariat, and reviewing the draft minutes
- ensuring the agenda is balanced and discussions are productive
- ensuring sufficient information is presented to the Board of Directors in respect of the matters discussed by the Committee.

9 Reviews of the terms of reference and effectiveness

The Terms of Reference shall be reviewed by the Corporate Governance Manager and Deputy Trust Board Secretary annually with recommendations presented to the Council of Governors for ratification.

Annual Cycle of Business for the Council of Governors meetings 2022

	Paper author	Lead Director	19 January Extraordinary	3 February	5 May	7 June Extraordinary	13 July	1 September	15 September Annual Members Meeting	1 December	2 February
<u>STANDING ITEMS:</u>											
Apologies	LP	LP	X	X	X	X	X	X	X	X	X
Declarations of and Conflicts of Interest	LP	LP	X	X	X	X	X	X	X	X	X
Minutes of the last meeting	HR	LP	-	X	X	-	X	X	X	X	X
Minutes of the Annual Members' Meeting	HR	LP	-	-	-	-	-	-	X	X	X
Matters arising	-	-	X	X	X	-	X	X	X	X	X
Cumulative Action Log	HR	LP	-	X	X	-	X	X	X	X	X
Governor Feedback (verbal)	-	-	-	X	X	-	X	X	-	X	X
Any Other Business (verbal)	-	LP	X	X	X	X	X	X	X	X	X
Council of Governors Meeting Evaluation (verbal)	-	LP	X	X	X	X	X	X	-	X	X
<u>STRATEGIC CONTEXT</u>											
Chair's Report	LP	LP	-	X	X	-	X	X	-	X	X
<u>QUALITY, SAFETY AND RISK</u>											
Integrated Performance Report	SI	MW	-	X	X	-	X	X	-	X	X
Alert, Advise, Assure Escalation Reporting: Board Sub-Committees:											
Audit Committee	AC	MW	-	X	X	-	X	X	-	X	X
Charitable Funds Committee	MR	MW	-	X	X	-	X	X	-	X	X
Finance, Business and Investment Committee	MA	MW	-	X	X	-	X	X	-	X	X
Mental Health Legislation Committee	SL	DS	-	X	X	-	X	X	-	X	X

	Paper author	Lead Director	19 January Extraordinary	3 February	5 May	7 June Extraordinary	13 July	1 September	15 September Annual Members Meeting	1 December	2 February
Quality and Safety Committee	AM	PHu	-	X	X	-	X	X	-	X	X
Workforce and Equality Committee	MR	BC	-	X	X	-	X	X	-	X	X
Proposal for the Annual Members' Meeting	HR	FS	-	-	-	-	X	-	-	-	-
Annual Members' Meeting Thematic Report and Analysis	HR	FS	-	-	-	-	-	-	-	-	-
Quality Report (Account) Presentation	NM	PHu	-	-	-	-	X	-	-	-	-
Care Quality Commission Update	BF	PHu	-	X	-	-	-	-	-	-	-
West Yorkshire Suicide Study	DS	DS	-	-	-	-	X	X	-	-	X

WORKFORCE

Remuneration of the Chair of the Trust and Non Executive Directors to ratify (recommendation from the Remuneration Committee) Statutory duty											As required
Appointment of the Deputy Chair of the Trust (recommendation from the Nominations Committee) Statutory duty											As required, next due July 2022
Appointment of the Senior Independent Director (recommendation from the Nominations Committee) Statutory duty											As required, next due July 2022
Appointment of the Chair of the Trust (to ratify) Private - (recommendation from the Nominations Committee) Statutory duty							X				
Appointment of a Non Executive Director (to ratify) Private - (recommendation from the Nominations Committee) Statutory duty											As required, next due July 2022
Approve the appointment of the Chief Executive (approval) Private - (recommendation from the Nominations Committee) Statutory duty											As required
Performance Evaluation of the Chair and Non Executive Directors (recommendation from the Remuneration Committee) - Private			-	-	-	-	X	-	-	-	-
Staff Survey Outcome	HF	BC	-	-	X	-	-	-	-	-	-

	Paper author	Lead Director	19 January Extraordinary	3 February	5 May	7 June Extraordinary	13 July	1 September	15 September Annual Members Meeting	1 December	2 February
Freedom to Speak Up Guardian Report	RW	PHu	-	-	-	-	-	X	-	-	-
Staffing Update (suggest receiving on 6 monthly basis for 2023 onwards)	MH	BC	-	-	-	-	X	X	-	X	X
<u>FINANCE, SUSTAINABILITY AND GROWTH</u>											
Approval of any significant transactions Statutory duty											As required
Update on capital investment for Lynfield Mount Hospital											As required
<u>WELL LED AND GOVERNANCE</u>											
Operational Plan Progress Update	SI	MW	-	-	X	-	-	-	-	-	-
Receive Annual Report, Accounts and Quality Report (Account) Statutory duty	FS	LP	-	-	-	-	-	-	X	-	-
Appointment of the External Auditor (ratify recommendation from Audit Committee and tender exercise) Statutory duty	FS	AC			X						
Amendments to the Constitution (ratify recommendation) Statutory duty	-	-	As required								
Governor Election – proposal and outcome	HR	FS	-	-	-	X	-	-	-	-	-
Terms of Reference – Council of Governors	HR	FS	-	-	X	-	-	-	-	-	-
Terms of Reference – Council of Governors Nomination Committee	HR	FS	-	-	X	-	-	-	-	-	-
Terms of Reference – Council of Governors Remuneration Committee	HR	FS	-	-	X	-	-	-	-	-	-
Terms of Reference – Membership Development Committee	HR	FS	-	-	X	-	-	-	-	-	-
Election for the Lead Governor, and Deputy Lead Governor	HR	FS	-	-	-	-	-	-	-	-	-
Role Description Lead Governor, and Deputy Lead Governor	HR	FS	-	-	-	-	-	-	-	-	-
Role Description - Governor	HR	FS	-	-	-	-	-	-	-	-	-

	Paper author	Lead Director	19 January Extraordinary	3 February	5 May	7 June Extraordinary	13 July	1 September	15 September Annual Members Meeting	1 December	2 February
Governor Committee membership	HR	FS	As required								
Update from Membership Development Committee / Action Plan supporting Membership Engagement Strategy	HR	FS	-	-	-	-	-	X	-	-	-
Youth Views	-	Lead Gov	-	-	-	-	X	X	X	X	X
Membership Report on how the Governors have carried out their duties – AMM	HR	Lead Gov	-	-	-	-	-	-	X	-	-
Council of Governors Annual Declaration of Interest	HR	FS	-	-	X	-	-	-	-	-	-
Non Executive Director Annual Declaration of Interest, Fit and Proper, Independence (following report to the Board of Directors)	HR	FS	-	-		-	X	-	-	-	-
Council of Governors Annual Work Plan	HR	LP	-	X	X	-	X	X	X	X	X
Council of Governors Effectiveness Review	HR	LP	-	-	-	-	-	-	-	X	X
Council of Governors Development Annual Work Plan	HR	LP	-	-	-	-	-	X	-	-	-
Notification of future Meeting Dates	HR	LP	-	-	-	-	-	-	-	X	-
Procedure for Reimbursement of Expenses	HR	FS	-	-	-	-	-	-	-	X	X
Code of Conduct	HR	FS	-	-	-	-	-	-	-	-	X

Items to be scheduled:

- Approve the Membership Engagement Strategy (2023)

Annual Cycle of Business for the Council of Governors Meetings 2023-24: v1

	Paper author	Lead Director	4 May 2023	20 July	21 September AMM	7 December	1 February 2024
Apologies	Corp Gov	Chair	✓	✓		✓	✓
Declarations of and conflicts of interest	-	Chair	✓	✓		✓	✓
Minutes of the last meeting	Corp Gov	Chair	✓	✓		✓	✓
Matters arising	-	-	✓	✓		✓	✓
Action log	Corp Gov	Chair	✓	✓		✓	✓
Governor Feedback (verbal)	-	-	✓	✓		✓	✓
Any other business (verbal)	-	Chair	✓	✓		✓	✓
Meeting evaluation (verbal)	-	Chair	✓	✓		✓	✓
Chair's Report	Chair	Chair	✓	✓		✓	✓
Integrated Performance Report	SI	MW	✓	✓		✓	✓
Alert, Advise, Assure Escalation Reporting: Board Sub-Committees:							
- Audit Committee	CM	MW	✓	✓		✓	✓
- Charitable Funds Committee	MR	MW	✓	✓		✓	✓
- Finance, Business and Investment Committee	MA	MW	✓	✓		✓	✓
- Mental Health Legislation Committee	SL	DS	✓	✓		✓	✓

	Paper author	Lead Director	4 May 2023	20 July	21 September AMM	7 December	1 February 2024
- Quality and Safety Committee	AM	PH	✓	✓		✓	✓
- Workforce and Equality Committee	MR	BC	✓	✓		✓	✓
Proposal for the Annual Members' Meeting	Corp Gov	FS		✓			
Quality Report (Account) Presentation	NM	PH		✓			
Care Quality Commission Update	BF	PH	✓			✓	
Remuneration of the Chair of the Trust and Non Executive Directors to ratify (recommendation from the Remuneration Committee) Statutory duty – As required							
Appointment of the Deputy Chair of the Trust (recommendation from the Nominations Committee) Statutory duty – As required							
Appointment of the Senior Independent Director (recommendation from the Nominations Committee) Statutory duty – As required							
Appointment of the Chair of the Trust (to ratify) Private - (recommendation from the Nominations Committee) Statutory duty – As required							
Appointment of a Non Executive Director (to ratify) Private - (recommendation from the Nominations Committee) Statutory duty – As required							
Approve the appointment of the Chief Executive (approval) Private - (recommendation from the Nominations Committee) Statutory duty – As required							
Performance Evaluation of the Chair and Non Executive Directors (recommendation from the Remuneration Committee) - Private	-	-		✓			

	Paper author	Lead Director	4 May 2023	20 July	21 September AMM	7 December	1 February 2024
Staff Survey Outcome	HF	BC	✓				
Freedom to Speak Up Guardian Report	JC/RW	PH				✓	
Staffing Update	GR	DS		✓			✓
Approval of any significant transactions Statutory duty – As required							
Update on capital investment for Lynfield Mount Hospital – As required							
Operational Plan Progress Update	SI	MW	✓				
Receive Annual Report, Accounts and Quality Report (Account) Statutory duty	HRo	FS	✓		✓		
Appointment of the External Auditor (ratify recommendation from Audit Committee and tender exercise) Statutory duty	FS	CM	✓				
Amendments to the Constitution (ratify recommendation) Statutory duty – As required							
Governor Election – proposal and outcome	HRo	FS	✓		✓		
Terms of Reference – Council of Governors	HRo	FS	✓				
Terms of Reference – Council of Governors Nomination and Remuneration Committee	HRo	FS	✓				
Terms of Reference – Membership Development Committee	HRo	FS	✓				
Election for the Lead Governor, and Deputy Lead Governor	HRo	FS		✓			
Role Description Lead Governor, and Deputy Lead Governor	HRo	FS		✓			

	Paper author	Lead Director	4 May 2023	20 July	21 September AMM	7 December	1 February 2024
Role Description - Governor	HRo	FS		✓			
Governor Committee membership – As required	HRo	FS					
Update from Membership Development Committee / Action Plan supporting Membership Engagement Strategy	HRo	FS				✓	
Youth Views		Lead Gov	✓	✓		✓	✓
Membership Report on how the Governors have carried out their duties – AMM	HRo	Lead Gov			✓		
Council of Governors Annual Declaration of Interest	HRo	FS	✓				
Non Executive Director Annual Declaration of Interest, Fit and Proper, Independence (following report to the Board of Directors)	HRo	FS	✓				
Council of Governors Annual Work Plan	HRo	LP	✓	✓		✓	✓
Council of Governors Effectiveness Review	HRo	LP					✓
Council of Governors Development Annual Work Plan	HRo	LP				✓	
Notification of future Meeting Dates	HRo	LP				✓	
Procedure for Reimbursement of Expenses	HRo	FS					✓
Code of Conduct	HRo	FS	✓				✓
Approval of Trust Better Lives Strategy	FS	FS	✓				

Items to be scheduled:

- XX