

Name of meeting: Council of Governors - Public

Date: Thursday 4 May 2023

Time: 5.00pm until 6.20pm

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 2 February 2023 (enclosure)	LP	
4 Matters arising (verbal)	LP	
5 Action Log (enclosure)	LP	
GOVERNOR FEEDBACK		
6 Issues and Questions from Communities (verbal)	Governors	5.05pm
7 Youth Views (verbal)	LM	
STRATEGIC CONTEXT		
8 Chair's Report (enclosure)	LP	5.15pm
9 Operational Plan Progress Update (enclosure)	MW/KB	5.25pm
10 Update on Children's Trust (verbal)	TP	5.30pm
QUALITY, SAFETY AND RISK		
11 Performance Report (enclosure)	SI / MW	5.35pm
12 Care Quality Commission Update (enclosure)	PH	5.40pm
13 Assurance Reporting (enclosures)		5.45pm
13.1 Audit Committee held on 19 January 2023	CM	
13.2 Finance, Business and Investment Committee held on 26 January 2023	MA	

13.3	Mental Health Legislation Committee held on 26 January 2023	SL
13.4	Quality and Safety Committees held on 19 January and 17 February 2023	AM
13.5	Workforce and Equality Committee held on 16 February 2023	MR

WORKFORCE

14 1	Staff Survey Full Results (enclosure)	BC	6.05pm
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GOVERNANCE AND WELL LED

15 1	Annual Report Timetable 2022/23 (enclosure)	FS	6.10pm
16	Council of Governors Annual Declaration of Interest (enclosure)	FS	6.15pm
17 2	Council of Governors Annual Work Plan (enclosure)	For information	
18 2	Any Other Business (verbal)	LP	
19 2	Meeting Evaluation (verbal)	LP	6.20pm

**The next public Council of Governors meeting will take place
following the private meeting on:
Thursday 20 July 2023, 5.00pm until 6.30pm**

Council of Governors' Meeting held in Public
Thursday 2 February 2023 at 5.00pm
Virtual meeting held on Microsoft Teams

Present:	Dr Linda Patterson OBE	Chair of the Trust (Chair of the Council of Governors)
	Mufeed Ansari	Public Governor: Bradford East
	Kelly Barker	Interim Chief Operating Officer
	Dr Sid Brown	Public Governor: Shipley
	Tina Butler	Appointed Governor: Bradford Assembly
	Deborah Buxton	Appointed Governor: Barnados
	Bob Champion	Chief People Officer
	Rebecca Edwards	Head of Legal (observing)
	Janet Fajemisin	Corporate Governance Facilitator
	Sue Francis	Staff Governor: Non-Clinical
	Roberto Giedrojt	Staff Governor: Non-Clinical
	Anne Graham	Public Governor: Bradford West
	Phil Hubbard	Interim Chief Executive (Director of Nursing, Care Standards & Professions)
	Susan Ince	Deputy Director of Planning and Performance (agenda items 1-9)
	Zahir Irani	Appointed Governor: Bradford University
	Christopher Malish	Non-Executive Director
	Linzi Maybin	Staff Governor: Clinical (Deputy Lead Governor) (agenda items 1-9)
	Alyson McGregor	Non-Executive Director
	Carole Panteli	Non-Executive Director
	Therese Patten	Chief Executive Officer
	Trevor Ramsey	Public Governor: Bradford West
	Helen Robinson	Deputy Trust Board Secretary (Secretariat)
	Anne Scarborough	Public Governor: Keighley (Lead Governor)
	Pamela Shaw	Staff Governor: Clinical
	David Sims	Medical Director
	Joanne Squires	Staff Governor: Clinical
	Fran Stead	Trust Board Secretary
Apologies:	Maz Ahmed	Non-Executive Director
	Helen Barker	Public Governor: Craven
	Mike Frazer	Public Governor: Bradford East
	Hannah Nutting	Public Governor: Shipley
	Tim Rycroft	Chief Information Officer
	Jimmy Vaughan	Public Governor: Keighley
	Mike Woodhead	Director of Finance, Contracting & Estates

MINUTES

Item	Discussion	Action
261	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the meeting at 5.00pm, welcoming everyone, noting the apologies received.</p> <p>The meeting was quorate.</p>	
262	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
263	<p>Minutes of the Council of Governors' meeting held on 1 December 2022 (agenda item 3)</p> <p>The minutes of the Council of Governors' meeting held in public on 1 December 2022 were agreed as a true and accurate record.</p>	
264	<p>Minutes of the Annual Members' meeting held on 28 September 2022 (agenda item 4)</p> <p>The minutes of the Annual Members' Meeting held on 28 September 2022 were agreed as a true and accurate record, subject to Ms Graham's constituency being amended to Bradford West.</p>	
265	<p>Matters Arising (agenda item 5)</p> <p>Mr Ramsay highlighted the length of time it had taken for Mind in Bradford to correct the phone number they were advertising for the First Response Service, although this had now been corrected.</p>	
266	<p>Action Log (agenda item 6)</p> <p>In relation to the action regarding an update on the Complaints Group and the involvement / engagement workstream, the Governors were informed that a refresh of the complaints process and involvement partners' input into this was being undertaken and this would be completed in March/April. An update would be brought back to a future Council of Governors meeting.</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. 	<p>Bev Fearnley</p>
267	<p>Issues and Questions from Communities (agenda item 7)</p> <p>Ms Maybin raised an issue regarding the length of time it was taking to refer to social services using the new safeguarding system, and the impact on staff. Ms Maybin asked if there were other options which would reduce the time</p>	

Item	Discussion	Action
	<p>taken. The Interim Chief Operating Officer agreed to look into this and provide feedback through the safeguarding route.</p> <p>No further issues were raised by Governors.</p>	Kelly Barker
268	<p>Youth Views (agenda item 7)</p> <p>Ms Maybin provided an update on the activities that had taken place and were scheduled to support youth engagement & involvement. This included an overview of:</p> <ul style="list-style-type: none"> • The Stepping into the NHS event, where Governors would be a stand where young people would be able to sign up as members. • A poster designed to attract young people to the Trust's membership. • The working group led by Cathy Schofield was gaining momentum on increasing the youth voice. Ms Buxton offered to join this group as she had a cohort of young people that could link in with this piece of work. <p>The Trust Board Secretary informed the Governors about the Participation Strategic Group which had recently been set up and was chaired by the Deputy Director of Quality Governance and Deputy Director of Nursing. The young people working group would feed back into this new strategic group.</p> <p>The Council of Governors noted the update.</p>	
269	<p>Chair's Report (agenda item 9)</p> <p>The Governors received the Chair's Report which detailed the key activities that had taken place over the last quarter and upcoming areas of interest for Governors to be aware of.</p> <p>The Chair updated the report with:</p> <ul style="list-style-type: none"> • with the engagement meetings that had been attended since the last meeting, • opportunities for the Governors to observe Board and Committee meetings, • An update on the NHS Provider Licence consultation, • The Ofsted Report for Bradford Council and the Children's Trust which was being set up. The Chief Executive Officer for the Children's Trust would be starting mid-February, with the Trust officially established on 1 April 2023. It was agreed that an update on the Children's Trust would be shared with Governors. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the partnership and engagement work that had taken place. • Noted and confirmed availability to observe public Board and Committee Meetings. 	Therese Patten

Item	Discussion	Action
	<ul style="list-style-type: none"> Noted the process that supported the Trust's response to the NHS England consultation on proposed amendments to the provider license. Noted that NHS England had provided an addendum to 'Your statutory duties – reference guide for NHS foundation trust governors' which covered system & partnership working. Were assured on the process for managing Chair & Non-Executive Director (NED) appraisals and objective setting. Were assured on work facilitated by the Committee Chair's to undertake an effectiveness review of the Board Committee meetings. Noted that the Board had approved a new version of the Triple A report, to incorporate 'decisions made'. 	
270	<p>Performance Report (agenda item 9)</p> <p>The Deputy Director of Planning and Performance presented the report and highlighted the information presented on high demands and workforce pressures; and Out of Area Placements (OAPs).</p> <p>Ms Patten stated that via the Executive Management Team the focus would be on a small number of priorities including Out of Area placements, length of stay and the workforce.</p> <p>An update on the new performance management framework would be shared with Governors.</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, and the wider public on engagement activities; and Noted that further discussion on performance management continued to take place within the Board, and Committee meetings. 	Corporate Governance
271	<p>Update on SEND inspection and Children's Trust (agenda item 11)</p> <p>The Director of Nursing, Professions & Care Standards and Deputy Chief Executive presented the update on the SEND inspection and Children's Trust which included an overview on</p> <ul style="list-style-type: none"> An update on the core actions and moving forward: update on the SEND monitoring visits and Areas of weakness. Improvement of Communication across partners Improvement on the Quality of ECHP Plans The Inconsistent delivery of 0-19 services and Early Years The Long waits for Neurodevelopment screening Specialist services/equipment and identification 	

Item	Discussion	Action
	<ul style="list-style-type: none"> School Engagement and Systems Led Leadership. <p>The Council of Governors noted the update.</p>	
272	<p>Charitable Funds Committee held on 27 October 2022 (agenda item 12.1)</p> <p>The Council of Governors welcomed the Charitable Funds Committee AAA Report and noted the risk of ongoing financial viability of the charity. There were no items identified that required escalation.</p>	
273	<p>Finance, Business & Investment Committee held on 24 November 2022 (agenda item 12.2)</p> <p>The Council of Governors welcomed the Finance, Business & Investment Committee AAA Report. There were no items identified that required escalation.</p>	
274	<p>Mental Health Legislation Committee held on 24 November 2022 (agenda item 12.3)</p> <p>Ms Panteli presented the report and stated that the issue of the timeliness of reports and documents for mental health tribunals and hospital manager meetings was improving. She also advised that the Mental Health Act Care Quality Commission visits now followed a more robust approach under a new inspection regime.</p> <p>The Council of Governors noted the content of the Mental Health Legislation Committee AAA Report. There were no items identified that required escalation.</p>	
275	<p>Quality & Safety Committee held on 17 November and 15 December 2022 (agenda item 12.4)</p> <p>Ms McGregor highlighted the workforce and safe staffing alerts and the huge amount of work that was going on around that.</p> <p>The Council of Governors welcomed the Quality & Safety Committee AAA Report. There were no items identified that required escalation.</p>	
276	<p>Workforce & Equality Committee held on 20 October 2022 (agenda item 12.5)</p> <p>Mr Champion advised that the information in the report would be covered under his later agenda items.</p> <p>The Council of Governors welcomed the Workforce & Equality Committee AAA Report. There were no items identified that required escalation.</p>	

Item	Discussion	Action
277	<p>Industrial Action Update (agenda item 13)</p> <p>The Chief People Officer advised that to date the Trust had been relatively unaffected by the industrial action taken by NHS staff, unlike the acute and ambulance Trusts. The Trust was waiting to hear whether members of the Chartered Society of Physiotherapists would be included in the second tranche of strikes. The British Medical Association was out to consultation, and the outcome of the Junior Doctors ballot was being awaited. Daily situation reports were continuing to be shared with NHS England. The Governors noted the continued partnership work taking place across the System, and Place in support of the action implications affecting partners.</p> <p>The Council of Governors noted the update.</p>	
278	<p>Staffing Update (agenda item 14)</p> <p>The Chief People Officer informed the Council of Governors that since April 2022 the Trust had advertised 1300 vacancies and made 900 appointments, with on average 40 vacancies live at any one point. An internal audit in December had shown significant assurance around the processes and practices of recruiting and retaining staff, but more work was to be done to retain staff including the Trust's health and wellbeing offer.</p> <p>There were 700 people on Bank contracts, and 1300 substantive staff had Bank assignments. 95% of the demand for temporary staff was being met, with 35% being sourced through agencies against a target of 20%.</p> <p>Mr Champion highlighted three workforce change programmes in progress:</p> <ul style="list-style-type: none"> • Consultation around Smarter Spaces and the impact of reducing the Trust's estates on community staff. • An impending consultation around Model Roster 3 and Mental Health inpatients. • An impending consultation within the adult community nursing services. <p>The Council of Governors noted the update.</p>	
279	<p>Staff Survey Update (agenda item 15)</p> <p>The Chief People Officer advised that the results were under embargo until the end of March, at which point they would be shared. The survey had attracted a response rate of 41% this year, compared to 45% the previous year.</p> <p>The Council of Governors noted the update.</p>	

Item	Discussion	Action
280	<p>Lynfield Mount Update (agenda item 16)</p> <p>The Chief Executive Officer gave a verbal update on Lynfield Mount Hospital in relation to the delayed national new hospitals programme. Lobbying continued with stakeholders, the West Yorkshire Mayor and her Deputy, and MPs. In the meantime work continued to understand other options. The risk around Lynfield Mount was due to be discussed at the Place Partnership Board the following day, for the risk to be captured on the Bradford and Craven Place risk register which would be escalated to the Integrated Care Board risk register.</p> <p>The Council of Governors noted the update.</p>	
281	<p>Procedure for Reimbursement of Expenses (agenda item 17)</p> <p>The Trust Board Secretary highlighted the review of the Governors and Members Reimbursement of Expenses Procedure, which had resulted in three minor amendments.</p> <p>The Council of Governors approved the reviewed procedure for the reimbursement of expenses for Governors and Members.</p>	
282	<p>Terms of Reference for Merged Council of Governors Nominations and Remuneration Committee (agenda item 18)</p> <p>The Council of Governors reviewed and approved the draft Terms of Reference for the Council of Governors Nominations and Remuneration Committee.</p>	
283	<p>Council of Governors Annual Work Plan (agenda item 19)</p> <p>The Council of Governors noted the contents of the Annual Work Plan.</p>	
284	<p>Any Other Business (agenda item 20)</p> <p>The Council of Governors had no further business to discuss.</p>	
285	<p>Meeting Evaluation (agenda item 21)</p> <p>A discussion took place in support of continuous improvement on the effectiveness of the meeting. It was noted that a good breadth of discussion had been held with all attendees having the opportunity to contribute.</p> <p>The Chair thanked the Council of Governors for their time. The meeting was closed at 6.11pm.</p>	

Item	Discussion	Action
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Signed:

Dated:

Action Log for the Council of Governors Public Meeting from February 2023

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. 01/12/22	<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	TBC	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. Feb 23 Update: An update would be brought back to a future meeting of the Council of Governors.
2. 02/02/23	<u>Issues and Questions from Communities</u> The Interim Chief Operating Officer agreed to look into this and provide feedback through the safeguarding route.	Interim Chief Operating Officer	May 2023	
3. 02/02/23	<u>Chair's Report</u> An update on the Children's Trust to be shared with Governors.	Chief Executive	May 2023	

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
4. 02/-2/23	<u>Performance Report</u> An update on the new performance management framework would be shared with Governors.	Corporate Governance	TBC	

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
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.
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.
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.

Council of Governors – meeting held in public

4 May 2023

Paper title:	Chair's Report	Agenda Item
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 – March 2023	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 <u>ALL</u> 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 refresh work taking place of the Trust's overarching strategy: Better Lives, Together, including the consultation & engagement phase, where Governors are invited to take part • note the development work taking place on performance reporting; & processes within the Trust.

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 – meeting held in public

4 May 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:

28 February	Aspiring Cultures monthly staff network meeting
1 March	Yorkshire & Humber Chairs Meeting
2 March	Go See visit with David Sims at Fieldhead Children & Adolescent Mental Health Service
2 March	Leading Better Lives Together event with staff
7 March	West Yorkshire Partnership Board meeting
14 March	Bradford District and Craven Partnership Board
20 March	Planning meeting for a Joint Session Chairs and Governors at Place
22 March	Introductory meeting with Dr Louise Clarke GP in Bradford
23 March	NHS Providers Chairs and Chief Executives' network event in London
29 March	Go See Visit with David Sims to Lynfield Mount
29 March	Iftar event with Better Lives Charity
31 March	West Yorkshire Health & Care Partnership Monthly Chairs, Leaders & Non-Executives Forum
5 April	Introductory meeting Sue Baxter who is the Associate Director of Governance & Assurance at Place
5 April	Meeting with Cathy Elliott, Chair of Integrated Care Board
12 April	Susan Hinchcliffe monthly meeting
12 April	Go See visit with Kelly Barker Bradford, Airedale, Wharfedale, Craven My Wellbeing IAPT Service
26 April	Bradford District & Craven Partnership Board Development Session
27 April	West Yorkshire Community Health Services Provider Collaborative Quarterly Meeting

Further details on other partnership work, including involvement with other Place & System work will be presented at the meeting as a verbal update.

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
11 May 2023	9.00am	Board of Directors held in public
18 May 2023	9.30am	Quality & Safety Committee
25 May 2023	9.30am	Mental Health Legislation Committee
25 May 2023	12.30pm	Finance & Performance Committee
15 June 2023	9.30am	Quality & Safety Committee
15 June 2023	12.30pm	Extra-Ordinary Audit Committee
6 July 2023	9.30am	Audit Committee
13 July 2023	9.00am	Board of Directors held in public
20 July 2023	9.30am	Quality & Safety Committee
20 July 2023	12.30pm	Workforce & Equality Committee

People

Strategy Advisor & the refresh of the Trust's strategy (Better Lives, Together)

The Trust has been working with Dawn Lawson, Strategy Advisor, since November 2022 when Dawn joined on a temporary secondment. Dawn has provided vital leadership on the refresh of the Trust's overarching strategy 'Better Lives Together', which naturally comes to the end of its life span over the coming months. Significant development & engagement work on the refresh of the strategy has taken place, with the Board receiving updates throughout. Further information will be shared in the coming months, with opportunities for input through a consultation & engagement phase, & including a formal launch of the new strategic vision over Summer. Details of the consultation & engagement phase will be shared with Governors, where we encourage Governor attendance, & promotion of the events through Governor networks, membership & the general public.

Governance matters

Performance reporting & governance improvements

Reviews have taken place over the last few months to look at the processes & systems in place to see if any learning could take place. The reviews have considered how the Trust monitors performance, & the structures in place that support good decision making. An agreed development plan is in place which will be delivered in phases during 2023/24.

Dr Linda Patterson OBE FRCP
Trust Chair
March 2023

Council of Governors - Public

4 May 2023

Paper title:	Operational Plan Progress Update		Agenda Item 9
Presented by:	Mike Woodhead, Director of Finance, Contracting & Estates Kelly Barker, Interim Chief Operating Officer		
Prepared by:	Susan Ince, Deputy Director of Performance and Planning		
Committees where content has been discussed previously	Board of Directors 09/03/23, 13/04/23 Finance, Business & Investment Committee 23/03/23		
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 <u>ALL</u> that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input checked="" type="checkbox"/> Responsive		

Purpose of the report
The purpose of the report is to provide an overview of 2023/24 operational plan priorities.

Executive Summary
<p>The Trust is exiting 2022/23 with a £12.6 million underlying deficit, mainly due to COVID costs (£8.5 million) previously supported by tapering income, and a shortfall in delivering the efficiency programme (£5.8 million).</p> <p>A Trust Board development session was held in January 2023 to agree the focus for 2023/24 planning and the supporting workstreams required to close the financial gap. The high level priorities agreed are:</p> <ul style="list-style-type: none"> • Reduce length of stay; • Reduce mental health out of area placements; • Reduce COVID and infection, prevention and control costs; • Reduce agency and locum costs; and • Reduce the estates footprint.

A collaborative approach has been adopted in developing the Trust's operational plan, through the newly introduced business partnering model.

The Trust's priorities have been developed in partnership and form part of the Bradford and Craven place and West Yorkshire Integrated Care System 2023/24 plans.

Due to the level of financial gap that remains in Integrated Care Systems, including West Yorkshire, NHS England has confirmed that systems must develop and submit final plans on 4 May.

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:

- note and provide feedback on the operational plan priorities for 2023/24;
- note the requirement to resubmit final system plans on 4 May and the associated risks.

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 many of the corporate risks as identified in the SORR, including

- 2609: Organisational risks associated with out of area bed use (finance, performance and quality)

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- NHS England asks Integrated Care Boards (ICB) to work with their system partners to develop plans to meet the national objectives set out in the operational planning guidance and the local priorities set by systems. System plans have to be triangulated across activity, workforce and finance, and signed off by ICB and partner trust and foundation trust boards.

Name of meeting: Council of Governors - Public

Date: Thursday 4 May 2023

Time: 5.00pm until 6.20pm

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 2 February 2023 (enclosure)	LP	
4 Matters arising (verbal)	LP	
5 Action Log (enclosure)	LP	
GOVERNOR FEEDBACK		
6 Issues and Questions from Communities (verbal)	Governors	5.05pm
7 Youth Views (verbal)	LM	
STRATEGIC CONTEXT		
8 Chair's Report (enclosure)	LP	5.15pm
9 Operational Plan Progress Update (enclosure)	MW/KB	5.25pm
10 Update on Children's Trust (verbal)	TP	5.30pm
QUALITY, SAFETY AND RISK		
11 Performance Report (enclosure)	SI / MW	5.35pm
12 Care Quality Commission Update (enclosure)	PH	5.40pm
13 Assurance Reporting (enclosures)		5.45pm
13.1 Audit Committee held on 19 January 2023	CM	
13.2 Finance, Business and Investment Committee held on 26 January 2023	MA	

13.3	Mental Health Legislation Committee held on 26 January 2023	SL
13.4	Quality and Safety Committees held on 19 January and 17 February 2023	AM
13.5	Workforce and Equality Committee held on 16 February 2023	MR

WORKFORCE

14 1	Staff Survey Full Results (enclosure)	BC	6.05pm
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GOVERNANCE AND WELL LED

15 1	Annual Report Timetable 2022/23 (enclosure)	FS	6.10pm
16	Council of Governors Annual Declaration of Interest (enclosure)	FS	6.15pm
17 2	Council of Governors Annual Work Plan (enclosure)	For information	
18 2	Any Other Business (verbal)	LP	
19 2	Meeting Evaluation (verbal)	LP	6.20pm

The next public Council of Governors meeting will take place following the private meeting on:
Thursday 20 July 2023, 5.00pm until 6.30pm

Council of Governors' Meeting held in Public
Thursday 2 February 2023 at 5.00pm
Virtual meeting held on Microsoft Teams

**Agenda
item**

3

Present:	Dr Linda Patterson OBE	Chair of the Trust (Chair of the Council of Governors)
	Mufeed Ansari	Public Governor: Bradford East
	Kelly Barker	Interim Chief Operating Officer
	Dr Sid Brown	Public Governor: Shipley
	Tina Butler	Appointed Governor: Bradford Assembly
	Deborah Buxton	Appointed Governor: Barnados
	Bob Champion	Chief People Officer
	Rebecca Edwards	Head of Legal (observing)
	Janet Fajemisin	Corporate Governance Facilitator
	Sue Francis	Staff Governor: Non-Clinical
	Roberto Giedrojt	Staff Governor: Non-Clinical
	Anne Graham	Public Governor: Bradford West
	Phil Hubbard	Interim Chief Executive (Director of Nursing, Care Standards & Professions)
	Susan Ince	Deputy Director of Planning and Performance (agenda items 1-9)
	Zahir Irani	Appointed Governor: Bradford University
	Christopher Malish	Non-Executive Director
	Linzi Maybin	Staff Governor: Clinical (Deputy Lead Governor) (agenda items 1-9)
	Alyson McGregor	Non-Executive Director
	Carole Panteli	Non-Executive Director
	Therese Patten	Chief Executive Officer
	Trevor Ramsey	Public Governor: Bradford West
	Helen Robinson	Deputy Trust Board Secretary (Secretariat)
	Anne Scarborough	Public Governor: Keighley (Lead Governor)
	Pamela Shaw	Staff Governor: Clinical
	David Sims	Medical Director
	Joanne Squires	Staff Governor: Clinical
	Fran Stead	Trust Board Secretary
Apologies:	Maz Ahmed	Non-Executive Director
	Helen Barker	Public Governor: Craven
	Mike Frazer	Public Governor: Bradford East
	Hannah Nutting	Public Governor: Shipley
	Tim Rycroft	Chief Information Officer
	Jimmy Vaughan	Public Governor: Keighley
	Mike Woodhead	Director of Finance, Contracting & Estates

MINUTES

Item	Discussion	Action
261	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the meeting at 5.00pm, welcoming everyone, noting the apologies received.</p> <p>The meeting was quorate.</p>	
262	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
263	<p>Minutes of the Council of Governors' meeting held on 1 December 2022 (agenda item 3)</p> <p>The minutes of the Council of Governors' meeting held in public on 1 December 2022 were agreed as a true and accurate record.</p>	
264	<p>Minutes of the Annual Members' meeting held on 28 September 2022 (agenda item 4)</p> <p>The minutes of the Annual Members' Meeting held on 28 September 2022 were agreed as a true and accurate record, subject to Ms Graham's constituency being amended to Bradford West.</p>	
265	<p>Matters Arising (agenda item 5)</p> <p>Mr Ramsay highlighted the length of time it had taken for Mind in Bradford to correct the phone number they were advertising for the First Response Service, although this had now been corrected.</p>	
266	<p>Action Log (agenda item 6)</p> <p>In relation to the action regarding an update on the Complaints Group and the involvement / engagement workstream, the Governors were informed that a refresh of the complaints process and involvement partners' input into this was being undertaken and this would be completed in March/April. An update would be brought back to a future Council of Governors meeting.</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. 	<p>Bev Fearnley</p>
267	<p>Issues and Questions from Communities (agenda item 7)</p> <p>Ms Maybin raised an issue regarding the length of time it was taking to refer to social services using the new safeguarding system, and the impact on staff. Ms Maybin asked if there were other options which would reduce the time</p>	

Item	Discussion	Action
	<p>taken. The Interim Chief Operating Officer agreed to look into this and provide feedback through the safeguarding route.</p> <p>No further issues were raised by Governors.</p>	Kelly Barker
268	<p>Youth Views (agenda item 7)</p> <p>Ms Maybin provided an update on the activities that had taken place and were scheduled to support youth engagement & involvement. This included an overview of:</p> <ul style="list-style-type: none"> • The Stepping into the NHS event, where Governors would be a stand where young people would be able to sign up as members. • A poster designed to attract young people to the Trust's membership. • The working group led by Cathy Schofield was gaining momentum on increasing the youth voice. Ms Buxton offered to join this group as she had a cohort of young people that could link in with this piece of work. <p>The Trust Board Secretary informed the Governors about the Participation Strategic Group which had recently been set up and was chaired by the Deputy Director of Quality Governance and Deputy Director of Nursing. The young people working group would feed back into this new strategic group.</p> <p>The Council of Governors noted the update.</p>	
269	<p>Chair's Report (agenda item 9)</p> <p>The Governors received the Chair's Report which detailed the key activities that had taken place over the last quarter and upcoming areas of interest for Governors to be aware of.</p> <p>The Chair updated the report with:</p> <ul style="list-style-type: none"> • with the engagement meetings that had been attended since the last meeting, • opportunities for the Governors to observe Board and Committee meetings, • An update on the NHS Provider Licence consultation, • The Ofsted Report for Bradford Council and the Children's Trust which was being set up. The Chief Executive Officer for the Children's Trust would be starting mid-February, with the Trust officially established on 1 April 2023. It was agreed that an update on the Children's Trust would be shared with Governors. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the partnership and engagement work that had taken place. • Noted and confirmed availability to observe public Board and Committee Meetings. 	Therese Patten

Item	Discussion	Action
	<ul style="list-style-type: none"> Noted the process that supported the Trust's response to the NHS England consultation on proposed amendments to the provider license. Noted that NHS England had provided an addendum to 'Your statutory duties – reference guide for NHS foundation trust governors' which covered system & partnership working. Were assured on the process for managing Chair & Non-Executive Director (NED) appraisals and objective setting. Were assured on work facilitated by the Committee Chair's to undertake an effectiveness review of the Board Committee meetings. Noted that the Board had approved a new version of the Triple A report, to incorporate 'decisions made'. 	
270	<p>Performance Report (agenda item 9)</p> <p>The Deputy Director of Planning and Performance presented the report and highlighted the information presented on high demands and workforce pressures; and Out of Area Placements (OAPs).</p> <p>Ms Patten stated that via the Executive Management Team the focus would be on a small number of priorities including Out of Area placements, length of stay and the workforce.</p> <p>An update on the new performance management framework would be shared with Governors.</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, and the wider public on engagement activities; and Noted that further discussion on performance management continued to take place within the Board, and Committee meetings. 	Corporate Governance
271	<p>Update on SEND inspection and Children's Trust (agenda item 11)</p> <p>The Director of Nursing, Professions & Care Standards and Deputy Chief Executive presented the update on the SEND inspection and Children's Trust which included an overview on</p> <ul style="list-style-type: none"> An update on the core actions and moving forward: update on the SEND monitoring visits and Areas of weakness. Improvement of Communication across partners Improvement on the Quality of ECHP Plans The Inconsistent delivery of 0-19 services and Early Years The Long waits for Neurodevelopment screening Specialist services/equipment and identification 	

Item	Discussion	Action
	<ul style="list-style-type: none"> School Engagement and Systems Led Leadership. <p>The Council of Governors noted the update.</p>	
272	<p>Charitable Funds Committee held on 27 October 2022 (agenda item 12.1)</p> <p>The Council of Governors welcomed the Charitable Funds Committee AAA Report and noted the risk of ongoing financial viability of the charity. There were no items identified that required escalation.</p>	
273	<p>Finance, Business & Investment Committee held on 24 November 2022 (agenda item 12.2)</p> <p>The Council of Governors welcomed the Finance, Business & Investment Committee AAA Report. There were no items identified that required escalation.</p>	
274	<p>Mental Health Legislation Committee held on 24 November 2022 (agenda item 12.3)</p> <p>Ms Panteli presented the report and stated that the issue of the timeliness of reports and documents for mental health tribunals and hospital manager meetings was improving. She also advised that the Mental Health Act Care Quality Commission visits now followed a more robust approach under a new inspection regime.</p> <p>The Council of Governors noted the content of the Mental Health Legislation Committee AAA Report. There were no items identified that required escalation.</p>	
275	<p>Quality & Safety Committee held on 17 November and 15 December 2022 (agenda item 12.4)</p> <p>Ms McGregor highlighted the workforce and safe staffing alerts and the huge amount of work that was going on around that.</p> <p>The Council of Governors welcomed the Quality & Safety Committee AAA Report. There were no items identified that required escalation.</p>	
276	<p>Workforce & Equality Committee held on 20 October 2022 (agenda item 12.5)</p> <p>Mr Champion advised that the information in the report would be covered under his later agenda items.</p> <p>The Council of Governors welcomed the Workforce & Equality Committee AAA Report. There were no items identified that required escalation.</p>	

Item	Discussion	Action
277	<p>Industrial Action Update (agenda item 13)</p> <p>The Chief People Officer advised that to date the Trust had been relatively unaffected by the industrial action taken by NHS staff, unlike the acute and ambulance Trusts. The Trust was waiting to hear whether members of the Chartered Society of Physiotherapists would be included in the second tranche of strikes. The British Medical Association was out to consultation, and the outcome of the Junior Doctors ballot was being awaited. Daily situation reports were continuing to be shared with NHS England. The Governors noted the continued partnership work taking place across the System, and Place in support of the action implications affecting partners.</p> <p>The Council of Governors noted the update.</p>	
278	<p>Staffing Update (agenda item 14)</p> <p>The Chief People Officer informed the Council of Governors that since April 2022 the Trust had advertised 1300 vacancies and made 900 appointments, with on average 40 vacancies live at any one point. An internal audit in December had shown significant assurance around the processes and practices of recruiting and retaining staff, but more work was to be done to retain staff including the Trust's health and wellbeing offer.</p> <p>There were 700 people on Bank contracts, and 1300 substantive staff had Bank assignments. 95% of the demand for temporary staff was being met, with 35% being sourced through agencies against a target of 20%.</p> <p>Mr Champion highlighted three workforce change programmes in progress:</p> <ul style="list-style-type: none"> • Consultation around Smarter Spaces and the impact of reducing the Trust's estates on community staff. • An impending consultation around Model Roster 3 and Mental Health inpatients. • An impending consultation within the adult community nursing services. <p>The Council of Governors noted the update.</p>	
279	<p>Staff Survey Update (agenda item 15)</p> <p>The Chief People Officer advised that the results were under embargo until the end of March, at which point they would be shared. The survey had attracted a response rate of 41% this year, compared to 45% the previous year.</p> <p>The Council of Governors noted the update.</p>	

Item	Discussion	Action
280	<p>Lynfield Mount Update (agenda item 16)</p> <p>The Chief Executive Officer gave a verbal update on Lynfield Mount Hospital in relation to the delayed national new hospitals programme. Lobbying continued with stakeholders, the West Yorkshire Mayor and her Deputy, and MPs. In the meantime work continued to understand other options. The risk around Lynfield Mount was due to be discussed at the Place Partnership Board the following day, for the risk to be captured on the Bradford and Craven Place risk register which would be escalated to the Integrated Care Board risk register.</p> <p>The Council of Governors noted the update.</p>	
281	<p>Procedure for Reimbursement of Expenses (agenda item 17)</p> <p>The Trust Board Secretary highlighted the review of the Governors and Members Reimbursement of Expenses Procedure, which had resulted in three minor amendments.</p> <p>The Council of Governors approved the reviewed procedure for the reimbursement of expenses for Governors and Members.</p>	
282	<p>Terms of Reference for Merged Council of Governors Nominations and Remuneration Committee (agenda item 18)</p> <p>The Council of Governors reviewed and approved the draft Terms of Reference for the Council of Governors Nominations and Remuneration Committee.</p>	
283	<p>Council of Governors Annual Work Plan (agenda item 19)</p> <p>The Council of Governors noted the contents of the Annual Work Plan.</p>	
284	<p>Any Other Business (agenda item 20)</p> <p>The Council of Governors had no further business to discuss.</p>	
285	<p>Meeting Evaluation (agenda item 21)</p> <p>A discussion took place in support of continuous improvement on the effectiveness of the meeting. It was noted that a good breadth of discussion had been held with all attendees having the opportunity to contribute.</p> <p>The Chair thanked the Council of Governors for their time. The meeting was closed at 6.11pm.</p>	

Item	Discussion	Action
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Signed:
Dated:

Action Log for the Council of Governors Public Meeting from February 2023

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. 01/12/22	<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	TBC	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. Feb 23 Update: An update would be brought back to a future meeting of the Council of Governors.
2. 02/02/23	<u>Issues and Questions from Communities</u> The Interim Chief Operating Officer agreed to look into this and provide feedback through the safeguarding route.	Interim Chief Operating Officer	May 2023	
3. 02/02/23	<u>Chair's Report</u> An update on the Children's Trust to be shared with Governors.	Chief Executive	May 2023	

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
4. 02/-2/23	<u>Performance Report</u> An update on the new performance management framework would be shared with Governors.	Corporate Governance	TBC	

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
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.
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.
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.

Council of Governors – meeting held in public

4 May 2023

Paper title:	Chair's Report	Agenda Item
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 – March 2023	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 <u>ALL</u> 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 refresh work taking place of the Trust's overarching strategy: Better Lives, Together, including the consultation & engagement phase, where Governors are invited to take part • note the development work taking place on performance reporting; & processes within the Trust.

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 – meeting held in public

4 May 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:

28 February	Aspiring Cultures monthly staff network meeting
1 March	Yorkshire & Humber Chairs Meeting
2 March	Go See visit with David Sims at Fieldhead Children & Adolescent Mental Health Service
2 March	Leading Better Lives Together event with staff
7 March	West Yorkshire Partnership Board meeting
14 March	Bradford District and Craven Partnership Board
20 March	Planning meeting for a Joint Session Chairs and Governors at Place
22 March	Introductory meeting with Dr Louise Clarke GP in Bradford
23 March	NHS Providers Chairs and Chief Executives' network event in London
29 March	Go See Visit with David Sims to Lynfield Mount
29 March	Iftar event with Better Lives Charity
31 March	West Yorkshire Health & Care Partnership Monthly Chairs, Leaders & Non-Executives Forum
5 April	Introductory meeting Sue Baxter who is the Associate Director of Governance & Assurance at Place
5 April	Meeting with Cathy Elliott, Chair of Integrated Care Board
12 April	Susan Hinchcliffe monthly meeting
12 April	Go See visit with Kelly Barker Bradford, Airedale, Wharfedale, Craven My Wellbeing IAPT Service
26 April	Bradford District & Craven Partnership Board Development Session
27 April	West Yorkshire Community Health Services Provider Collaborative Quarterly Meeting

Further details on other partnership work, including involvement with other Place & System work will be presented at the meeting as a verbal update.

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
11 May 2023	9.00am	Board of Directors held in public
18 May 2023	9.30am	Quality & Safety Committee
25 May 2023	9.30am	Mental Health Legislation Committee
25 May 2023	12.30pm	Finance & Performance Committee
15 June 2023	9.30am	Quality & Safety Committee
15 June 2023	12.30pm	Extra-Ordinary Audit Committee
6 July 2023	9.30am	Audit Committee
13 July 2023	9.00am	Board of Directors held in public
20 July 2023	9.30am	Quality & Safety Committee
20 July 2023	12.30pm	Workforce & Equality Committee

People

Strategy Advisor & the refresh of the Trust's strategy (Better Lives, Together)

The Trust has been working with Dawn Lawson, Strategy Advisor, since November 2022 when Dawn joined on a temporary secondment. Dawn has provided vital leadership on the refresh of the Trust's overarching strategy 'Better Lives Together', which naturally comes to the end of its life span over the coming months. Significant development & engagement work on the refresh of the strategy has taken place, with the Board receiving updates throughout. Further information will be shared in the coming months, with opportunities for input through a consultation & engagement phase, & including a formal launch of the new strategic vision over Summer. Details of the consultation & engagement phase will be shared with Governors, where we encourage Governor attendance, & promotion of the events through Governor networks, membership & the general public.

Governance matters

Performance reporting & governance improvements

Reviews have taken place over the last few months to look at the processes & systems in place to see if any learning could take place. The reviews have considered how the Trust monitors performance, & the structures in place that support good decision making. An agreed development plan is in place which will be delivered in phases during 2023/24.

Dr Linda Patterson OBE FRCP
Trust Chair
March 2023

Council of Governors - Public

4 May 2023

Paper title:	Operational Plan Progress Update		Agenda Item 9
Presented by:	Mike Woodhead, Director of Finance, Contracting & Estates Kelly Barker, Interim Chief Operating Officer		
Prepared by:	Susan Ince, Deputy Director of Performance and Planning		
Committees where content has been discussed previously	Board of Directors 09/03/23, 13/04/23 Finance, Business & Investment Committee 23/03/23		
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 <u>ALL</u> that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input checked="" type="checkbox"/> Responsive		

Purpose of the report
The purpose of the report is to provide an overview of 2023/24 operational plan priorities.

Executive Summary
<p>The Trust is exiting 2022/23 with a £12.6 million underlying deficit, mainly due to COVID costs (£8.5 million) previously supported by tapering income, and a shortfall in delivering the efficiency programme (£5.8 million).</p> <p>A Trust Board development session was held in January 2023 to agree the focus for 2023/24 planning and the supporting workstreams required to close the financial gap. The high level priorities agreed are:</p> <ul style="list-style-type: none"> • Reduce length of stay; • Reduce mental health out of area placements; • Reduce COVID and infection, prevention and control costs; • Reduce agency and locum costs; and • Reduce the estates footprint.

A collaborative approach has been adopted in developing the Trust's operational plan, through the newly introduced business partnering model.

The Trust's priorities have been developed in partnership and form part of the Bradford and Craven place and West Yorkshire Integrated Care System 2023/24 plans.

Due to the level of financial gap that remains in Integrated Care Systems, including West Yorkshire, NHS England has confirmed that systems must develop and submit final plans on 4 May.

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:

- note and provide feedback on the operational plan priorities for 2023/24;
- note the requirement to resubmit final system plans on 4 May and the associated risks.

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 many of the corporate risks as identified in the SORR, including

- 2609: Organisational risks associated with out of area bed use (finance, performance and quality)

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- NHS England asks Integrated Care Boards (ICB) to work with their system partners to develop plans to meet the national objectives set out in the operational planning guidance and the local priorities set by systems. System plans have to be triangulated across activity, workforce and finance, and signed off by ICB and partner trust and foundation trust boards.

Council of Governors

4 May 2023

2023/24 Operational Plan

Mike Woodhead (Director of Finance, Estates and Contracting)
and
Kelly Barker (Interim Chief Operating Officer)

NHS 2023/24 Priorities and Operational Planning Guidance

- Key priorities
 - **recover our core services and productivity**
 - improve ambulance response and A&E waiting times
 - reduce elective long waits and cancer backlogs
 - make it easier for people to access primary care services
 - **deliver the key NHS Long Term Plan ambitions**
 - core commitments to improve mental health services and services for people with a learning disability and autistic people
 - prevention and the effective management of long-term conditions
 - **continue transforming the NHS for the future**
 - put the workforce on a sustainable footing for the long term
 - level up digital infrastructure and drive greater connectivity
 - transformation to be accompanied by continuous improvement
- Integrated Care Boards and NHS primary and secondary care providers expected to work together to plan and deliver a balanced net system financial position in collaboration with other Integrated Care System partners.

National NHS objectives 2023/24

most applicable to BDCFT



Bradford District Care
NHS Foundation Trust

Area	Objective
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people
	Increase the number of adults and older adults accessing Improving Access to Psychological Therapies treatment
	Increase the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Improve access to perinatal mental health services
	Recover the dementia diagnosis rate to 66.7%
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan
	Reduce reliance on inpatient care, while improving the quality of inpatient care

Trust Process and Priorities



Bradford District Care
NHS Foundation Trust

Financial Overview

The Trust exits 2022/23 with £12.6 million underlying deficit, mainly due to:

- COVID costs (£8.5 million) previously supported by tapering income
- shortfall in delivering the efficiency programme (£5.8 million)

High Level Priorities

Trust Board development session held January to agree focus for 2023/24 planning and workstreams to close the financial gap. Priorities agreed:

- Reduce [length of stay](#);
- Reduce mental health [out of area placements](#);
- Reduce [COVID and infection, prevention and control costs](#);
- Reduce [agency and locum costs](#); and
- Reduce the [estates footprint](#).

Integrated Planning Process

- Collaborative approach adopted in developing the plan, through the newly introduced business partnering model.

- 1. Releasing time to care** (aiming for 10% productivity gain across services)
 - Delivered through digital maturity, record and information management

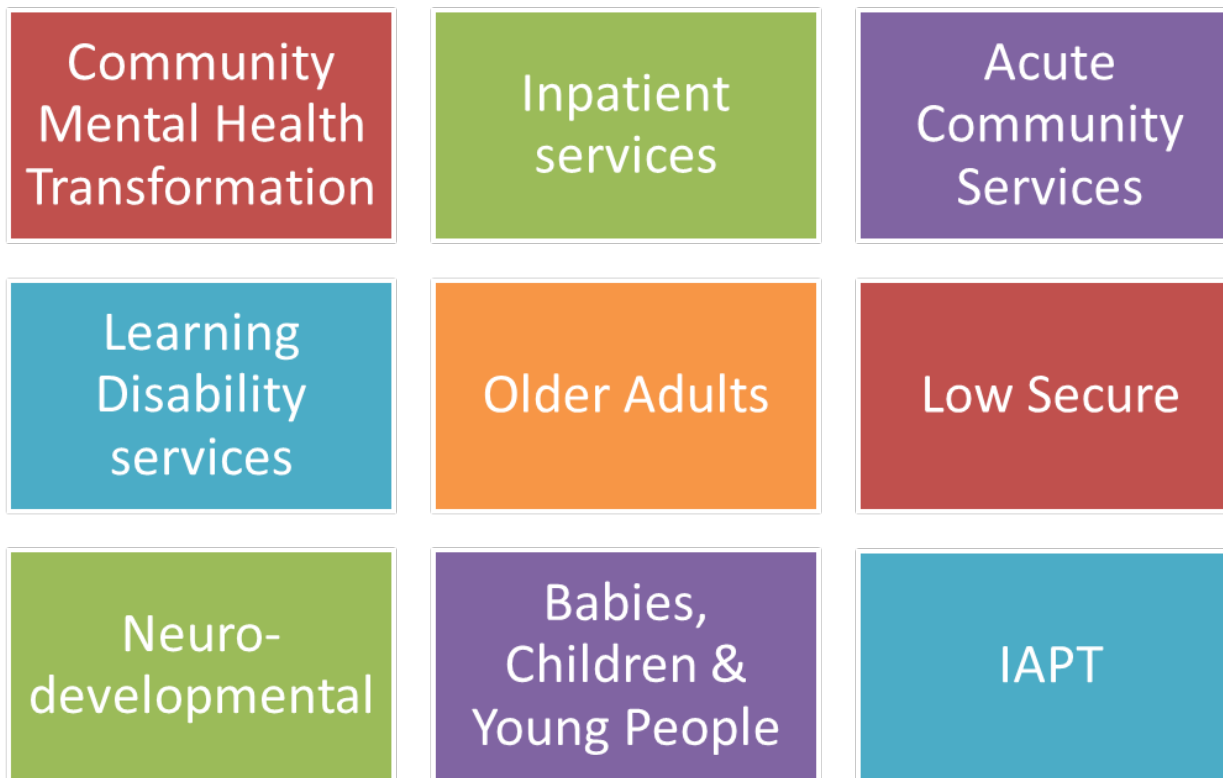
- 2. Responsibility and Accountability**
 - Care Group governance – grip and control; assurance

- 3. Securing investment and growth in our services**
 - Maintaining transformation
 - Children and Young People
 - Adult community
 - Admin services

Key Priorities – Mental Health and Learning Disability Services



Bradford District Care
NHS Foundation Trust



Priorities for each service covering:

✓ care provision
✓ workforce

✓ digital, data and outcomes
✓ cross cutting themes/partnership

Sustainability

- Plan to achieve a **break-even revenue plan** with:
 - **cost improvement plans** of £17.38 million
 - Including: COVID efficiencies*
 - Model Roster 3*
 - Out of area placement reductions*
 - Reduction in agency spend*

Investment

- Continued investment in line with Mental Health Investment Standard to progress the Long Term Plan ambitions
- Service Development Funding for Mental Health & LD services secured for Adult Community Mental Health; Children & Young people; Mental Health in Schools and LD Keyworkers

Resubmission of Final Plans

- Due to the level of financial gap that remains in Integrated Care Systems, including West Yorkshire, NHS England has confirmed that systems must **develop and submit final plans on 4 May.**

Council of Governors - Public

4 May 2023

Paper title:	Performance Report	Agenda Item 11
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 09/03/23 Quality and Safety Committee 16/03/23, 20/04/23 Mental Health Legislation Committee 23/03/23 Workforce and Equality Committee 16/02/23 Finance, Business and Investment Committee 23/03/23	
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
<p>The report highlights the combined impact of high service demand, increased acuity and complexity and workforce challenges, exacerbated by industrial action and expected winter pressures, which continue to affect performance and waiting times.</p> <p>The Council of Governors performance report uses selected narrative and slides from the Board integrated performance report. 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.</p>

The Trust's performance management framework is being reviewed. Changes will be reflected in future performance reports to the Council of Governors.

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
- 2509: Community nursing services demand exceeding capacity
- 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

	<ul style="list-style-type: none"> • 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

4 May 2023 meeting









**Performance relating to
January, February and March 2023**

Combined impact of:

- **high service demands** - increased acuity and complexity;
- **workforce challenges** - with high labour turnover, 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.

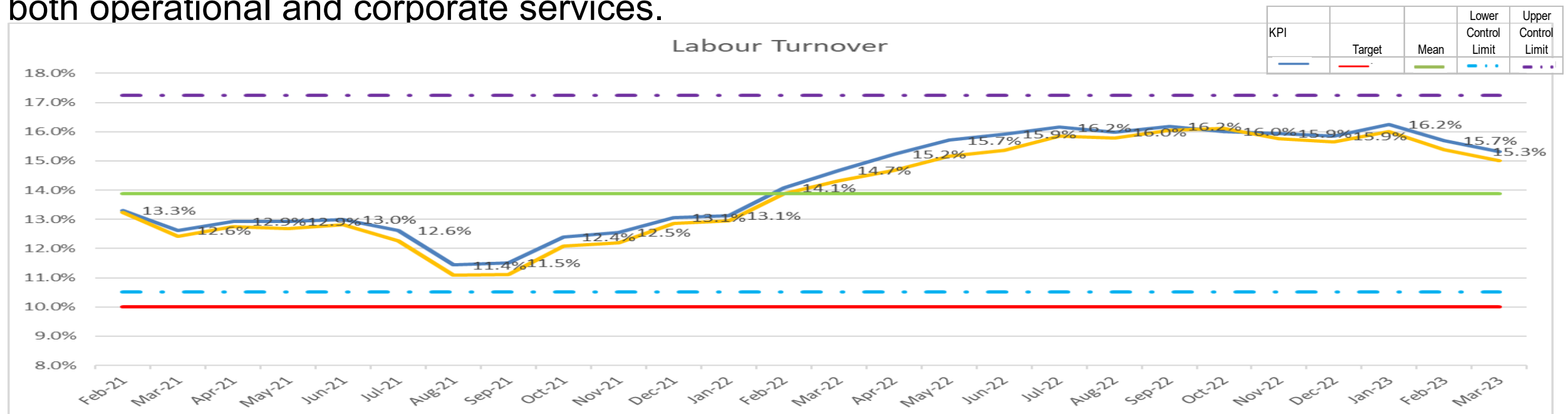
Challenges are being exacerbated by industrial action, expected winter pressures and the socio-economic impacts of cost of living increases on staff and service users' mental health and wellbeing. The Trust's winter plan is in place, with oversight, actions and support enacted through the Trust's daily lean management and incident command arrangements, feeding into the Bradford District and Craven surge and escalation group and system command structures.

Workforce Dashboard (March 2023)

Metric	Goal & Action status		Current	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		13.78%	Recruitment rate increased from start of 2022/23 and has remained above target
Key Workforce Metrics – Sickness Rate	4%		5.97%	Sickness rate reduced by 0.2% from February 2023
Key Workforce Metrics – Labour Turnover	10%		15.32%	Labour turnover continues to be above target though has stabilised
Key Workforce Metrics – Vacancy Rate	10%		10.36%	Vacancy rate has been above the 10% target since November 2022 but is improving
Mandatory Training Summary	80%		88.67%	Overall compliance remains above 80%
Appraisal Rates Summary	80%		62.17%	Appraisal compliance has dropped significantly due to a technical recording issue which has now been resolved
Clinical Supervision Rates Summary	80%		80.84%	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

Workforce – Labour Turnover, Vacancy Rate, Sickness Absence





- **Recruitment, retention and wellbeing of staff** continue to be a key concern and focus.
- **Vacancy rate** has been above the 10% target since October 2022 but is improving (January 11.1%, February 11.0%, March 10.4%).
- **Labour turnover** has stabilised but remains high. There are elevated labour turnover rates in both operational and corporate services.



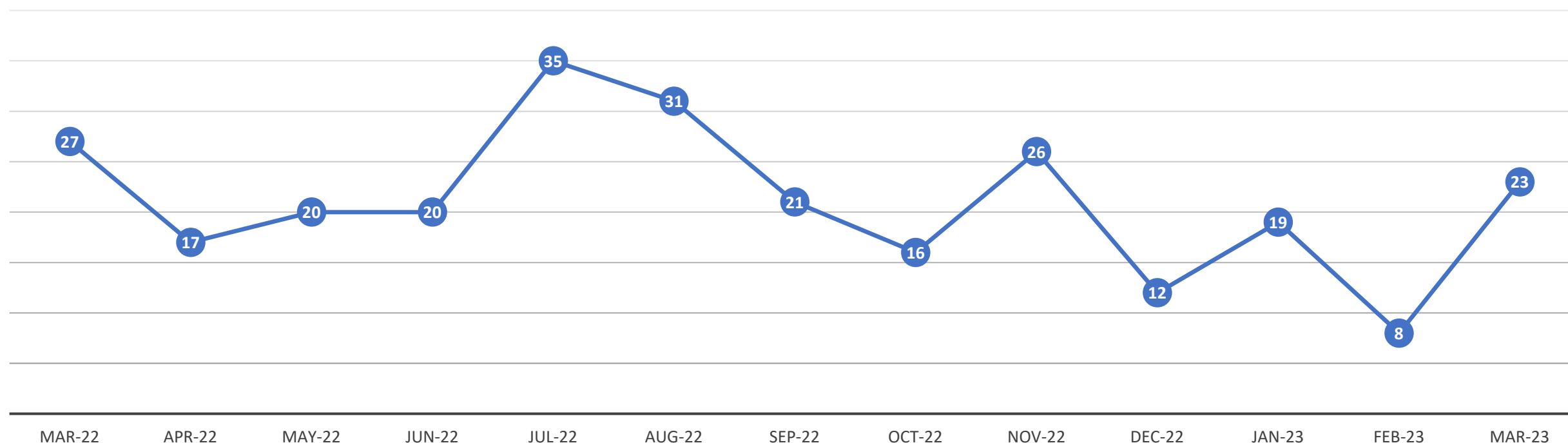
- **Retention plan actions** include:
 - reinforcing the comprehensive range of health and wellbeing resources and facilities;
 - establishing health & wellbeing and belonging & inclusion champion roles;
 - implementation of a new on-boarding and induction programme from April 2023, with all new recruits welcomed in-person, supported by a follow-up programme which includes a 30, 60 and 90 day check-in.
- Given there is a lag time between consistent implementation of actions and them having a discernible impact, a **gradual reduction in labour turnover has been agreed as part of the 2023/24 operational plan** (15% April and May, 14% June and July, 13% from August onwards).

Quality and Safety

Safeguarding Dashboard (March 2023)





Metric	Goal & Action status	Current	Average (rolling 13 months)
Safeguarding Adult Referrals	N/A 	21	6.9
Safeguarding Children Referrals	N/A 	23 (Bradford)	21.2 (Bradford)
Duty Calls regarding adults	N/A 	114 (Bradford)	97.3 (Bradford)
Duty Calls regarding children	N/A 	53 (Bradford)	54.1 (Bradford)

Referrals to Children's Social Care



Quality and Safety

Incidents Dashboard (March 2022)

Metric	Goal & Action status		Current	Average
All incidents	N/A		816	919.9
Violence & Aggression	N/A		138	194.4
Medication Errors	0		43	45.8
Near Misses	N/A		12	19.1

Patient Insight Report (March 2023)

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?

How did we do this month?

93.6%
FFT % positive

Overall, how was your experience of our care?
'Good' + 'Very Good' as a percentage of those
answering the FFT question

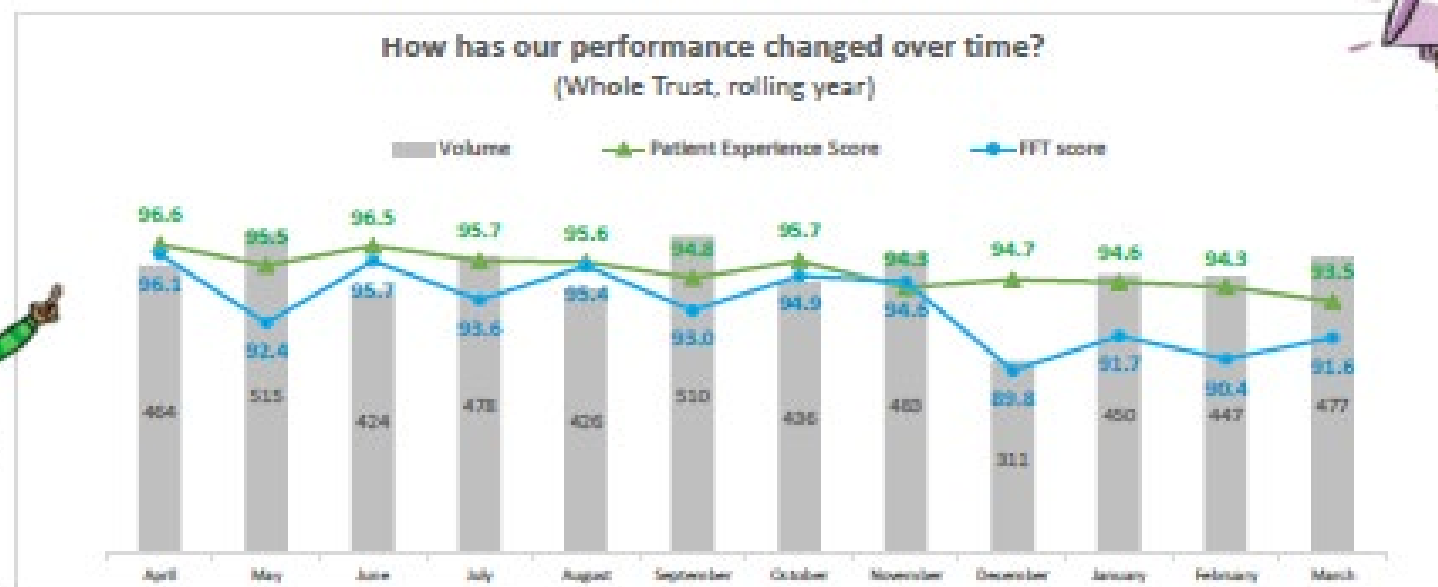
454
respondents
to all questionnaires
this month

93.5

Overall Patient Experience Score

Composite of all patient experience questions
(where 100 = best answer, 1 = worst answer)
all questionnaires

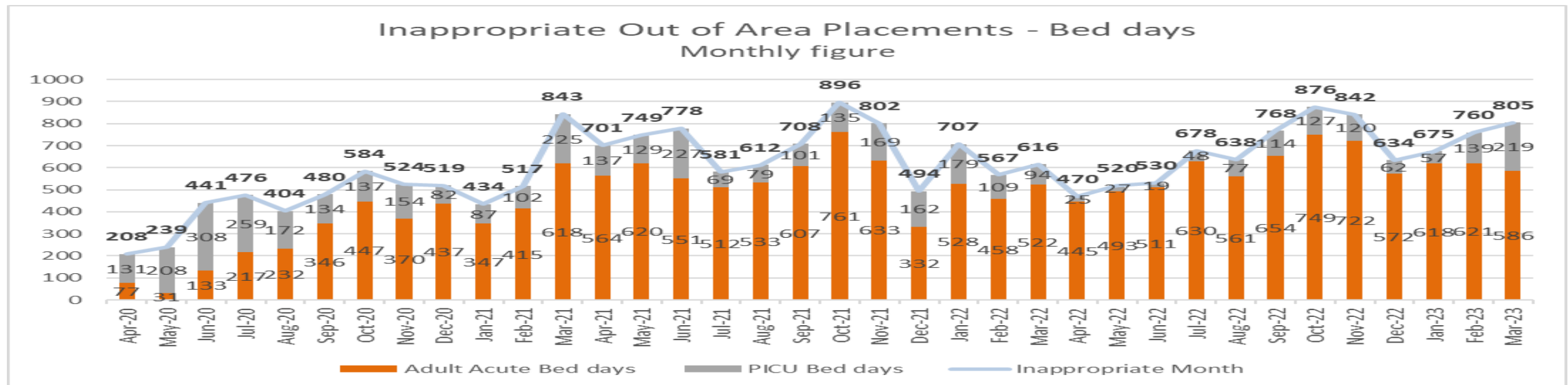
How has our performance changed over time? (Whole Trust, rolling year)



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 acuity of service user presentation and reduction in bed capacity to support COVID infection prevention and control requirements for isolating and cohorting patients.



- Additional support in place over the winter period includes enhanced staffing in the Intensive Home Treatment Team to manage demand and extension of the hours of the bed management team service.
- Tactical actions to improve inpatient flow being taken, including targeted intervention for service users with the longest length of stay.
- One of the key 2023/24 operational plan priorities for the Trust, with place and system support, is 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; nail surgery;
 - tissue viability;
 - urgent community response (district nursing service) 2 hour response standard
 - Child and Adolescent Mental Health Service (CAMHS) – referral to 1st appointment (assessment), referral to 2nd appointment (treatment);
 - early intervention in psychosis
- **Waiting times have improved** in some services including:
 - talking therapy for anxiety and depression: waits between 1st and 2nd appointments;
 - psychological therapies: community mental health services;
 - children and young people with eating disorders – urgent cases
- 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;
 - talking therapy for anxiety and depression – referral to 1st treatment *but performance improving*
 - CAMHS: broader CAMHS pathways; neurodevelopment assessment;
 - 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

Council of Governors - Public

4 May 2023

Paper title:	Care Quality Commission Update	Agenda Item 12
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive	
Prepared by:	Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk	
Committees where content has been discussed previously	Board of Directors, 12 January 2023	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> that apply	<input checked="" 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 <u>ALL</u> 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 this report is to provide Council of Governors with an overview of recent Care Quality Commission (CQC) activity, including updating on proposed changes to the CQC inspection framework.

Executive Summary
CQC inspection activity The report provides an update on inspection activity within the Trust, including: <ul style="list-style-type: none"> Medicines Optimisation pilot inspection in November 2022 (published March 2023). As this was a pilot inspection, the report was not published and the rating does not affect the trust's overall ratings. The pilot rated the trust's medicines optimisation as Good overall. Assurance on progress of response to the 0-19 service inspection in August 2022 where the service continued to be rated as Requires Improvement

- Assurance on progress of response to the Core Service Inspection in December 2021 where the Trust was rated as Good overall.

Implementation of the new Care Quality Commission (CQC) Assessment Framework – progress and next steps

CQC had initially planned to roll out their new inspection framework in January 2023. After receiving feedback and considering a number of different elements it was decided not to do this until later in 2023.

The CQC's new approach will give them the ability to make judgements about quality more regularly, instead of only after an inspection. To do this they will use evidence from a variety of sources and look at any number of quality statements.

Whilst CQC will continue to describe the quality of care using 4 ratings: outstanding, good, requires improvement, or inadequate, they will use a scoring framework to enable them to make consistent judgements. The scores will translate into one of the ratings for the key questions (safe, effective, caring, responsive, and well-led). Scores will also be the basis for the CQC's view of quality at an overall service level.

As part of these changes, the CQC will also change how they report ratings on their website. Whilst initially publishing only the usual ratings, the intention is to move to publishing the underlying scores for each rating and so there will be changes to how this is reported on their website.

CQC is committed to continuing to implement the new approach in phases, making sure each phase is properly implemented before moving to the next.

From spring they will focus on:

- making sure the technology needed is in place.
- being confident that the new regulatory approach is ready to launch.

In summer they plan to launch the new online provider portal in stages. In the first stage:

- providers will be able to submit statutory notifications.
- the CQC will improve how our enforcement process works.

Towards the end of 2023 CQC will gradually start to carry out assessments using the new assessment framework.

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:

- Note the Trust's progress in responding to CQC inspection activity.

- Note the current position with regard to CQC's on going consultation and implementation of a new model.

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:

- 2417: Ability to meeting regulatory requirements

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- Well-led

Council of Governors - Public Meeting

4 May 2023

Care Quality Commission Update

1 Purpose

The purpose of this report is to provide Council of Governors with an overview of recent Care Quality Commission (CQC) activity, including updating on proposed changes to the CQC inspection framework.

2 CQC inspection Activity

2.1 Core inspection report – published December 2021 – management plan update

The Trust has a detailed management action plan relating to the areas of learning from the core inspection.

Of the 6 areas identified where the Trust should **continue to progress** in order to improve and avoid potential future regulatory breaches assurance has been provided either that the oversight of these areas is embedded within business as usual or that work is progressing in line with the recommendations.

The only exception to this is the redevelopment of the Lynfield Mount Hospital site and the Committee is aware from other discussions the barriers, progress and mitigations in place relating to this.

Of the 12 transactional pieces of work the Trust **must or should undertake** in order to improve and either rectify regulatory breaches or avoid potential future regulatory breaches, confirmation has been provided that 8 have been completed and progress continues to be made against the other 4 areas.

Of the 7 **Tactical Projects** the Trust **must or should undertake** in order to improve and either rectify regulatory breaches or avoid potential future regulatory breaches confirmation has been provided that 2 elements of this are complete, and one part of a third. In relation to the others, those relating to dashboards, quality assurance and risk are lined to the work the committee is aware of on refreshing the Trust strategy and performance and oversight frameworks.

2.2 Targeted inspection of 0-19 services published August 2022 – action plan update

The Public Health Nursing Service (previously known as the 0-19 services) holds a detailed quality improvement plan which is informed by, and directly responds to, the areas of improvement identified in the targeted inspection. The plan is due to be reviewed and updates are provided through the Senior Leadership Team meeting to ensure progress is being made.

At the last review assurance was provided that progress was being made across all areas, with much of it being linked to service transformation and longer term development plans.

2.3 Medicines Optimisation Pilot – report received March 2023

In November 2022 the Trust took part in a pilot inspection relating to medicines optimisation. We received the final report on 06 March 2023. The Trust has not been formally rated and this has no impact on our overall rating, as it is a pilot. The overall Medicines Optimisation Pilot rating was Good.

The CQC rated safe, effective, responsive, caring, and well-led as good because:

- The service had enough staff to support patients with their medicines. Staff assessed medicines risks to patients and prioritised them accordingly.
- There were many enhanced pharmacy roles in the organisation to improve how medicines were used in the trust, for example the medicines administration pharmacy technicians embedded in inpatient wards.
- Staff provided good care and treatment. Medicines were administered safely and effectively. Treatments were continuously reviewed by a multidisciplinary team of healthcare professionals including pharmacy and any changes were made with the input of the patient. Medicines for the management of anxiety, agitation and aggression in the Trust were used appropriately and always as a last resort. When these medicines were used, they were reviewed regularly, and appropriate physical health checks were completed to keep patients safe.
- Patients detained under the Mental Health Act had the correct consent to treatment documents in place to ensure care was being provided to them in their best interests.
- Patients were involved in decisions about their care and the medicines they took. Pharmacy staff ensured they had face to face discussions with patients about their medicines to help improve understanding, address concerns, and ensure positive outcomes for patients. We saw multiple examples where discussions with patients had led to changes in treatment that resulted in better outcomes for patients.
- Training and development in the pharmacy department offered staff opportunities for development and progression in their professional roles. Training across the Trust was well managed with bespoke training packages being delivered by pharmacy staff where gaps in specialist knowledge was identified on the wards.
- Medicines optimisation knowledge and understanding ran through all areas of the Trust from wards all the way up to executive board level. Leaders recognised the importance of good medicines optimisation and pharmacy was identified as the leaders on medicines optimisation for the Trust.

However, the CQC also reported that:

- There was no oversight in place to ensure staff could safely administer the emergency medicine flumazenil (a reversal agent for benzodiazepine overdose that must be administered intravenously).
- There were no documents in place to record the site of application or removal of medicinal patches. This can lead to adverse reactions or potential overdose if not managed and recorded appropriately.

3 Implementation of the new Care Quality Commission (CQC) Assessment Framework – progress and next steps

Over the past months CQC has been consulting about proposed changes to its assessment framework in line with its recently published strategy. Whilst progress in implementing the new model has not been as rapid as was initially proposed, the CQC have recently provided an update as to their plans, as well as seeking views on new ways of reporting ratings.

3.1 Progress on implementing the new assessment framework

CQC had initially planned to roll out their new inspection framework in January 2023. After receiving feedback and considering a number of different elements it was decided not to do this until later in 2023.

Whilst the CQC continues to work on the framework, they will continue to complete monthly reviews of services based on information shared with them from multiple services, including via routine engagement and contacts from the public and staff.

During this period CQC have told us that we will not see any changes in our local relationships with CQC, however for the Trust this relationship remains fluid, with regular changes to the make- up of the local team.

In terms of next steps, the CQC will continue to implement their new approach in phases.

From spring the focus will be on:

- making sure the technology is in place and tested with providers.
- being confident that the new regulatory approach is ready to launch.

CQC have told us that they recognise that services are under pressure during this period and so will focus on mainly internal priorities.

As well as this, the CQC's new Regulatory Leadership team will set out their priorities across their sectors, including thematic reviews. During this time the CQC will be regulating as normal using their current sector-based approaches. During this time CQC will also be seeking to understand more about what is happening locally by looking at how care is provided at a system level.

In summer the new online provider portal will be launched stages, In the first stage:

- providers will be able to submit statutory notifications.
- CQC will improve how their enforcement process works.

Towards the end of 2023 CQC will gradually start to carry out assessments using the new assessment framework.

3.2 Implementation of scoring to support rating judgements and related changes to reporting.

The new regulatory approach enables CQC to make judgements about quality more regularly, instead of only after an inspection, using evidence from a variety of sources and looking at any number of quality statements to do this.

Whilst the CQC will continue to describe the quality of care using the 4 ratings: outstanding, good, requires improvement, or inadequate, to support them in making consistent judgements this will be supported by using a scoring framework. Scores will translate into one of the ratings for the key questions (safe, effective, caring, responsive, and well-led) and will be the basis for the view of quality at an overall service level.

Whilst only the ratings will be published initially, the CQC also intend to publish the scores in future. CQC believe that using scoring as part of assessments will:

- help them be more transparent about judgements on quality.
- show if a service is close to another rating. For example, for a rating of good the score can show if it's nearing either outstanding or requires improvement.
- help make more visible whether quality is moving up or down within a rating.

As CQC are moving away from assessing at a single point in time, it is likely they will assess different areas of the framework on an ongoing basis. This means they can update scores for different evidence categories at different times. Any changes in evidence category scores can then update the existing quality statement score. This can then have an impact on the rating.

4 Recommendations

The Council of Governors is asked to:

- Note the Trust's progress in responding to CQC inspection activity.
- Note the current position with regard to CQC's on going consultation and implementation of a new model.

Beverley Fearnley
Deputy Director of Patient Safety, Compliance and Risk
18 April 2024

Escalation and Assurance Report (AAA+D)

Report from the: Audit Committee
Date of meeting: 19 Jan 2023
Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
The internal audit plan whilst now on track, cannot afford any slippages	Ongoing monitoring of progress of the audit plan	Director of Finance, Contracting and Estates	31.03.2023
Advise:			
<p>Reviewed the proposal to change the Trust's Standing Financial Instructions (SFI's) and the Scheme of Delegation (SoD) around the opening of tenders, the change being to allow paper-based tenders to be opened with senior managers also present via Microsoft Teams. This change is recommended to the Board.</p> <p>There are 14 further internal audits to be completed, these are all planned in and progress is being closely monitored.</p>			
Assure:			
<p>Annual Accounts timetable in place to deliver the Trusts annual accounts to meet the nationally mandated timescales.</p> <p>Received an update on the BAF and noted the increasing divergence between from the target scoring to the current risk assessment and the additional of six new high risks to the Organisational High-Risk Report and that these are regularly reviewed.</p> <p>The committee noted the waivers of Standing Orders for the period June to December 2022 and they were satisfied with the reasoning behind them.</p> <p>Trust's financial sustainability self-assessment has been completed and been subject to an independent review by Trusts Internal Auditors, scoring well across all 12 lines of enquiry.</p> <p>There were nine Internal audit reports presented, of those with opinions six provided significant assurance and one with high assurance.</p>			

Internal audit report recommendation follow up report was received with 56% of recommendations being implemented, noting the bulk of recommendations are being implemented on a timely basis.
Decisions / Recommendations:
Recommendation that the Board approve the amendments proposed to the Standing Financial Instructions (SFIs), to reflect changes on the opening of Tenders.
<u>Risks discussed:</u> <ul style="list-style-type: none"> • The overarching BAF and increasing risk scores versus the Trust's targets, specifically SO5 5.1 and SO1 1.1 • • •
<u>New risks identified:</u> <ul style="list-style-type: none"> • N/A

Report completed by:

Christopher Malish
Committee Chair and Non-Executive Director

02/03/23

Escalation and Assurance Report

Report from: Finance, Business and Investment Committee

Date the meeting: 23 January 2023

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 used to deliver model roster staffing model, as well as acuity levels and staff absence in low secure services. The Committee noted that there is c£14m of underlying deficit for 2022/23. Transformation work streams to identify savings for next year and beyond need to be accelerated to avoid a significant financial gap. These workstreams cover areas such as agency/recruitment, estates and infection prevention measures. The Committee received an update on the approach being taken to ensure these workstreams deliver tangible financial improvements to close the gap. The Committee will review the financial plan in the March meeting ahead of formal approval by 30th March 2023. The organisations Board Assurance Framework has elevated the risk associated with financial sustainability.

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 surplus position of £446k which is +£31k v plan. Whilst there is a degree of confidence that we will deliver the full year breakeven plan, this is reliant on non-recurrent measures. The efficiency programme of £14.4m is off track up to October by £995k with a forecast shortfall against plan of c£5m. Workforce availability to support the Model Roster efficiency plans has proved a limiting factor during the year. ICS continues to forecast to be in line with break even position.

Assure:

- The Committee received an update on an update on the ePMA (electronic prescribing) project, including the background and implementation timeline. It was noted that there had been a new approach of having a dedicated project team which had assisted with being able to deliver the digital project on time. The processes were currently being audited to ensure efficient use, benefits realisation, and quality assurance. The Committee noted the positive outcomes from this project and asked for these learnings to be incorporated into both the broader digital strategy deployment and other technology/change projects.

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
5th February 2023**

Escalation and Assurance Report (AAA+D)

Report from the: Mental Health Legislation Committee

Date of meeting: 26.01.23

Report to the: Board of Directors

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			
<p>2. Good/useful update from the Associate Hospital Managers on matters including: (a) changes to the way decisions are given, orally, to service users, following remote hearings on MS Teams; (b) provision of laptops for hearings; (c) agreement on revision to the target for papers to be ready in advance of hearings (from 3 days to 2) and for that to be monitored; (d) increase in number of face-to-face hearings; and (e) a sufficient understanding of good practice regarding data retention.</p> <p>3. Involvement partners raised a couple of matters: (a) potential barriers to service users being involved in research programmes; (b) the definition/application of “ethnic minorities” term.</p> <p>4. Helpful update on the draft mental health bill, its development and likely scope.</p>			
Assure			
<p>5. The dashboard data was considered/scrutinised. Performance generally in line with expectations in key areas (e.g. “sections” considered to be free from errors, data regarding training, use of restrictions/interventions, etc). While there was a dip in training performance data, that was explained by changes in the pool of those requiring training (to include more “bank” workers).</p> <p>6. C received another useful update – helping C to “triangulate” data – from the Positive and Proactive Forum – no overall rise in incidents – positive feedback re new role/appointment (PTU lead) – ongoing emphasis on being ambitious re continuous improvement in this important area. Satisfactory explanations provided regarding the use of 2 prone restraints in the relevant time period.</p> <p>7. Mental Capacity Act update report provide and noted. Completed audit results expected to be presented to “Clinical Board” next month and, then, to C at its next meeting.</p> <p>8. While it could not be ruled out, no material adverse impact was expected, in the coming period, on issues relevant to C, from (a) Covid-19 or (b) industrial action.</p>			
Decisions / Recommendations			

<p>9. Associate Hospital managers report approved.</p> <p>10. Previous minutes approved.</p>
<p><u>Risks discussed:</u></p> <ul style="list-style-type: none"> Board assurance framework and strategic organisational risk register noted/discussed.
<p><u>New risks identified:</u></p> <ul style="list-style-type: none"> Nothing material at board level

Report completed by:

Simon Lewis
Committee Chair and Non-Executive Director

28.02.23

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee

Date of meeting: 19th January 2023

Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Uncertainty continues against a background of high demand, patient acuity within inpatient and community services along with workforce challenges. Vacancy pressures remain in MH inpatient services, District Nursing, SALT & Podiatry	Recommend continued 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
Advise:			
<ul style="list-style-type: none"> Need to ensure that the voices of neurodiverse people are heard through all relevant groups along. A proposal to host an event/conference to bring in a range of good practice was supported by the committee. Involvement Partner provided valuable insights into user and family experience of suicide to inform our thinking in suicide prevention (including interface with other agencies) Increasing complaints relating to waits and backlog (MH) Increase in demand has led to an increase in OOA bed usage (21 people in independent sector beds) Staff are holding higher than recommended case loads across all services Increase in service provision at ARAP hotel for asylum seekers Approved the revision to the Committees Terms of Reference and submit to the board for ratification Current compliance for maintenance of medical devices is 75.2% against a target of 95% 			
Assure:			
<ul style="list-style-type: none"> There are no changes to overall risk scores this month Safer staffing bi-annual report provided assurance that mitigation in place that demonstrates current staffing levels are providing the cover needed Podiatry vacancies are impacting on service delivery Overall mandatory training compliance remains over 80%. Areas of non-compliance which are below target have been identified and mitigation in place. Clinical supervision rates are currently above trust target at 80.3% 			

<ul style="list-style-type: none"> • Progress is being made to strengthen the involvement and improvement structures across the Trust • Reduction in delayed discharges within inpatient services and restrictive interventions. • No red shifts reported • Patient experience scores are above the 90% target • Encouraging developments in supporting preceptor nurses and expanding clinical skills • Recruitment improved into MWB IAPT & IAPT meeting referral to assessment and assessment to treatment targets • Continued reduction in insulin administration errors and pressure ulcers • High performance rate against KPIs by the Vulnerable Childrens team and 0-19 service in most areas despite challenges with capacity versus demand. All current SCHPN students have expressed an interest in staying with us on completion of their training in July • Fill rates are generally increasing and moving to more Bank than Agency • Approved the revision to the Committees Terms of Reference and submit to the board for ratification
Decisions / Recommendations:
<u>Risks discussed:</u> <ul style="list-style-type: none"> • SO1 • SO3
<u>New risks identified:</u> <ul style="list-style-type: none"> •

Report completed by:

[Alyson McGregor]

Committee Chair and Non-Executive Director

[19th January 23]

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee

Date of meeting: 16th February 2023

Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Advise:			
<ul style="list-style-type: none"> Sickness rates have increased by 0.4% this month and labour turnover remains above target increasing slightly this month. Slight decrease in bank and agency usage this month Appraisal compliance remains below target of 80% at 58.85% There were only 2 changes to the organisational risk register. 1) An improvement in SO1 – valuing lived experience , supporting the voice of under-represented groups 2) An improvement in the risk score for SO3- understanding the support needed for people to prevent harm while waiting for services Access to suitable therapy spaces and adequate admin support for psychological therapy services is being reviewed Access rates for people who first receive IAP is below the national LTP ambition and reflects the workforce challenges faced in recruiting qualified practitioners together with increased complexity Inappropriate out of area placements for adult MH services; Adult acute 31 patients (586 bed days) Psychiatric Intensive Care Unit 4 patients (62 bed days) Plans are in place to address the low level of compliance for medical devices with priority for high-risk devices Smoke free: A well-developed project plan is in place and being implemented, although the challenges of the implementation remain an area of concern for staff and patients and were highlighted by our Involvement Partner and the Project Lead. Given the sensitivity of the work good communication and engagement is critical and seeking to use listening and coproduction approaches to help us to find better solutions. MWB IAPT target remains under performance – access rate 11% against 17% target Core CAMHS service referrals continue to rise impacting on waiting times LA vacancies continue to impact on care coordination allocations Challenges across SALT are being addressed but expected date of impact on patient care is not expected before May 23 			
Assure:			

- Our Involvement Partner reported back positive engagement conversations with the Young Dynamos, with a request to be more involved in Q&S and volunteering so the Trust can see issues and improve services using insights from a younger person's perspective. Work in progress to develop
- Patient experience scores are above the 90% target at 94.8% but the number of respondents has dropped significantly
- December showed a further drop in the number of pressure ulcers reported
- Increase to 80.8% in the number of patients waiting less than 18 weeks for dental treatment requiring general anaesthetic
- We have met the national target for the proportion of children & young people with (urgent) eating disorders that wait one week or less from referral for the first time since quarter 4 of 2020/21.
- IAPT services are currently meeting both the referral to assessment and assessment to first appointment targets
- Continued reduction in incidents of violence and aggression and medication errors supported by the implementation of the EPMA
- Assure the board that processes are in place for managing PSI's and complaints

Decisions / Recommendations:

Risks discussed:

- SO1
- SO3

New risks identified:

-

Report completed by:

[Alyson McGregor]

Committee Chair and Non-Executive Director

[16th February 23]

Escalation and Assurance Report (AAA+D)

Report from the: Workforce & Equality Committee
Date of meeting: 16th February 2023
Report to the: Board of Directors

**Agenda
Item
13.5**

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 BC	Ongoing reviewed each meeting
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	April
Advise:			
<ul style="list-style-type: none"> Significant progress has been made regarding the use of the Apprenticeship levy which is now being fully utilised. There are now 121 apprenticeships in place within the trust and gifting of some levy to support system is also taking place . Model Roster was discussed and confirmation received by both finance and HR that this was still the right thing to do. I wanted to advise NED colleagues that there is consultation process associated with this work and that some colleagues working a 9-5, 5 day a week pattern may be asked to work shifts and over 7 days. Clearly this presents potential retention risks. 			
Assure:			
<ul style="list-style-type: none"> Assurance was received thorough the staff stories of Cath Jones and Dean Davidson relating to the Menopause Café and linking with key workforce priorities of wellbeing and retention as also the culture.. Given the age of the workforce Menopause may present a significant challenge to some colleagues and the group now has 60 members creating a safe environment to share stories, seek help. As the NED Wellbeing Guardian this gave me strong assurance. An internal audit report was presented relating to retention policies which received a positive finding. The Chair Mark Rawcliffe received assurance from this that the right policies were in place however asked that the implementation and use of those policies also be looked at. 2023 Pay Gap figures were reviewed and the Trust appears in the Top 25% of best performing similar government organisations, assuring the committee of the ongoing efforts. A pay gap still exists of 7.5% and work is ongoing to continue to address this. 			

Decisions / Recommendations:
<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"> • The risk associated with the implementation of Model Roster was discussed and the potential impact on retention of existing colleagues being asked to work different working patterns was noted. This has been highlighted in the advise section of the report.

Report completed by:

Mark Rawcliffe
Committee Chair and Non-Executive Director

Council of Governors – Meeting held in Public

4 May 2023

Paper title:	2022 NHS Staff Survey results	Agenda Item 14
Presented by:	Bob Champion – Chief People Officer	
Prepared by:	Helen Farrar – Staff Engagement Manager	
Committees where content has been discussed previously	Board of Directors in January, March and April 2023	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 type="checkbox"/> Financial sustainability, growth and innovation <input type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check <u>ALL</u> 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
<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • Confirm headline results from the NHS Staff Survey 2022 • Outline current analysis and planned dissemination of results across all levels • Propose the Trust response to the intelligence gathered from the annual Survey 2022 and ongoing results from the Quarterly Staff Surveys 2022/3

Executive Summary	
<p>The NHS Staff Survey 2022 (NSS2022) was held 26 September to 25 November 2022, via delivery provider Quality Health – IQVIA (QH). Following the summary of early indicative results to the Board in January 2023, further comprehensive, granular, and ratified results have been received and analysed, and the results have been published by the national coordination centre on 9 March 2023. This paper updates these findings and ongoing recommendations. Results of the January 2023 Quarterly Staff Survey are also referenced.</p>	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input checked="" type="checkbox"/> Yes (Results will form the basis of Workforce Race and Disability Equality Standards reports)

Recommendation(s)	
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> note the report and proposed recommendations for ongoing analysis, response to and dissemination of the results, both corporately and locally 	
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 strategic risks as identified in the BAF:</p> <ul style="list-style-type: none"> Risk 2: If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit / retain staff and on the quality of care. If staff do not have the ability to carry out their work in an appropriate setting, this will impact on the quality of care and staff morale and wellbeing. Risk 4: If we do not have leaders at all levels in the organisation, staff and patient experience will be negatively impacted. If we do not value and support inclusivity, we lose the opportunity to benefit from the full range of views, opinions and experiences when supporting staff and delivering care.
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 Staff Survey provides evidence in the CQC Well-led domain

Council of Governors – Meeting held in Public

4 May 2023

2022 NHS Staff Survey results

1 Purpose

Staff satisfaction and engagement are key to delivering high quality, values-based care and are directly associated with patient experience and outcomes. The NHS People Promise states ‘we each have a voice that counts’ and the annual NHS Staff Survey is an important element in the Trust’s methods of engaging with staff. The staff engagement score from the survey forms a key element of the Care Quality Commission’s measures linked to registration

The latest annual Survey was held late 2022 (NSS2022). Quarterly Pulse Staff Surveys (QSS) were also held in the remaining quarters of 2022/23, which repeated the staff engagement questions from the annual survey. Our provider supporting the delivery of the mandated annual and quarterly surveys was Quality Health (IQVIA) for the second year. Following the Board paper of January 2023, outlining early indicative results, this paper presents further detailed findings and recommendations in relation to the recently published full results of NSS2022.

2 Trust-wide results of the NHS Staff Survey 2022

The tables and infographics at Appendix 1 provide an overall summary of the 2022 results, and confirms the following headlines, outlined in the January 2023 Paper to the Board, updated to include any further details received.

Response rate

- The Trust-wide response rate to NSS2022 was **41%** (42%*) or 1336 staff. In 2021 it was 45% (1419 staff). Response rates for all trusts in our sector** averaged 50%.

Theme Scores

- For the second year, core questions and themes in the Survey align with the NHS People Promise, enabling direct comparisons with last year’s results. In addition, Staff Engagement and Morale themes have continued over several years.
- In 2022, despite minor reductions in some theme scores, all the themes remain largely consistent with both last year’s scores; and those of the sector. The Trust’s strongest theme is ‘We are compassionate and inclusive’; and the lowest is ‘We are always learning’.

*Note: 150 staff in Wakefield Children’s Services were included in the Survey invite, but largely did not participate due to the service leaving the Trust early in the field work period. The adjusted figure exclude these staff numbers from the total

****Note:** all references to comparable organisations or sector average relates to the 27 Mental Health/Learning Disability or Mental Health/Learning Disability & Community Trusts in relation to Quality Health reports (QH) or the 51 Trusts in this group referenced in the national reports (NCC).

Question Scores

- Of the 111 individual questions in NSS2022, 87% of questions have no significant difference to sector, and 89% no significant difference to last year. Appendix **1b** lists individual questions scores 4% or more higher/lower than 2021. The most significant reduced score is Question 4c: only 33% of staff are satisfied with level of pay (2021 40%; Sector 30%).

Quarterly Survey

- The shorter quarterly pulse survey was made available to all staff in January 2023, returning a response from 403 staff. Results have been analysed against earlier QSS and Annual staff engagement scores, as summarised at Appendix **1c**, showing broad comparisons. The next Quarterly Survey will run during last two weeks of April 2023 and provide ongoing review.

Free Text

- Around 200 detailed comments were received from staff as part of a 'free text' option at the end of the survey, a summary of which is provided at Appendix **2**. These illustrate serious concerns for some staff and have been shared with senior leaders, for consideration and response alongside the quantitative results.

Communications

- Summary Trust-wide results have now been shared with all staff from mid-March 2022, including a dedicated Executive Broadcast, eUpdates, detailed SharePoint page, and summary screensavers/posters of key results against the NHS People Promise themes, an extract of which are shown at Appendix **3**.

Appendix 1a provides NSS2022 summary Trust-wide results, including theme scores

Appendix 1b lists individual questions scores 4% or more higher/lower than 2021

Appendix 1c shows NSS/QSS comparisons of the staff engagement scores 2022/23

Appendix 2 provides a summary of the NSS2022 free text comments

Appendix 3 illustrates selection of theme infographics for staff communication

3 Directorate/Care Group, Service and Team level results of NHS Staff Survey 2022

For the purposes of the Staff Survey, all substantive staff are invited to participate, and sub-divided into three levels to enable granular reporting. Results have now been received against our detailed staff breakdowns as shown in the table below:

Breakdown level	Sub-groups	Relevant reports
Trust-wide	1	National Benchmarking Report QH Management and Summary Report QH Detailed Results table, Heat Map and Solar data base In-house infographics (see Appendices 1a and 3)
Directorate/Care Group groupings	5 sub-groups	National Directorates Report (see Appendix 4) QH Heat Map and Solar data base
Service/Service groupings	22* sub-groups	National Breakdown Report QH Solar data base In-house infographics (see Appendix 5)
Team/Team groupings	62* sub-groups 10 of which are same as service grouping due to size	QH Solar data base In-house heat map and rankings tables against theme scores

* Excludes Wakefield Children's Service and teams

Comparisons of results between the 5 Directorate/Care Group breakdowns shows:

- Response rates range from 56% (Corporate and Support – down from 62% in 2021) to 23% (Mental Health Inpatients – down from 25% in 2021)
- Staff Engagement score ranges from 7.2 (Community Adults and Corporate/Support) to 6.5 (Mental Health Inpatients)

Appendix 4 shows further comparative theme scores by Directorate/Care Group.

The local results indicate the wide variance of staff experience and engagement across different work areas. We are also able to explore the results via a variety of other breakdowns, such as demographics or staff group.

This more granular level reporting provides intelligence to senior leaders and corporate services in the Trust to enable comparisons, corporate response, and action planning at the Trust-wide level, such as in workforce planning or wellbeing support. For example,

- The Learning and Development Team are reviewing the 'We are Learning' theme scores at the local level to enable targeting of their offer appropriately, as well as determining which areas of the Trust would most benefit from further training in delivering effective appraisals.
- The team delivering the staff engagement in relation to the Trust's 'Better Lives, Together' strategy refresh in May 2023 are utilising the 'We each have a voice that counts' and Staff Engagement scores across the Trust to ensure appropriate reach.
- The active Staff Networks for protected characteristics will work with the Equality and Inclusion Team to explore the Workforce Race and Disability scores and other diversity related results to aid future action planning within the Belonging and Inclusion Plan (WRES and WDES scores will be explored in a future report to Board).

- Promotion of the recently opened Wellbeing Room at Lynfield Mount Hospital is taking into account wellbeing related results at the Trust and local levels.
- Individual question scores of concern, such as the reduction from 80% to 75% of staff who feel secure raising concerns about clinical practice, can be explored at the local level by the Freedom to Speak Up Guardian, identifying which areas of the Trust are least confident in speaking up.
- Teams that have particularly positive scores are being identified and analysed as examples of good practice, for example, the Community Learning Disability Team had significantly higher scores than both last year and the Trust across all 9 theme areas.

In addition, all teams and services are encouraged to view their own results and explore together areas for improvement and celebration in their service. They are asked to identify and embed required actions into existing improvement work rather than generate new action plans unless needed.

Local results are being disseminated via managers during April 2023. Bespoke summary infographics and reports are being prepared in-house to enable effective and creative dissemination and discussion amongst staff and is supported by detailed results tables for each service.

Appendix 5 shows an example of service and team results infographics for one sample Care Group

Appendix 6 demonstrates the wide variances between team scores for two sample theme areas

4 Corporate response to NSS2022 and QSS 2022/3 results

The ongoing consideration of the results by the Board, Executive and Senior Leadership Team will now be supported by more detailed review with managers and staff. It is recommended that

- Senior leaders and managers continue to express appreciation to all staff for their ongoing efforts under pressure, and for their willingness to participate in engagement activity such as the Staff Survey, the Quarterly Surveys and the upcoming Strategy Refresh journey.
- Support and feedback are given to addressing ongoing staff concerns regarding work pressure, staff numbers and remuneration, identifying the services most under pressure, and responding to the free text comments.
- The Trust continues to build on the positive measures to create a compassionate, inclusive and kind culture amongst the workforce, alongside the ambitious action on health and wellbeing.
- Variable local results relating to theme areas continue to be investigated and actioned by appropriate teams, as outlined above (including WRES and WDES analysis). Positive results to be explored, celebrated and shared.

- Cascaded results, targeted engagement and action planning at the local level continues as a priority, gathering feedback from services by mid-June 2022.
- The Quarterly Staff Pulse Survey continues to be promoted and delivered on regular basis to enable ongoing monitoring of staff experience and feedback, the results being considered at a senior level and cascaded to all staff in a timely manner.
- Benchmarking of Trust results with other Trusts across place, system and Yorkshire and Humber be explored as these results become available.

The Council of Governors is asked to:

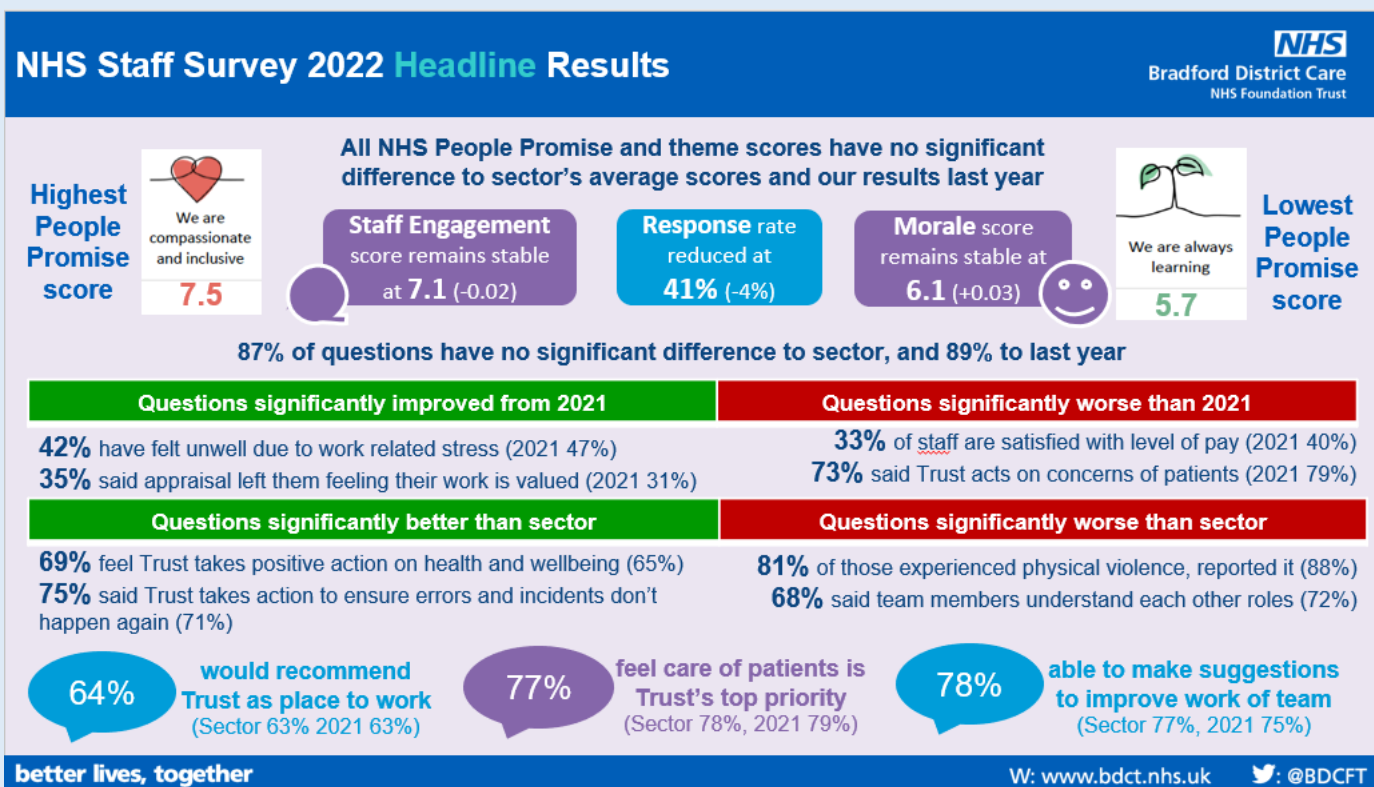
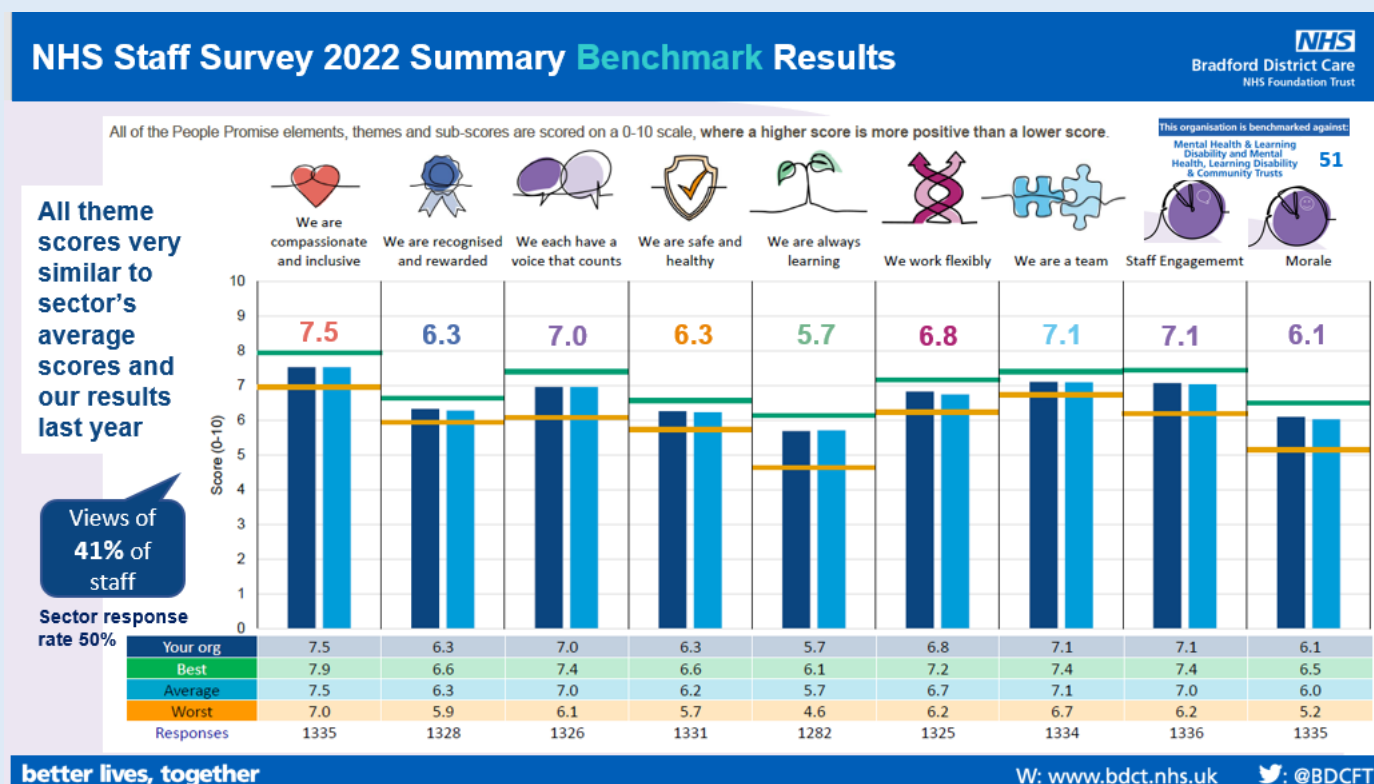
- Note the NSS2022 results and the recommendations above.
- Note the proposed next steps to further disseminate results and act on detailed findings.

Helen Farrar

Staff Engagement Manager

04 April 2023

Appendix 1a: NHS Staff Survey 2022 summary results – Trust-wide



Appendix 1b:

NHS Staff Survey 2022 question scores 4% or more higher/lower than 2021

Ref	Question	2021	2022	Sector 2022
4c	Satisfied/very satisfied with level of pay	40%	33%	29%
5a	Never/rarely have unrealistic time pressures	25%	29%	28%
7b	My team often meets to discuss effectiveness	75%	71%	70%
7d	Team members understand each other's roles	72%	68%	72%
11c	Haven't felt unwell as a result of work-related stress in last 12 months	54%	58%	59%
19a	Would feel secure raising concerns about unsafe clinical practice	80%	75%	78%
19b	Am confident that my organisation would address my concern	68%	63%	64%
21d	Appraisal/review left me feeling valued by my organisation	31%	35%	34%
23b	Agree/strongly agree my organisation acts on concerns raised by patients/service users	79%	74%	76%

Notes:

Figures rounded to whole percentages and relate to 'positive scores' values

Individual question scores should be considered in context of whole questionnaire and theme results

Scores taken from Quality Health reports

Appendix 1c:

Staff engagement scores 2022/23 from annual and quarterly Staff Surveys

	NSS2019	NSS2020	NSS2021	Q4 21/22	Q1 22/23	Q2 22/23	NSS2022	Q4 22/23
Motivation	7.3	7.3	7.3	7.0	7.0	6.9	7.2	7.0
Involvement	6.6	6.8	7.1	7.0	6.9	6.8	7.1	7.0
Advocacy	6.6	7.0	7.0	7.2	7.0	6.7	6.9	7.1
Staff Engagement	6.8	7.0	7.1	7.1	7.0	6.8	7.1	7.0
response number	1310	1293	1416	494	364	403	1336	403

Appendix 2: Summary of the National Staff Survey 2022 free text comments

Top two themes:

1. Workload, stress and burn-out

“Staffing shortages are becoming more commonplace, leaving the staff left behind to pick up the pieces, increasing burn out and the risk to patients. I love my patients and my role; however, the workload is too much and the pay too little; especially with the increased risks.”

“I feel the expectations and work I am expected to carry out is unrealistic and opens up opportunity for risk. I don’t feel I am able to offer staff or patients the time they need or deserve. This level of responsibility doesn’t offer a work life balance and can lead to developing unhealthy attitudes to work such as working late at night, weekends and on days off.”

“I would love to have a good night’s sleep, but I lay awake at night worrying about patient safety, my workload and having the time to do a good job.”

“...the population has grown, we have an ageing population with multiple complex needs and not enough staff or resources to provide safe, effective good patient care. We are not able to offer the service within the scope of our trust’s values.

2. Lack of staff and use of bank and agency workers increasing risks to permanent staff and delivery of care.

“There are significant risks to staff and service users due to very low staffing requiring high use of bank and agency.”

“My current team is currently chronically understaffed and very dangerous at times..... Stress levels are high, and mistakes are happening and it is burning staff out. This cannot continue indefinitely as patient safety is going to become a very real concern and harm will occur. We are taken for granted and some of my colleagues work many hours at home and this is an expectation.”

Next three:

3. Enjoy working within team and organisation.

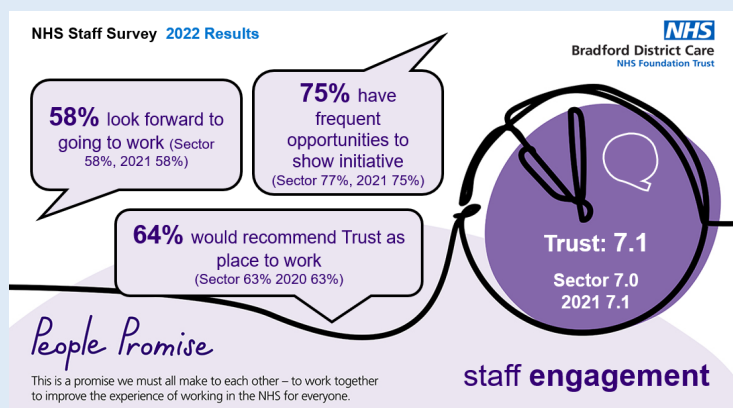
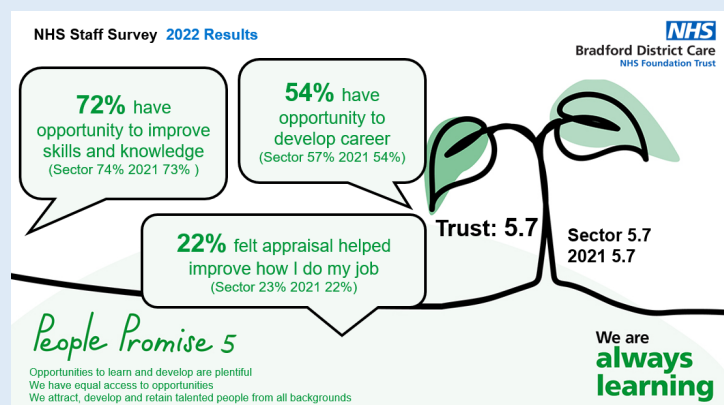
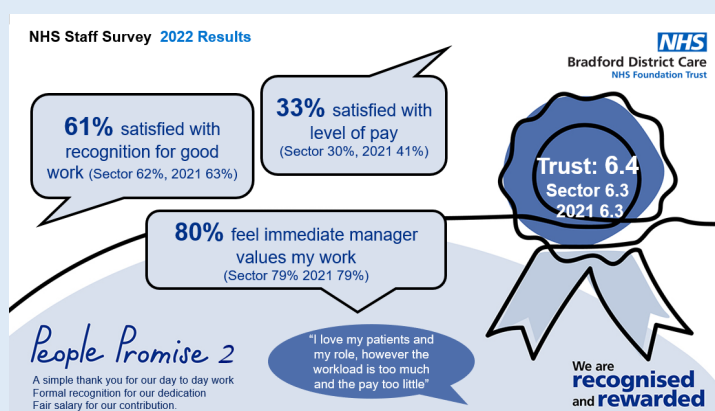
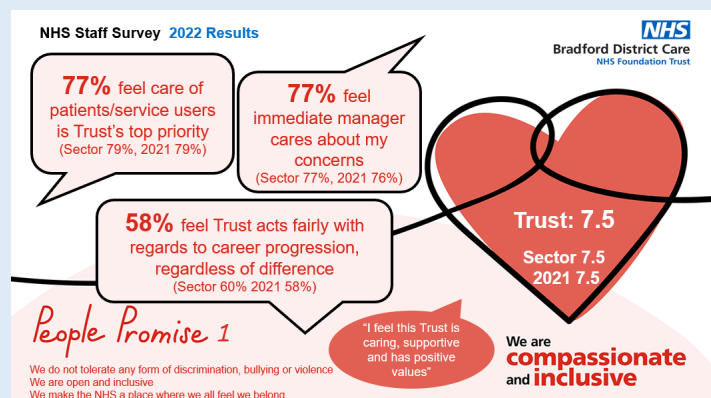
4. Lack of career progression opportunities for health professionals who wish to remain in clinical roles.

5. Communication – not feeling listened to and lack of meaningful engagement in change projects

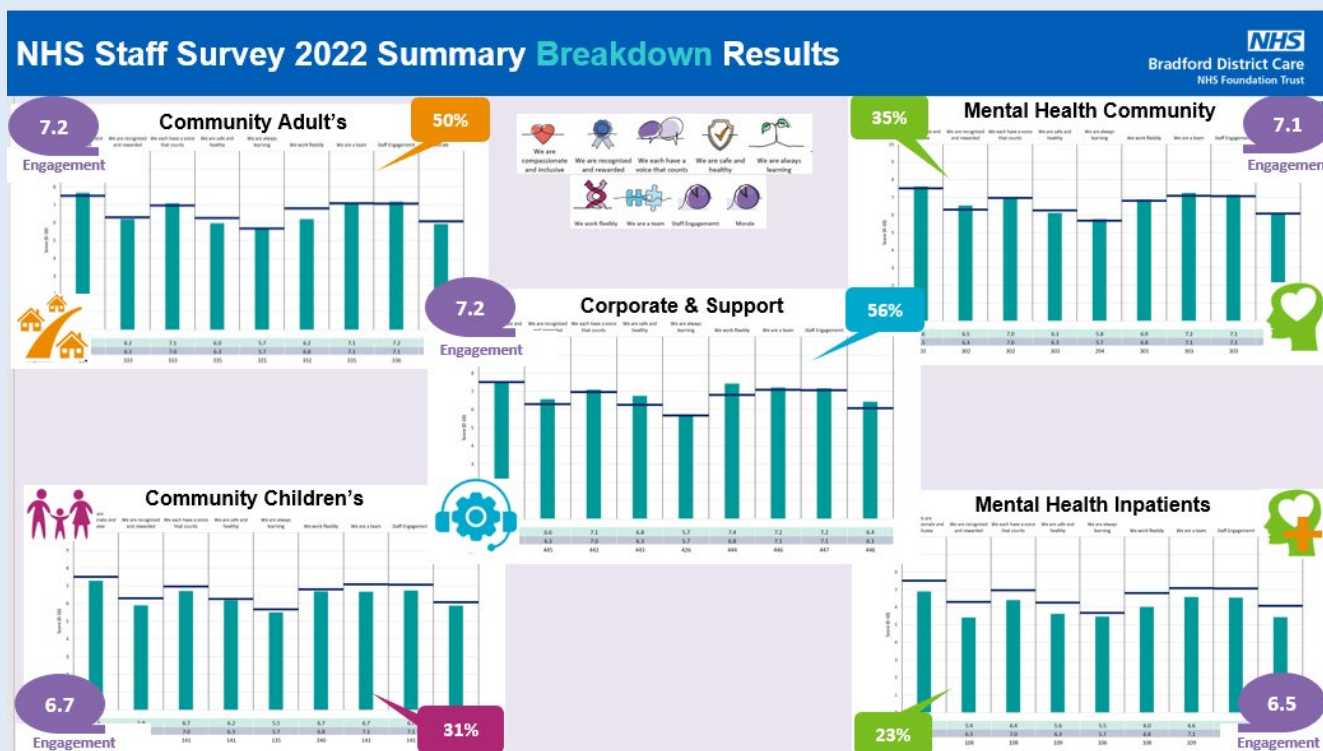
Other themes:

Bullying by managers, lack of management support, pay and cost of living, and the Covid vaccine mandate is still raw for a few staff. Few comments about one particular service, to be explored in further detail by the OD Team. Other comments are single issue or just a couple of comments about a similar issue.

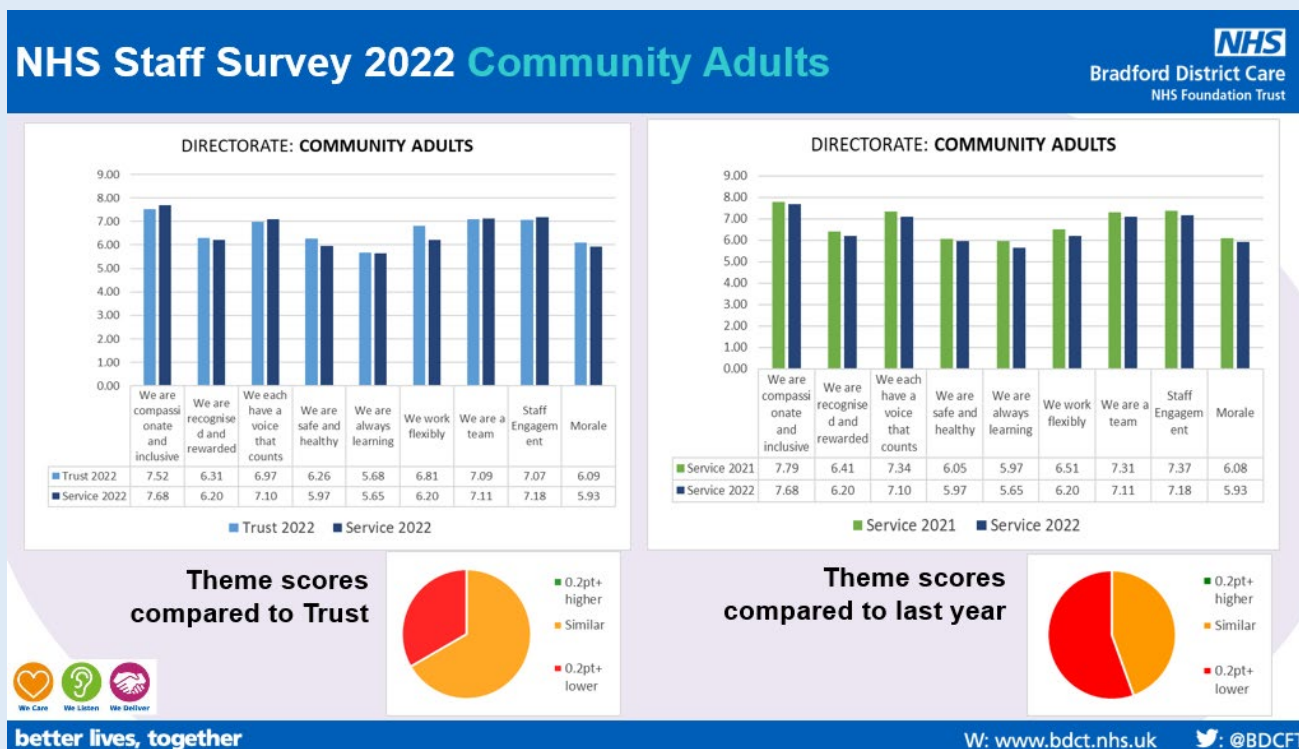
Appendix 3: Selection of theme infographics for staff communication



Appendix 4: Summary response rates, theme and staff engagement scores for Care Group/Directorate groupings



Appendix 5: Example infographics for Community Adults and services/teams



NHS Staff Survey 2022 Community Adults



Bradford District Care
NHS Foundation Trust

	Sector 2022	Trust 2022	Service 2022	Difference from Trust	Service 2021	Service 2022	Difference from last year
Staff Engagement	7.08	7.07	7.18	0.11	7.37	7.18	-0.19
E.1: Motivation	7.19	7.22	7.23	0.01	7.41	7.23	-0.18
E.2: Involvement	7.11	7.12	7.05	-0.07	7.22	7.05	-0.17
E.3: Advocacy	6.95	6.89	7.25	0.36	7.51	7.25	-0.26
Morale	6.07	6.09	5.93	-0.16	6.08	5.93	-0.15
M.1: Thinking about leaving	6.17	6.26	6.20	-0.06	6.32	6.20	-0.12
M.2: Work pressure	5.35	5.34	5.03	-0.31	5.23	5.03	-0.20
M.3: Stressors (HSE index)	6.69	6.66	6.58	-0.08	6.69	6.58	-0.11
We are compassionate and inclusive	7.57	7.52	7.68	0.16	7.79	7.68	-0.11
P1.1: Compassionate culture	7.23	7.17	7.56	0.39	7.81	7.56	-0.25
P1.2: Compassionate leadership	7.45	7.40	7.42	0.02	7.56	7.42	-0.14
P1.3: Diversity and equality	8.34	8.28	8.48	0.20	8.56	8.48	-0.08
P1.4: Inclusion	7.25	7.24	7.29	0.05	7.25	7.29	0.04
We are recognised and rewarded	6.27	6.31	6.20	-0.11	6.41	6.20	-0.21
We each have a voice that counts	7.00	6.97	7.10	0.13	7.34	7.10	-0.24
P3.1: Autonomy and control	7.19	7.17	7.13	-0.04	7.34	7.13	-0.21
P3.2: Raising concerns	6.80	6.76	7.06	0.30	7.35	7.06	-0.29
We are safe and healthy	6.27	6.26	5.97	-0.29	6.05	5.97	-0.08
P4.1: Health and safety climate	5.67	5.70	5.35	-0.35	5.50	5.35	-0.15
P4.2: Burnout	5.21	5.19	4.88	-0.31	4.85	4.88	0.03
P4.3: Negative experiences	7.93	7.89	7.68	-0.21	7.80	7.68	-0.12
We are always learning	5.73	5.68	5.65	-0.03	5.97	5.65	-0.32
P5.1: Development	6.64	6.54	6.59	0.05	6.67	6.59	-0.08
P5.2: Appraisals		4.78	4.67	-0.11	5.26	4.67	-0.59
We work flexibly	6.74	6.81	6.20	-0.61	6.51	6.20	-0.31
P6.1: Support for work-life balance	6.72	6.80	6.32	-0.48	6.64	6.32	-0.32
P6.2: Flexible working	6.75	6.82	6.10	-0.72	6.38	6.10	-0.28

Themes and sub-themes

The findings of the questionnaire have been split and summarised in the form of People Promises and Themes, including their sub-themes:

THEME Staff Engagement

Engagement Subscore 1: Motivation - Questions 2a, 2b, 2c
Engagement Subscore 2: Involvement - Questions 3c, 3d, 3e
Engagement Subscore 3: Advocacy - Questions 23a, 23c, 23d

THEME Morale

Morale Subscore 1: Thinking about leaving - Questions 24a, 24b, 24c
Morale Subscore 2: Work pressure - Questions 3g, 3h, 3i
Morale Subscore 3: Stressors (HSE index) - Questions 3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3i

PEOPLE PROMISE 1: We are compassionate and inclusive

P1 Subscore 1: Compassionate culture - Questions 6a, 23a, 23b, 23c, 23d
P1 Subscore 2: Compassionate leadership - Questions 9f, 9g, 9h, 9i
P1 Subscore 3: Diversity and equality - Questions 15, 16a, 16b, 20
P1 Subscore 4: Inclusion - Questions 7h, 7i, 8b, 8c

PEOPLE PROMISE 2: We are recognised and rewarded - Questions 4a, 4b, 4c, 8d, 9e

PEOPLE PROMISE 3: We each have a voice that counts

PP3 Subscore 1: Autonomy and control - Questions 3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3i
PP3 Subscore 2: Raising concerns - Questions 13a, 13b, 13c, 23f

PEOPLE PROMISE 4: We are safe and healthy

PP4 Subscore 1: Health and safety climate - Questions 3g, 3h, 3i, 5a, 11a, 13d, 14d
PP4 Subscore 2: Burnout - Questions 12a, 12b, 12c, 12d, 12e, 12f, 12g
PP4 Subscore 3: Negative experiences - Questions 11b, 11c, 11d, 13a, 13b, 13c, 14a, 14b, 14c

PEOPLE PROMISE 5: We are always learning

PP5 Subscore 1: Development - Questions 22a, 22b, 22c, 22d, 22e
PP5 Subscore 2: Appraisals - Questions 21a, 21c, 21d

PEOPLE PROMISE 6: We work flexibly

PP6 Subscore 1: Support for work-life balance - Questions 6b, 6c, 6d
PP6 Subscore 2: Flexible working - Question 4d

PEOPLE PROMISE 7: We are a team

PP7 Subscore 1: Team working - Questions 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 7i
PP7 Subscore 2: Line management - Questions 9a, 9b, 9c, 9d

Questions not linked to People Promise/Themes

30b, 30c, 13e, 16c01, 16c02, 16c03, 16c04, 16c05, 16c06, 16c07
17, 18a, 18b, 18c, 18d, 21a, 30b



better lives, together

W: www.bdct.nhs.uk

Twitter: @BDCFT

NHS Staff Survey 2022 Community Adults



Bradford District Care
NHS Foundation Trust

TEAM THEME SCORES HEATMAP

TEAM THEME SCORES HEATMAP

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Twitter: @BDCFT

Appendix 6: Example theme rankings by team

STAFF ENGAGEMENT	SCORE
Community Adult's - Community Nursing Services - Community Adults Services Management	no score
Community Children's - Bradford Childrens Services - Bradford Childrens Services South	no score
Community Children's - Specialist Childrens Services - LAC/YOT/Leaving Care/Child Protection	no score
Corporate - Estates Facilities & Finance - Support Services	no score
Corporate - Medical Administration - Pharmacy	no score
Mental Health - Community - CAMHS - Management/Medical Staff	no score
Mental Health - Community - CAMHS - Perinatal Team	no score
Mental Health - Community - CMHT (Airedale)	no score
Mental Health - Community - CMHT etc - AOT/Drug & Alcohol/Medical Staffing	no score
Mental Health - Community - Community Mental Health Inpatients (IHTT)	no score
Mental Health - Community - IAPT - PT & Trainees	no score
Mental Health - Inpatients - Learning Disabilities	no score
Community Adult's - Specialist Services - Primary Care Wellbeing Service & Proactive Care/	8.17
Corporate - Human Resources - HR Workforce Development	8.16
Corporate - Trust Exec / Trust Man't - Corporate Affairs & Exec Support & Trust Exec Office	8.07
Corporate - Clinical Administration - Admin Managers & Service Quality Team	8.06
Mental Health - Community - Learning Disabilities	8.05
Mental Health - Community - CAMHS - Core Team / Primary Mental Health Workers	7.99
Corporate - Clinical Administration - Trust HQ & Service Manager Admin	7.79
Corporate - Clinical Administration - MH Admin Hub Airedale	7.74
Corporate - Clinical Administration - Physical Health Admin Hub	7.63
Corporate - Nursing & Specialist - Nursing Development & Non-Med Prescribing/Infection	7.60
Community Adult's - Specialist Services - Continence & Tissue Viability & Falls	7.58
Corporate - Nursing Quality and Governance - Quality Governance and Patient Safety	7.51
Corporate - Medical Administration - Medical Administration	7.47
Community Children's - Bradford Childrens Services - Management, Strategy Team, Breast Fe	7.45
Corporate - Medical Administration - KPMO & MH Act Team	7.41
Community Adult's - Community Nursing Services - AWC - Community Nursing	7.40
Corporate - Clinical Administration - Inpatient	7.31
Mental Health - Community - CMHT etc - EIP	7.31
Corporate - Estates Facilities & Finance - Food Services	7.30
Community Children's - Bradford Childrens Services - Bradford Childrens Services Shipley Ke	7.26
Community Adult's - Community Nursing Services - Bfd City - Community Nursing	7.24
Community Adult's - Dental Services	7.18
Community Adult's - Community Nursing Services - Bfd District - North - Community Nursin	7.15
Corporate - Estates Facilities & Finance - Performance & Planning	7.09
Trust	7.07
Community Children's - Bradford Childrens Services - Bradford School Nursing & FNP	7.05
Corporate - IM&T - IM&T	7.02
Community Adult's - Specialist Services - Podiatry	7.02
Mental Health - Inpatients - Acute Wards (Heather, Maplebeck, Oakburn, Flow Man, Four	7.00
Corporate - Human Resources - HR Performance and Planning (Inc Business Development)	6.99
Corporate - Estates Facilities & Finance - Finance	6.98
Corporate - Estates Facilities & Finance - Hotel Services	6.96
Mental Health - Inpatients - Older Peoples Mental Health Services	6.94
Corporate - Human Resources - Payroll	6.93
Mental Health - Community - CMHT (Bradford)	6.87
Mental Health - Community - CAMHS - Autism / Be Positive / BANDS / IHTT / Eating Disor	6.82
Community Adult's - Community Nursing Services - Bfd District - South - Community Nursin	6.79
Mental Health - Inpatients - Low Secure	6.78
Mental Health - Community - Older Peoples Mental Health Services	6.77
Mental Health - Community - Community Mental Health Inpatients	6.70
Community Adult's - Specialist Services - Palliative Care / Hospice at Home	6.69
Community Adult's - Specialist Services - SALT	6.45
Mental Health - Inpatients - Acute Wards (Ashbrook, Clover (PICU), Fern, Airedale Med St	6.42
Corporate - Clinical Administration - SPOA Admin Hub	6.39
Mental Health - Community - IAPT - City / District / AWC	6.29
Corporate - Clinical Administration - Admin New Mill & Child Health Information	6.16
Mental Health - Inpatients - Adult Mental Health Inpatients - Management	6.09
Community Children's - Bradford Childrens Services - Bradford Childrens Services East	6.01
Corporate - Estates Facilities & Finance - Central Services & Governance	6.01
Corporate - Estates Facilities & Finance - Estates Maintenance	5.61
Community Children's - Bradford Childrens Services - Bradford Childrens Services West	5.56

PP5 We are always learning	SCORE
Community Adult's - Community Nursing Services - Community Adults Services Management	no score
Community Children's - Bradford Childrens Services - Bradford Childrens Services East	no score
Community Children's - Bradford Childrens Services - Bradford Childrens Services South	no score
Community Children's - Specialist Childrens Services - LAC/YOT/Leaving Care/Child Protection	no score
Corporate - Estates Facilities & Finance - Support Services	no score
Corporate - Human Resources - Payroll	no score
Corporate - Medical Administration - Pharmacy	no score
Mental Health - Community - CAMHS - Management/Medical Staff	no score
Mental Health - Community - CAMHS - Perinatal Team	no score
Mental Health - Community - CMHT (Airedale)	no score
Mental Health - Community - CMHT etc - AOT/Drug & Alcohol/Medical Staffing	no score
Mental Health - Community - Community Mental Health Inpatients (IHTT)	no score
Mental Health - Community - IAPT - PT & Trainees	no score
Mental Health - Inpatients - Learning Disabilities	no score
Corporate - Estates Facilities & Finance - Food Services	no score
Corporate - Clinical Administration - Admin Managers & Service Quality Team	7.73
Corporate - Human Resources - HR Workforce Development	7.66
Community Adult's - Specialist Services - Primary Care Wellbeing Service & Proactive Care/A	7.37
Mental Health - Community - CAMHS - Core Team / Primary Mental Health Workers	6.71
Corporate - Clinical Administration - Physical Health Admin Hub	6.69
Corporate - Nursing & Specialist - Nursing Development & Non-Med Prescribing/Infection	6.64
Corporate - Clinical Administration - MH Admin Hub Airedale	6.61
Corporate - Trust Exec / Trust Man't - Corporate Affairs & Exec Support & Trust Exec Office	6.59
Mental Health - Community - Learning Disabilities	6.52
Community Children's - Bradford Childrens Services - Management, Strategy Team, Breast Fe	6.46
Corporate - Medical Administration - KPMO & MH Act Team	6.39
Community Adult's - Specialist Services - Continence & Tissue Viability & Falls	6.21
Corporate - Medical Administration - Medical Administration	6.13
Corporate - Clinical Administration - Inpatient	6.08
Community Children's - Bradford Childrens Services - Bradford School Nursing & FNP	5.97
Community Children's - Bradford Childrens Services - Bradford Childrens Services Shipley Ke	5.96
Community Adult's - Community Nursing Services - Bfd City - Community Nursing	5.95
Mental Health - Inpatients - Low Secure	5.93
Corporate - Estates Facilities & Finance - Performance & Planning	5.85
Corporate - Nursing Quality and Governance - Quality Governance and Patient Safety	5.82
Mental Health - Community - Older Peoples Mental Health Services	5.74
Mental Health - Inpatients - Older Peoples Mental Health Services	5.73
Community Adult's - Community Nursing Services - Bfd District - North - Community Nursing	5.70
Mental Health - Community - CMHT etc - EIP	5.69
Trust	5.68
Community Adult's - Specialist Services - Podiatry	5.58
Mental Health - Inpatients - Acute Wards (Heather, Maplebeck, Oakburn, Flow Man, Four S	5.57
Corporate - Clinical Administration - Trust HQ & Service Manager Admin	5.53
Community Adult's - Community Nursing Services - Bfd District - South - Community Nursing	5.52
Mental Health - Community - IAPT - City / District / AWC	5.51
Community Adult's - Community Nursing Services - AWC - Community Nursing	5.50
Mental Health - Inpatients - Acute Wards (Ashbrook, Clover (PICU), Fern, Airedale Med Staf	5.35
Community Adult's - Specialist Services - SALT	5.33
Community Adult's - Dental Services	5.26
Mental Health - Community - CMHT (Bradford)	5.22
Corporate - Estates Facilities & Finance - Hotel Services	5.16
Corporate - Estates Facilities & Finance - Central Services & Governance	5.09
Mental Health - Community - Community Mental Health Inpatients	5.08
Corporate - Human Resources - HR Performance and Planning (Inc Business Development)	5.07
Corporate - Clinical Administration - Admin New Mill & Child Health Information	5.05
Corporate - Clinical Administration - SPOA Admin Hub	5.02
Corporate - IM&T - IM&T	4.68
Community Adult's - Specialist Services - Palliative Care / Hospice at Home	4.67
Mental Health - Inpatients - Adult Mental Health Inpatients - Management	4.56
Corporate - Estates Facilities & Finance - Finance	4.33
Community Children's - Bradford Childrens Services - Bradford Childrens Services West	4.17
Corporate - Estates Facilities & Finance - Estates Maintenance	4.11
Mental Health - Community - CAMHS - Autism / Be Positive / BANDS / IHTT / Eating Disorde	4.11

Council of Governors meeting held in Public

4 May 2023

Paper title:	Annual Report Timetable 2022.23	Agenda Item 15
Presented by:	Fran Stead – Trust Secretary	
Prepared by:	Fran Stead – Trust Secretary	
Committees where content has been discussed previously	Audit Committee January & April Quality & Safety Committee April	
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 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 type="checkbox"/> Effective <input type="checkbox"/> Well-Led <input type="checkbox"/> Responsive	

Purpose of the report

The purpose of this paper is to provide Governors with the agreed high-level timetable to produce the Trust's Annual Report to meet the nationally mandated timescales.

Executive Summary

This report provides an overview on the process for delivering the Trust's Annual Report (which ultimately will encompass the Annual Accounts & the Quality Report/Accounts). Delivery of the three items will run in parallel, with the Finance Team responsible for the Annual Accounts; Quality Governance responsible for the Quality Report; & Corporate Governance responsible for the Annual Report.

The production, adoption & submission timetable is:

Task	Quality & Safety Committee	Audit Committee	Informal meeting with NEDs	Board of Directors	NHS England submission	Parliament submission

Annual Accounts	-	Plan (19.01.23) Final (15.6.23)	Draft (18.05.23)	Final (22.06.23)	Finance to lead – by 12pm 30.06.23	Corporate governance to lead – W/C 03.07.23
Annual Report	-	Plan (06.04.23) Final (15.6.23)	Draft (18.05.23)	Final (22.06.23)	-	-
Quality Report	Draft & Plan (20.04.23) Draft (18.05.23)	Final (15.06.23)	Draft (18.05.23)	Final (22.06.23)	-	-

The Annual Members' Meeting is scheduled for 21 September, & is how the Annual Report (encompassing the Annual Accounts; & Quality Report), will be presented to the Council of Governors, Trust members, and the public, along-with the Auditors findings.

Further details on the Annual Members' Meeting will be presented to the Governors by email, with a formal proposal including Notice of the Meeting presented to Governors at the next meeting. This key statutory event is a chance for our Trust members, service users, carers, staff, Governors, Directors and members of the public to come together to learn more about Trust services, achievements and future vision. The Deputy Trust Secretary is the lead for the event, & will be finalising the events management strategy in the coming months, which includes oversight through a Task & Finish Group.

The Trust Secretary will continue to maintain oversight of the entire process, working closely with the Finance leads, Quality leads, & Corporate Governance team throughout. The process to produce this work is monitored through the Audit Committee, & Quality & Safety Committee, which includes receiving assurance on the national guidance the Trust is adhering to, & the changes required for the reporting period.

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:

- note the timescale that the Trust is working to for the production, adoption, & submission of the Annual Report, Annual Accounts, & Quality Report, & be assured that the Trust will remain compliant with nationally mandated guidance for production.

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 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 checked="" 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"> • Risk 2536: If we do not make effective use of our resources this may result in regulatory interventions, as well as impacts on quality of services.
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"> • Annual Reporting Manual • Guidance for the production of an Annual Governance Statement • Group Accounting Manual • Health & Care Act 2022 • NHS Act 2006 • Trust Constitution • FT Code of Governance

Register of Interests – Council of Governors

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Elected Governors								
Mufeed Ansari	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Helen Barker	Nil	Nil	Nil	Nil	Cellar Trust	Nil	Nil	Nil
Darren Beever								
Dr Sid Brown	Nil	Nil	Nil	Nil	Prosper Research Group: Researcher	Nil	Nil	Nil
Stan Clay (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Susan Francis (from 6/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Michael Frazer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Roberto Giedrojt	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Anne Graham	Nil	Nil	Nil	Nil	Vice Chair of the Bradford Diabetes UK support group	Nil	Nil	Diabetes UK

Abdul Khalifa (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Belinda Marks (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Katie Massey								
Linzi Maybin	Nil	Nil	Nil	Lead and founder of Happy Teeth Outreach Lead dentist for VITA	Health Education England: Trainee Dentist Leader	Nil	Nil	Nil
Hannah Nutting (from 7/6/22)	Nil	Nil	Nil	Nil	Nil	Nil	Research Fellow - Born in Bradford (Bradford Teaching Hospitals NHS Foundation Trust) Involvement Partner – Bradford District Care Trust	Nil
Trevor Ramsay (from 7/6/22)	Nil	Nil	Nil	Nil	Trustee of Vital (User-led Mental Health Advocacy Charity) Member of Disabled People's Action Group- Equality Together		Involvement Partner- Bradford District Care Trust Co-optee of Health & Social Care Overview and Scrutiny Committee	
Anne Scarborough	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Pamela Shaw	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Joanne Squires (from 6/9/22)	Nil	Mind Aware Consultancy - Owner	Nil	The Crypt – Leeds (Homeless Charity) –	Pennine Health Care – Supervisor to Clinical Lead	Nil	Owner of Mind Aware Consultancy	Nil

				Supervisor of the Charity's Mental Health Support Worker				
Joyce Thackwray (from 7/6/22)	Thackwray Building Contractors: Partner	Nil	Nil		Nil	Nil	Nil	Nil
Michaela Worthington-Gill (up to 21 March 2023)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
James Vaughan (from 7/6/22)	Nil	Nil	Nil	Missing Peace Wellbeing and Support – Volunteer Facilitator	Nil	Nil	Volunteer with West Yorkshire Police Work at University of Bradford	Nil
Appointed Governors								
Ishtiaq Ahmed	Nil	Nil	Nil	Sharing Voices: Employee	Sharing Voices: Employee	Nil	Nil	Nil
Cllr Matthew Bibby								
Professor John Bridgeman (until 24/4/22)	Nil	Nil		Cellar Trust: Trustee	Nil	Nil	Nil	Brookside Surgery: Employee
Tina Butler	Nil	Nil	Nil	Relate Bradford & Leeds: Chief Executive	Relate Bradford & Leeds: Chief Executive Trustee of Safety First	Nil	Nil	VTK Investments: Managing Director

Deborah Buxton (from 6/9/22)	Barnado's Assistant Director Children's Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Councillor Richard Foster (until 9/6/22)	Nil	Nil	Nil	Nil	Nil	Craven District Council: Elected Member and Leader of the Council	Leeds City Region Partnership Committee Leeds City Region Local Enterprise Partnership Board Local Government Group General Assembly Local Government North Yorkshire and York North Yorkshire Police and Crime Panel North Yorkshire District Councils' Network - Executive Board North Yorkshire Strategic Housing Partnership North Yorkshire, York and East Riding Local Enterprise Partnership Board North Yorkshire, York and East Riding Local Enterprise Partnership : Infrastructure Partnership Board West Yorkshire Combined Authority - The Panel Place Yorkshire and Humber (Local Authorities) Employers Committee Yorkshire Dales National Park Yorkshire Dales National Park Management Steering Group	Nil
Janice Hawkes (until 6 April 2022)	Nil	Nil	Nil	Nil	Assistant Director Children's Service Barnardo's	Young Lives Network (member organisation / representative) Young Lives Consortium (member organisation)	Nil	Nil

Cllr Wendy Hull (from 13/7/22)								
Professor Zahir Irani (from 5/5/22)	Bradford University Deputy Vice-Chancellor Director ISEing Ltd Board Member – Pain Association (Scotland)	Nil	Nil	Pain Association (Scotland) – Board Member	Nil	Bradford University - Deputy Vice-Chancellor		Nil
Councillor Sabiya Khan	Councillor Wibsey Ward BMDC	Nil	Nil		Nil		Labour member and Cllr for the Wibsey Ward	Abu Bakr Masjid Trustee Council for Mosques Bereavements Services Director Health4All Trustee

Annual Cycle of Business for the Council of Governors Meetings 2023-24: v2

	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	BF		✓			✓
Approval of Trust Better Lives Strategy	FS	FS		✓			

Items to be scheduled:

- XX

Name of meeting: Council of Governors - Public

Date: Thursday 4 May 2023

Time: 5.00pm until 6.20pm

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 2 February 2023 (enclosure)	LP	
4 Matters arising (verbal)	LP	
5 Action Log (enclosure)	LP	
GOVERNOR FEEDBACK		
6 Issues and Questions from Communities (verbal)	Governors	5.05pm
7 Youth Views (verbal)	LM	
STRATEGIC CONTEXT		
8 Chair's Report (enclosure)	LP	5.15pm
9 Operational Plan Progress Update (enclosure)	MW/KB	5.25pm
10 Update on Children's Trust (verbal)	TP	5.30pm
QUALITY, SAFETY AND RISK		
11 Performance Report (enclosure)	SI / MW	5.35pm
12 Care Quality Commission Update (enclosure)	PH	5.40pm
13 Assurance Reporting (enclosures)		5.45pm
13.1 Audit Committee held on 19 January 2023	CM	
13.2 Finance, Business and Investment Committee held on 26 January 2023	MA	

13.3	Mental Health Legislation Committee held on 26 January 2023	SL
13.4	Quality and Safety Committees held on 19 January and 17 February 2023	AM
13.5	Workforce and Equality Committee held on 16 February 2023	MR

WORKFORCE

14 1	Staff Survey Full Results (enclosure)	BC	6.05pm
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GOVERNANCE AND WELL LED

15 1	Annual Report Timetable 2022/23 (enclosure)	FS	6.10pm
16	Council of Governors Annual Declaration of Interest (enclosure)	FS	6.15pm
17 2	Council of Governors Annual Work Plan (enclosure)	For information	
18 2	Any Other Business (verbal)	LP	
19 2	Meeting Evaluation (verbal)	LP	6.20pm

**The next public Council of Governors meeting will take place
following the private meeting on:
Thursday 20 July 2023, 5.00pm until 6.30pm**

Council of Governors' Meeting held in Public
Thursday 2 February 2023 at 5.00pm
Virtual meeting held on Microsoft Teams

Present:	Dr Linda Patterson OBE	Chair of the Trust (Chair of the Council of Governors)
	Mufeed Ansari	Public Governor: Bradford East
	Kelly Barker	Interim Chief Operating Officer
	Dr Sid Brown	Public Governor: Shipley
	Tina Butler	Appointed Governor: Bradford Assembly
	Deborah Buxton	Appointed Governor: Barnados
	Bob Champion	Chief People Officer
	Rebecca Edwards	Head of Legal (observing)
	Janet Fajemisin	Corporate Governance Facilitator
	Sue Francis	Staff Governor: Non-Clinical
	Roberto Giedrojt	Staff Governor: Non-Clinical
	Anne Graham	Public Governor: Bradford West
	Phil Hubbard	Interim Chief Executive (Director of Nursing, Care Standards & Professions)
	Susan Ince	Deputy Director of Planning and Performance (agenda items 1-9)
	Zahir Irani	Appointed Governor: Bradford University
	Christopher Malish	Non-Executive Director
	Linzi Maybin	Staff Governor: Clinical (Deputy Lead Governor) (agenda items 1-9)
	Alyson McGregor	Non-Executive Director
	Carole Panteli	Non-Executive Director
	Therese Patten	Chief Executive Officer
	Trevor Ramsey	Public Governor: Bradford West
	Helen Robinson	Deputy Trust Board Secretary (Secretariat)
	Anne Scarborough	Public Governor: Keighley (Lead Governor)
	Pamela Shaw	Staff Governor: Clinical
	David Sims	Medical Director
	Joanne Squires	Staff Governor: Clinical
	Fran Stead	Trust Board Secretary
Apologies:	Maz Ahmed	Non-Executive Director
	Helen Barker	Public Governor: Craven
	Mike Frazer	Public Governor: Bradford East
	Hannah Nutting	Public Governor: Shipley
	Tim Rycroft	Chief Information Officer
	Jimmy Vaughan	Public Governor: Keighley
	Mike Woodhead	Director of Finance, Contracting & Estates

MINUTES

Item	Discussion	Action
261	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the meeting at 5.00pm, welcoming everyone, noting the apologies received.</p> <p>The meeting was quorate.</p>	
262	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
263	<p>Minutes of the Council of Governors' meeting held on 1 December 2022 (agenda item 3)</p> <p>The minutes of the Council of Governors' meeting held in public on 1 December 2022 were agreed as a true and accurate record.</p>	
264	<p>Minutes of the Annual Members' meeting held on 28 September 2022 (agenda item 4)</p> <p>The minutes of the Annual Members' Meeting held on 28 September 2022 were agreed as a true and accurate record, subject to Ms Graham's constituency being amended to Bradford West.</p>	
265	<p>Matters Arising (agenda item 5)</p> <p>Mr Ramsay highlighted the length of time it had taken for Mind in Bradford to correct the phone number they were advertising for the First Response Service, although this had now been corrected.</p>	
266	<p>Action Log (agenda item 6)</p> <p>In relation to the action regarding an update on the Complaints Group and the involvement / engagement workstream, the Governors were informed that a refresh of the complaints process and involvement partners' input into this was being undertaken and this would be completed in March/April. An update would be brought back to a future Council of Governors meeting.</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. 	<p>Bev Fearnley</p>
267	<p>Issues and Questions from Communities (agenda item 7)</p> <p>Ms Maybin raised an issue regarding the length of time it was taking to refer to social services using the new safeguarding system, and the impact on staff. Ms Maybin asked if there were other options which would reduce the time</p>	

Item	Discussion	Action
	<p>taken. The Interim Chief Operating Officer agreed to look into this and provide feedback through the safeguarding route.</p> <p>No further issues were raised by Governors.</p>	Kelly Barker
268	<p>Youth Views (agenda item 7)</p> <p>Ms Maybin provided an update on the activities that had taken place and were scheduled to support youth engagement & involvement. This included an overview of:</p> <ul style="list-style-type: none"> • The Stepping into the NHS event, where Governors would be a stand where young people would be able to sign up as members. • A poster designed to attract young people to the Trust's membership. • The working group led by Cathy Schofield was gaining momentum on increasing the youth voice. Ms Buxton offered to join this group as she had a cohort of young people that could link in with this piece of work. <p>The Trust Board Secretary informed the Governors about the Participation Strategic Group which had recently been set up and was chaired by the Deputy Director of Quality Governance and Deputy Director of Nursing. The young people working group would feed back into this new strategic group.</p> <p>The Council of Governors noted the update.</p>	
269	<p>Chair's Report (agenda item 9)</p> <p>The Governors received the Chair's Report which detailed the key activities that had taken place over the last quarter and upcoming areas of interest for Governors to be aware of.</p> <p>The Chair updated the report with:</p> <ul style="list-style-type: none"> • with the engagement meetings that had been attended since the last meeting, • opportunities for the Governors to observe Board and Committee meetings, • An update on the NHS Provider Licence consultation, • The Ofsted Report for Bradford Council and the Children's Trust which was being set up. The Chief Executive Officer for the Children's Trust would be starting mid-February, with the Trust officially established on 1 April 2023. It was agreed that an update on the Children's Trust would be shared with Governors. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the partnership and engagement work that had taken place. • Noted and confirmed availability to observe public Board and Committee Meetings. 	Therese Patten

Item	Discussion	Action
	<ul style="list-style-type: none"> Noted the process that supported the Trust's response to the NHS England consultation on proposed amendments to the provider license. Noted that NHS England had provided an addendum to 'Your statutory duties – reference guide for NHS foundation trust governors' which covered system & partnership working. Were assured on the process for managing Chair & Non-Executive Director (NED) appraisals and objective setting. Were assured on work facilitated by the Committee Chair's to undertake an effectiveness review of the Board Committee meetings. Noted that the Board had approved a new version of the Triple A report, to incorporate 'decisions made'. 	
270	<p>Performance Report (agenda item 9)</p> <p>The Deputy Director of Planning and Performance presented the report and highlighted the information presented on high demands and workforce pressures; and Out of Area Placements (OAPs).</p> <p>Ms Patten stated that via the Executive Management Team the focus would be on a small number of priorities including Out of Area placements, length of stay and the workforce.</p> <p>An update on the new performance management framework would be shared with Governors.</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, and the wider public on engagement activities; and Noted that further discussion on performance management continued to take place within the Board, and Committee meetings. 	Corporate Governance
271	<p>Update on SEND inspection and Children's Trust (agenda item 11)</p> <p>The Director of Nursing, Professions & Care Standards and Deputy Chief Executive presented the update on the SEND inspection and Children's Trust which included an overview on</p> <ul style="list-style-type: none"> An update on the core actions and moving forward: update on the SEND monitoring visits and Areas of weakness. Improvement of Communication across partners Improvement on the Quality of ECHP Plans The Inconsistent delivery of 0-19 services and Early Years The Long waits for Neurodevelopment screening Specialist services/equipment and identification 	

Item	Discussion	Action
	<ul style="list-style-type: none"> School Engagement and Systems Led Leadership. <p>The Council of Governors noted the update.</p>	
272	<p>Charitable Funds Committee held on 27 October 2022 (agenda item 12.1)</p> <p>The Council of Governors welcomed the Charitable Funds Committee AAA Report and noted the risk of ongoing financial viability of the charity. There were no items identified that required escalation.</p>	
273	<p>Finance, Business & Investment Committee held on 24 November 2022 (agenda item 12.2)</p> <p>The Council of Governors welcomed the Finance, Business & Investment Committee AAA Report. There were no items identified that required escalation.</p>	
274	<p>Mental Health Legislation Committee held on 24 November 2022 (agenda item 12.3)</p> <p>Ms Panteli presented the report and stated that the issue of the timeliness of reports and documents for mental health tribunals and hospital manager meetings was improving. She also advised that the Mental Health Act Care Quality Commission visits now followed a more robust approach under a new inspection regime.</p> <p>The Council of Governors noted the content of the Mental Health Legislation Committee AAA Report. There were no items identified that required escalation.</p>	
275	<p>Quality & Safety Committee held on 17 November and 15 December 2022 (agenda item 12.4)</p> <p>Ms McGregor highlighted the workforce and safe staffing alerts and the huge amount of work that was going on around that.</p> <p>The Council of Governors welcomed the Quality & Safety Committee AAA Report. There were no items identified that required escalation.</p>	
276	<p>Workforce & Equality Committee held on 20 October 2022 (agenda item 12.5)</p> <p>Mr Champion advised that the information in the report would be covered under his later agenda items.</p> <p>The Council of Governors welcomed the Workforce & Equality Committee AAA Report. There were no items identified that required escalation.</p>	

Item	Discussion	Action
277	<p>Industrial Action Update (agenda item 13)</p> <p>The Chief People Officer advised that to date the Trust had been relatively unaffected by the industrial action taken by NHS staff, unlike the acute and ambulance Trusts. The Trust was waiting to hear whether members of the Chartered Society of Physiotherapists would be included in the second tranche of strikes. The British Medical Association was out to consultation, and the outcome of the Junior Doctors ballot was being awaited. Daily situation reports were continuing to be shared with NHS England. The Governors noted the continued partnership work taking place across the System, and Place in support of the action implications affecting partners.</p> <p>The Council of Governors noted the update.</p>	
278	<p>Staffing Update (agenda item 14)</p> <p>The Chief People Officer informed the Council of Governors that since April 2022 the Trust had advertised 1300 vacancies and made 900 appointments, with on average 40 vacancies live at any one point. An internal audit in December had shown significant assurance around the processes and practices of recruiting and retaining staff, but more work was to be done to retain staff including the Trust's health and wellbeing offer.</p> <p>There were 700 people on Bank contracts, and 1300 substantive staff had Bank assignments. 95% of the demand for temporary staff was being met, with 35% being sourced through agencies against a target of 20%.</p> <p>Mr Champion highlighted three workforce change programmes in progress:</p> <ul style="list-style-type: none"> • Consultation around Smarter Spaces and the impact of reducing the Trust's estates on community staff. • An impending consultation around Model Roster 3 and Mental Health inpatients. • An impending consultation within the adult community nursing services. <p>The Council of Governors noted the update.</p>	
279	<p>Staff Survey Update (agenda item 15)</p> <p>The Chief People Officer advised that the results were under embargo until the end of March, at which point they would be shared. The survey had attracted a response rate of 41% this year, compared to 45% the previous year.</p> <p>The Council of Governors noted the update.</p>	

Item	Discussion	Action
280	<p>Lynfield Mount Update (agenda item 16)</p> <p>The Chief Executive Officer gave a verbal update on Lynfield Mount Hospital in relation to the delayed national new hospitals programme. Lobbying continued with stakeholders, the West Yorkshire Mayor and her Deputy, and MPs. In the meantime work continued to understand other options. The risk around Lynfield Mount was due to be discussed at the Place Partnership Board the following day, for the risk to be captured on the Bradford and Craven Place risk register which would be escalated to the Integrated Care Board risk register.</p> <p>The Council of Governors noted the update.</p>	
281	<p>Procedure for Reimbursement of Expenses (agenda item 17)</p> <p>The Trust Board Secretary highlighted the review of the Governors and Members Reimbursement of Expenses Procedure, which had resulted in three minor amendments.</p> <p>The Council of Governors approved the reviewed procedure for the reimbursement of expenses for Governors and Members.</p>	
282	<p>Terms of Reference for Merged Council of Governors Nominations and Remuneration Committee (agenda item 18)</p> <p>The Council of Governors reviewed and approved the draft Terms of Reference for the Council of Governors Nominations and Remuneration Committee.</p>	
283	<p>Council of Governors Annual Work Plan (agenda item 19)</p> <p>The Council of Governors noted the contents of the Annual Work Plan.</p>	
284	<p>Any Other Business (agenda item 20)</p> <p>The Council of Governors had no further business to discuss.</p>	
285	<p>Meeting Evaluation (agenda item 21)</p> <p>A discussion took place in support of continuous improvement on the effectiveness of the meeting. It was noted that a good breadth of discussion had been held with all attendees having the opportunity to contribute.</p> <p>The Chair thanked the Council of Governors for their time. The meeting was closed at 6.11pm.</p>	

Item	Discussion	Action
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Signed:

Dated:

Action Log for the Council of Governors Public Meeting from February 2023

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. 01/12/22	<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	TBC	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. Feb 23 Update: An update would be brought back to a future meeting of the Council of Governors.
2. 02/02/23	<u>Issues and Questions from Communities</u> The Interim Chief Operating Officer agreed to look into this and provide feedback through the safeguarding route.	Interim Chief Operating Officer	May 2023	
3. 02/02/23	<u>Chair's Report</u> An update on the Children's Trust to be shared with Governors.	Chief Executive	May 2023	

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
4. 02/-2/23	<u>Performance Report</u> An update on the new performance management framework would be shared with Governors.	Corporate Governance	TBC	

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
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.
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.
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.

Council of Governors – meeting held in public

4 May 2023

Paper title:	Chair's Report	Agenda Item
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 – March 2023	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 <u>ALL</u> 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 refresh work taking place of the Trust's overarching strategy: Better Lives, Together, including the consultation & engagement phase, where Governors are invited to take part • note the development work taking place on performance reporting; & processes within the Trust.

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 – meeting held in public

4 May 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:

28 February	Aspiring Cultures monthly staff network meeting
1 March	Yorkshire & Humber Chairs Meeting
2 March	Go See visit with David Sims at Fieldhead Children & Adolescent Mental Health Service
2 March	Leading Better Lives Together event with staff
7 March	West Yorkshire Partnership Board meeting
14 March	Bradford District and Craven Partnership Board
20 March	Planning meeting for a Joint Session Chairs and Governors at Place
22 March	Introductory meeting with Dr Louise Clarke GP in Bradford
23 March	NHS Providers Chairs and Chief Executives' network event in London
29 March	Go See Visit with David Sims to Lynfield Mount
29 March	Iftar event with Better Lives Charity
31 March	West Yorkshire Health & Care Partnership Monthly Chairs, Leaders & Non-Executives Forum
5 April	Introductory meeting Sue Baxter who is the Associate Director of Governance & Assurance at Place
5 April	Meeting with Cathy Elliott, Chair of Integrated Care Board
12 April	Susan Hinchcliffe monthly meeting
12 April	Go See visit with Kelly Barker Bradford, Airedale, Wharfedale, Craven My Wellbeing IAPT Service
26 April	Bradford District & Craven Partnership Board Development Session
27 April	West Yorkshire Community Health Services Provider Collaborative Quarterly Meeting

Further details on other partnership work, including involvement with other Place & System work will be presented at the meeting as a verbal update.

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
11 May 2023	9.00am	Board of Directors held in public
18 May 2023	9.30am	Quality & Safety Committee
25 May 2023	9.30am	Mental Health Legislation Committee
25 May 2023	12.30pm	Finance & Performance Committee
15 June 2023	9.30am	Quality & Safety Committee
15 June 2023	12.30pm	Extra-Ordinary Audit Committee
6 July 2023	9.30am	Audit Committee
13 July 2023	9.00am	Board of Directors held in public
20 July 2023	9.30am	Quality & Safety Committee
20 July 2023	12.30pm	Workforce & Equality Committee

People

Strategy Advisor & the refresh of the Trust's strategy (Better Lives, Together)

The Trust has been working with Dawn Lawson, Strategy Advisor, since November 2022 when Dawn joined on a temporary secondment. Dawn has provided vital leadership on the refresh of the Trust's overarching strategy 'Better Lives Together', which naturally comes to the end of its life span over the coming months. Significant development & engagement work on the refresh of the strategy has taken place, with the Board receiving updates throughout. Further information will be shared in the coming months, with opportunities for input through a consultation & engagement phase, & including a formal launch of the new strategic vision over Summer. Details of the consultation & engagement phase will be shared with Governors, where we encourage Governor attendance, & promotion of the events through Governor networks, membership & the general public.

Governance matters

Performance reporting & governance improvements

Reviews have taken place over the last few months to look at the processes & systems in place to see if any learning could take place. The reviews have considered how the Trust monitors performance, & the structures in place that support good decision making. An agreed development plan is in place which will be delivered in phases during 2023/24.

Dr Linda Patterson OBE FRCP
Trust Chair
March 2023

Council of Governors - Public

4 May 2023

Paper title:	Operational Plan Progress Update		Agenda Item 9
Presented by:	Mike Woodhead, Director of Finance, Contracting & Estates Kelly Barker, Interim Chief Operating Officer		
Prepared by:	Susan Ince, Deputy Director of Performance and Planning		
Committees where content has been discussed previously	Board of Directors 09/03/23, 13/04/23 Finance, Business & Investment Committee 23/03/23		
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 <u>ALL</u> that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input checked="" type="checkbox"/> Responsive		

Purpose of the report
The purpose of the report is to provide an overview of 2023/24 operational plan priorities.

Executive Summary
<p>The Trust is exiting 2022/23 with a £12.6 million underlying deficit, mainly due to COVID costs (£8.5 million) previously supported by tapering income, and a shortfall in delivering the efficiency programme (£5.8 million).</p> <p>A Trust Board development session was held in January 2023 to agree the focus for 2023/24 planning and the supporting workstreams required to close the financial gap. The high level priorities agreed are:</p> <ul style="list-style-type: none"> • Reduce length of stay; • Reduce mental health out of area placements; • Reduce COVID and infection, prevention and control costs; • Reduce agency and locum costs; and • Reduce the estates footprint.

A collaborative approach has been adopted in developing the Trust's operational plan, through the newly introduced business partnering model.

The Trust's priorities have been developed in partnership and form part of the Bradford and Craven place and West Yorkshire Integrated Care System 2023/24 plans.

Due to the level of financial gap that remains in Integrated Care Systems, including West Yorkshire, NHS England has confirmed that systems must develop and submit final plans on 4 May.

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:

- note and provide feedback on the operational plan priorities for 2023/24;
- note the requirement to resubmit final system plans on 4 May and the associated risks.

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 many of the corporate risks as identified in the SORR, including

- 2609: Organisational risks associated with out of area bed use (finance, performance and quality)

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- NHS England asks Integrated Care Boards (ICB) to work with their system partners to develop plans to meet the national objectives set out in the operational planning guidance and the local priorities set by systems. System plans have to be triangulated across activity, workforce and finance, and signed off by ICB and partner trust and foundation trust boards.

Council of Governors

4 May 2023

2023/24 Operational Plan

Mike Woodhead (Director of Finance, Estates and Contracting)
and
Kelly Barker (Interim Chief Operating Officer)

NHS 2023/24 Priorities and Operational Planning Guidance

- Key priorities
 - **recover our core services and productivity**
 - improve ambulance response and A&E waiting times
 - reduce elective long waits and cancer backlogs
 - make it easier for people to access primary care services
 - **deliver the key NHS Long Term Plan ambitions**
 - core commitments to improve mental health services and services for people with a learning disability and autistic people
 - prevention and the effective management of long-term conditions
 - **continue transforming the NHS for the future**
 - put the workforce on a sustainable footing for the long term
 - level up digital infrastructure and drive greater connectivity
 - transformation to be accompanied by continuous improvement
- Integrated Care Boards and NHS primary and secondary care providers expected to work together to plan and deliver a balanced net system financial position in collaboration with other Integrated Care System partners.

National NHS objectives 2023/24

most applicable to BDCFT



Bradford District Care
NHS Foundation Trust

Area	Objective
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people
	Increase the number of adults and older adults accessing Improving Access to Psychological Therapies treatment
	Increase the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Improve access to perinatal mental health services
	Recover the dementia diagnosis rate to 66.7%
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan
	Reduce reliance on inpatient care, while improving the quality of inpatient care

Trust Process and Priorities



Bradford District Care
NHS Foundation Trust

Financial Overview

The Trust exits 2022/23 with £12.6 million underlying deficit, mainly due to:

- COVID costs (£8.5 million) previously supported by tapering income
- shortfall in delivering the efficiency programme (£5.8 million)

High Level Priorities

Trust Board development session held January to agree focus for 2023/24 planning and workstreams to close the financial gap. Priorities agreed:

- Reduce [length of stay](#);
- Reduce mental health [out of area placements](#);
- Reduce [COVID and infection, prevention and control costs](#);
- Reduce [agency and locum costs](#); and
- Reduce the [estates footprint](#).

Integrated Planning Process

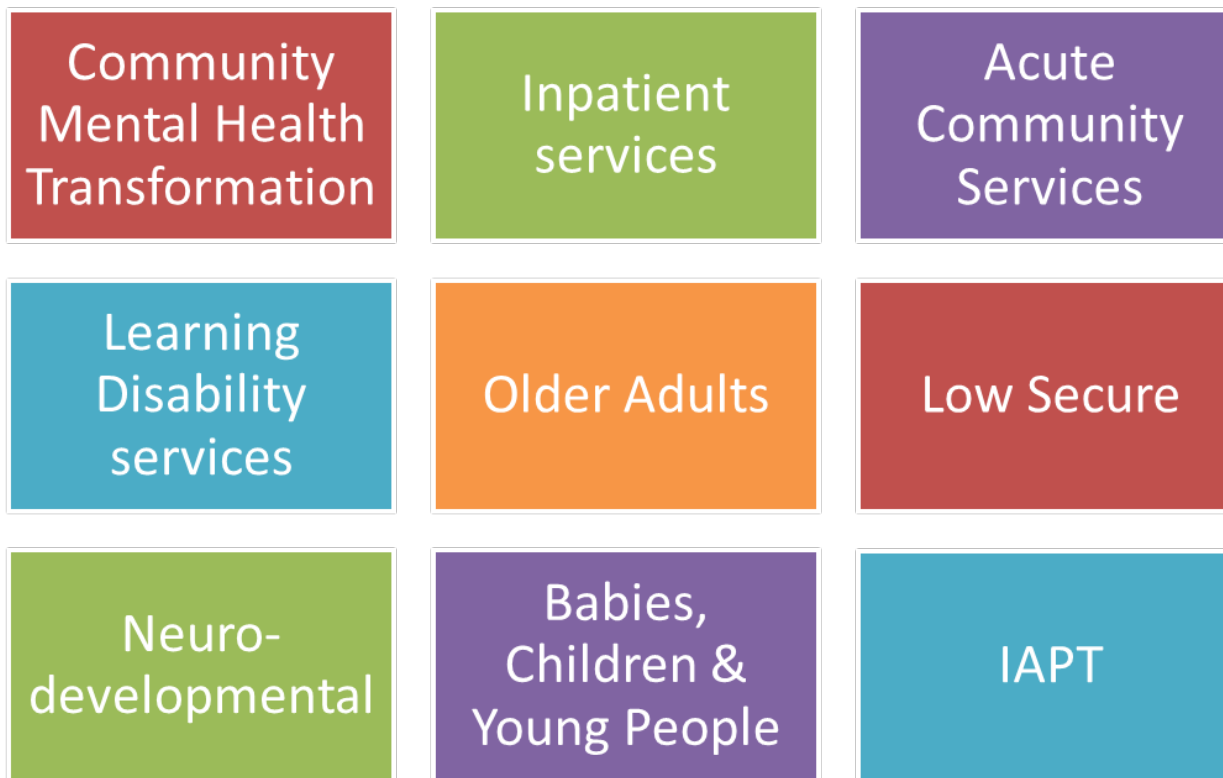
- Collaborative approach adopted in developing the plan, through the newly introduced business partnering model.

1. **Releasing time to care** (aiming for 10% productivity gain across services)
 - Delivered through digital maturity, record and information management
2. **Responsibility and Accountability**
 - Care Group governance – grip and control; assurance
3. **Securing investment and growth in our services**
 - Maintaining transformation
 - Children and Young People
 - Adult community
 - Admin services

Key Priorities – Mental Health and Learning Disability Services



Bradford District Care
NHS Foundation Trust



Priorities for each service covering:

✓ care provision
✓ workforce

✓ digital, data and outcomes
✓ cross cutting themes/partnership

Sustainability

- Plan to achieve a **break-even revenue plan** with:
 - **cost improvement plans** of £17.38 million
 - Including: COVID efficiencies*
 - Model Roster 3*
 - Out of area placement reductions*
 - Reduction in agency spend*

Investment

- Continued investment in line with Mental Health Investment Standard to progress the Long Term Plan ambitions
- Service Development Funding for Mental Health & LD services secured for Adult Community Mental Health; Children & Young people; Mental Health in Schools and LD Keyworkers

Resubmission of Final Plans

- Due to the level of financial gap that remains in Integrated Care Systems, including West Yorkshire, NHS England has confirmed that systems must **develop and submit final plans on 4 May.**

Council of Governors - Public

4 May 2023

Paper title:	Performance Report	Agenda Item 11
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 09/03/23 Quality and Safety Committee 16/03/23, 20/04/23 Mental Health Legislation Committee 23/03/23 Workforce and Equality Committee 16/02/23 Finance, Business and Investment Committee 23/03/23	
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
<p>The report highlights the combined impact of high service demand, increased acuity and complexity and workforce challenges, exacerbated by industrial action and expected winter pressures, which continue to affect performance and waiting times.</p> <p>The Council of Governors performance report uses selected narrative and slides from the Board integrated performance report. 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.</p>

The Trust's performance management framework is being reviewed. Changes will be reflected in future performance reports to the Council of Governors.

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)
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- ☐ **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
- 2509: Community nursing services demand exceeding capacity
- 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

	<ul style="list-style-type: none"> • 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

4 May 2023 meeting









**Performance relating to
January, February and March 2023**

Combined impact of:

- **high service demands** - increased acuity and complexity;
- **workforce challenges** - with high labour turnover, 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.

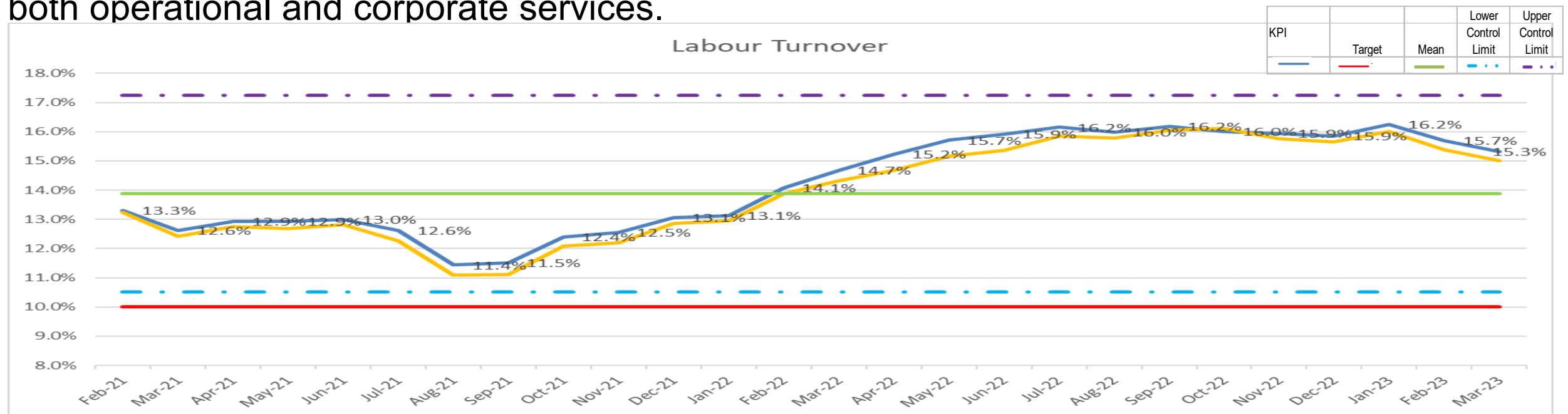
Challenges are being exacerbated by industrial action, expected winter pressures and the socio-economic impacts of cost of living increases on staff and service users' mental health and wellbeing. The Trust's winter plan is in place, with oversight, actions and support enacted through the Trust's daily lean management and incident command arrangements, feeding into the Bradford District and Craven surge and escalation group and system command structures.

Workforce Dashboard (March 2023)

Metric	Goal & Action status		Current	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		13.78%	Recruitment rate increased from start of 2022/23 and has remained above target
Key Workforce Metrics – Sickness Rate	4%		5.97%	Sickness rate reduced by 0.2% from February 2023
Key Workforce Metrics – Labour Turnover	10%		15.32%	Labour turnover continues to be above target though has stabilised
Key Workforce Metrics – Vacancy Rate	10%		10.36%	Vacancy rate has been above the 10% target since November 2022 but is improving
Mandatory Training Summary	80%		88.67%	Overall compliance remains above 80%
Appraisal Rates Summary	80%		62.17%	Appraisal compliance has dropped significantly due to a technical recording issue which has now been resolved
Clinical Supervision Rates Summary	80%		80.84%	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

Workforce – Labour Turnover, Vacancy Rate, Sickness Absence





- **Recruitment, retention and wellbeing of staff** continue to be a key concern and focus.
- **Vacancy rate** has been above the 10% target since October 2022 but is improving (January 11.1%, February 11.0%, March 10.4%).
- **Labour turnover** has stabilised but remains high. There are elevated labour turnover rates in both operational and corporate services.



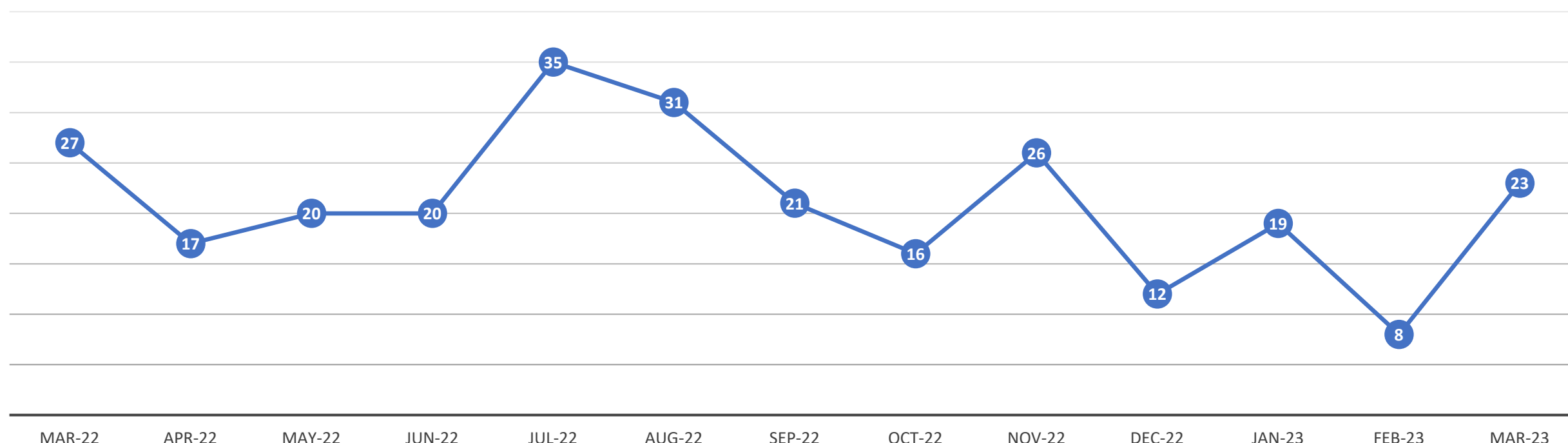
- **Retention plan actions** include:
 - reinforcing the comprehensive range of health and wellbeing resources and facilities;
 - establishing health & wellbeing and belonging & inclusion champion roles;
 - implementation of a new on-boarding and induction programme from April 2023, with all new recruits welcomed in-person, supported by a follow-up programme which includes a 30, 60 and 90 day check-in.
- Given there is a lag time between consistent implementation of actions and them having a discernible impact, a **gradual reduction in labour turnover has been agreed as part of the 2023/24 operational plan** (15% April and May, 14% June and July, 13% from August onwards).

Quality and Safety

Safeguarding Dashboard (March 2023)





Metric	Goal & Action status	Current	Average (rolling 13 months)
Safeguarding Adult Referrals	N/A 	21	6.9
Safeguarding Children Referrals	N/A 	23 (Bradford)	21.2 (Bradford)
Duty Calls regarding adults	N/A 	114 (Bradford)	97.3 (Bradford)
Duty Calls regarding children	N/A 	53 (Bradford)	54.1 (Bradford)

Referrals to Children's Social Care



Quality and Safety

Incidents Dashboard (March 2022)

Metric	Goal & Action status		Current	Average
All incidents	N/A		816	919.9
Violence & Aggression	N/A		138	194.4
Medication Errors	0		43	45.8
Near Misses	N/A		12	19.1

Patient Insight Report (March 2023)

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?

How did we do this month?

93.6%
FFT % positive

Overall, how was your experience of our care?
'Good' + 'Very Good' as a percentage of those
answering the FFT question

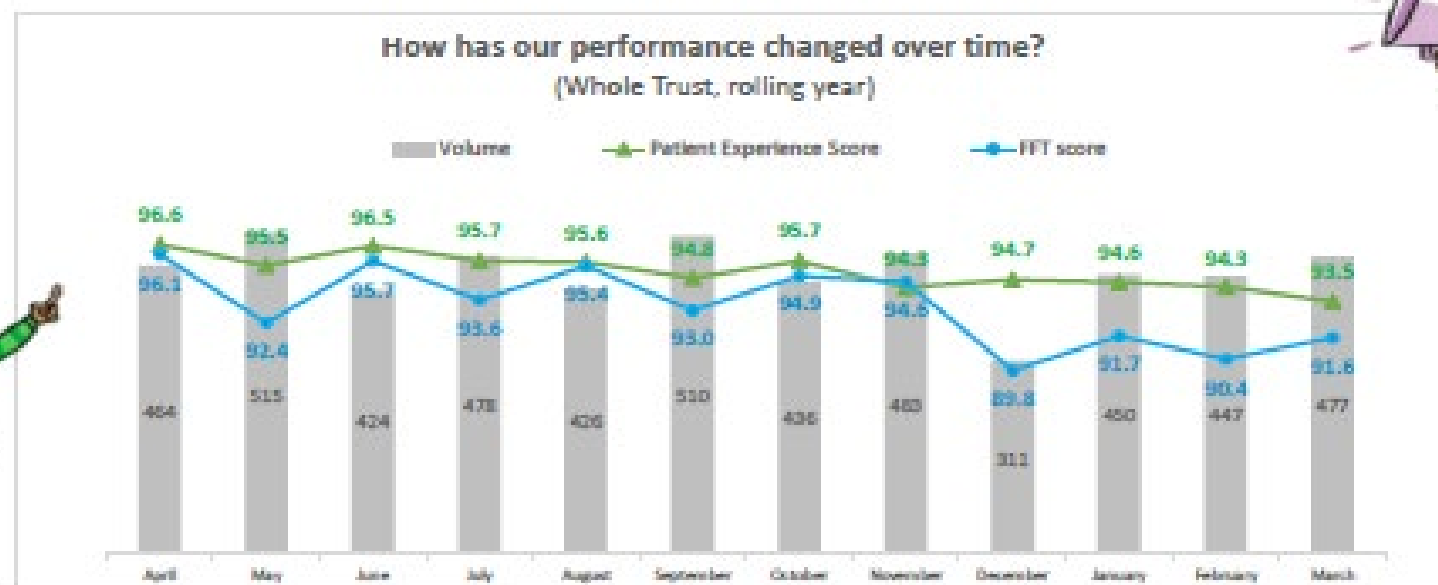
454
respondents
to all questionnaires
this month

93.5

Overall Patient Experience Score

Composite of all patient experience questions
(where 100 = best answer, 1 = worst answer)
all questionnaires

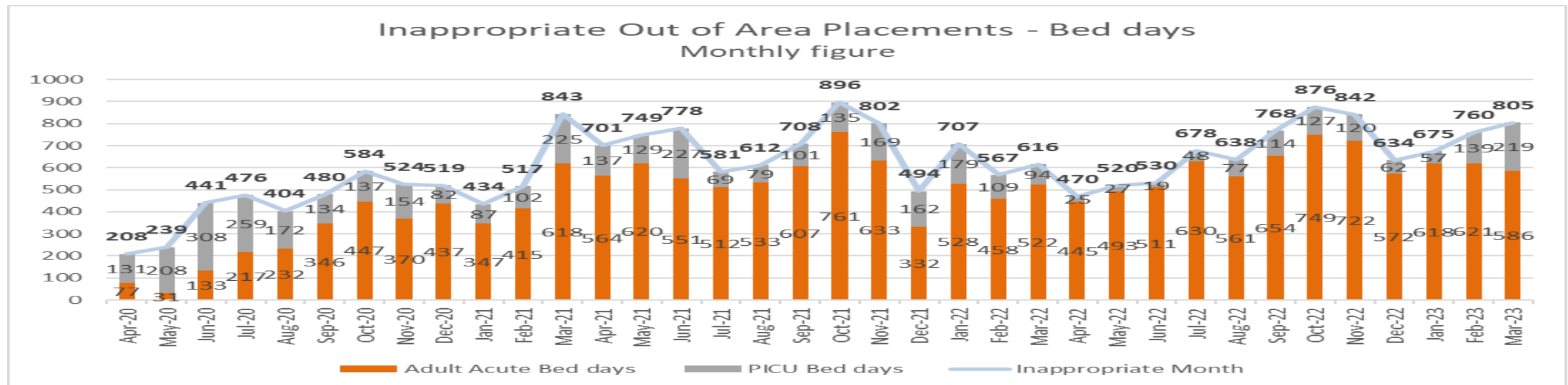
How has our performance changed over time? (Whole Trust, rolling year)



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 acuity of service user presentation and reduction in bed capacity to support COVID infection prevention and control requirements for isolating and cohorting patients.



- Additional support in place over the winter period includes enhanced staffing in the Intensive Home Treatment Team to manage demand and extension of the hours of the bed management team service.
- Tactical actions to improve inpatient flow being taken, including targeted intervention for service users with the longest length of stay.
- One of the key 2023/24 operational plan priorities for the Trust, with place and system support, is 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; nail surgery;
 - tissue viability;
 - urgent community response (district nursing service) 2 hour response standard
 - Child and Adolescent Mental Health Service (CAMHS) – referral to 1st appointment (assessment), referral to 2nd appointment (treatment);
 - early intervention in psychosis
- **Waiting times have improved** in some services including:
 - talking therapy for anxiety and depression: waits between 1st and 2nd appointments;
 - psychological therapies: community mental health services;
 - children and young people with eating disorders – urgent cases
- 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;
 - talking therapy for anxiety and depression – referral to 1st treatment *but performance improving*
 - CAMHS: broader CAMHS pathways; neurodevelopment assessment;
 - 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

Council of Governors - Public

4 May 2023

Paper title:	Care Quality Commission Update	Agenda Item 12
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive	
Prepared by:	Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk	
Committees where content has been discussed previously	Board of Directors, 12 January 2023	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> that apply	<input checked="" 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 <u>ALL</u> 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 this report is to provide Council of Governors with an overview of recent Care Quality Commission (CQC) activity, including updating on proposed changes to the CQC inspection framework.

Executive Summary
CQC inspection activity The report provides an update on inspection activity within the Trust, including: <ul style="list-style-type: none"> Medicines Optimisation pilot inspection in November 2022 (published March 2023). As this was a pilot inspection, the report was not published and the rating does not affect the trust's overall ratings. The pilot rated the trust's medicines optimisation as Good overall. Assurance on progress of response to the 0-19 service inspection in August 2022 where the service continued to be rated as Requires Improvement

- Assurance on progress of response to the Core Service Inspection in December 2021 where the Trust was rated as Good overall.

Implementation of the new Care Quality Commission (CQC) Assessment Framework – progress and next steps

CQC had initially planned to roll out their new inspection framework in January 2023. After receiving feedback and considering a number of different elements it was decided not to do this until later in 2023.

The CQC's new approach will give them the ability to make judgements about quality more regularly, instead of only after an inspection. To do this they will use evidence from a variety of sources and look at any number of quality statements.

Whilst CQC will continue to describe the quality of care using 4 ratings: outstanding, good, requires improvement, or inadequate, they will use a scoring framework to enable them to make consistent judgements. The scores will translate into one of the ratings for the key questions (safe, effective, caring, responsive, and well-led). Scores will also be the basis for the CQC's view of quality at an overall service level.

As part of these changes, the CQC will also change how they report ratings on their website. Whilst initially publishing only the usual ratings, the intention is to move to publishing the underlying scores for each rating and so there will be changes to how this is reported on their website.

CQC is committed to continuing to implement the new approach in phases, making sure each phase is properly implemented before moving to the next.

From spring they will focus on:

- making sure the technology needed is in place.
- being confident that the new regulatory approach is ready to launch.

In summer they plan to launch the new online provider portal in stages. In the first stage:

- providers will be able to submit statutory notifications.
- the CQC will improve how our enforcement process works.

Towards the end of 2023 CQC will gradually start to carry out assessments using the new assessment framework.

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:

- Note the Trust's progress in responding to CQC inspection activity.

- Note the current position with regard to CQC's on going consultation and implementation of a new model.

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)
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- ☐ **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:

- 2417: Ability to meeting regulatory requirements

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- Well-led

Council of Governors - Public Meeting

4 May 2023

Care Quality Commission Update

1 Purpose

The purpose of this report is to provide Council of Governors with an overview of recent Care Quality Commission (CQC) activity, including updating on proposed changes to the CQC inspection framework.

2 CQC inspection Activity

2.1 Core inspection report – published December 2021 – management plan update

The Trust has a detailed management action plan relating to the areas of learning from the core inspection.

Of the 6 areas identified where the Trust should **continue to progress** in order to improve and avoid potential future regulatory breaches assurance has been provided either that the oversight of these areas is embedded within business as usual or that work is progressing in line with the recommendations.

The only exception to this is the redevelopment of the Lynfield Mount Hospital site and the Committee is aware from other discussions the barriers, progress and mitigations in place relating to this.

Of the 12 transactional pieces of work the Trust **must or should undertake** in order to improve and either rectify regulatory breaches or avoid potential future regulatory breaches, confirmation has been provided that 8 have been completed and progress continues to be made against the other 4 areas.

Of the 7 **Tactical Projects** the Trust **must or should undertake** in order to improve and either rectify regulatory breaches or avoid potential future regulatory breaches confirmation has been provided that 2 elements of this are complete, and one part of a third. In relation to the others, those relating to dashboards, quality assurance and risk are lined to the work the committee is aware of on refreshing the Trust strategy and performance and oversight frameworks.

2.2 Targeted inspection of 0-19 services published August 2022 – action plan update

The Public Health Nursing Service (previously known as the 0-19 services) holds a detailed quality improvement plan which is informed by, and directly responds to, the areas of improvement identified in the targeted inspection. The plan is due to be reviewed and updates are provided through the Senior Leadership Team meeting to ensure progress is being made.

At the last review assurance was provided that progress was being made across all areas, with much of it being linked to service transformation and longer term development plans.

2.3 Medicines Optimisation Pilot – report received March 2023

In November 2022 the Trust took part in a pilot inspection relating to medicines optimisation. We received the final report on 06 March 2023. The Trust has not been formally rated and this has no impact on our overall rating, as it is a pilot. The overall Medicines Optimisation Pilot rating was Good.

The CQC rated safe, effective, responsive, caring, and well-led as good because:

- The service had enough staff to support patients with their medicines. Staff assessed medicines risks to patients and prioritised them accordingly.
- There were many enhanced pharmacy roles in the organisation to improve how medicines were used in the trust, for example the medicines administration pharmacy technicians embedded in inpatient wards.
- Staff provided good care and treatment. Medicines were administered safely and effectively. Treatments were continuously reviewed by a multidisciplinary team of healthcare professionals including pharmacy and any changes were made with the input of the patient. Medicines for the management of anxiety, agitation and aggression in the Trust were used appropriately and always as a last resort. When these medicines were used, they were reviewed regularly, and appropriate physical health checks were completed to keep patients safe.
- Patients detained under the Mental Health Act had the correct consent to treatment documents in place to ensure care was being provided to them in their best interests.
- Patients were involved in decisions about their care and the medicines they took. Pharmacy staff ensured they had face to face discussions with patients about their medicines to help improve understanding, address concerns, and ensure positive outcomes for patients. We saw multiple examples where discussions with patients had led to changes in treatment that resulted in better outcomes for patients.
- Training and development in the pharmacy department offered staff opportunities for development and progression in their professional roles. Training across the Trust was well managed with bespoke training packages being delivered by pharmacy staff where gaps in specialist knowledge was identified on the wards.
- Medicines optimisation knowledge and understanding ran through all areas of the Trust from wards all the way up to executive board level. Leaders recognised the importance of good medicines optimisation and pharmacy was identified as the leaders on medicines optimisation for the Trust.

However, the CQC also reported that:

- There was no oversight in place to ensure staff could safely administer the emergency medicine flumazenil (a reversal agent for benzodiazepine overdose that must be administered intravenously).
- There were no documents in place to record the site of application or removal of medicinal patches. This can lead to adverse reactions or potential overdose if not managed and recorded appropriately.

3 Implementation of the new Care Quality Commission (CQC) Assessment Framework – progress and next steps

Over the past months CQC has been consulting about proposed changes to its assessment framework in line with its recently published strategy. Whilst progress in implementing the new model has not been as rapid as was initially proposed, the CQC have recently provided an update as to their plans, as well as seeking views on new ways of reporting ratings.

3.1 Progress on implementing the new assessment framework

CQC had initially planned to roll out their new inspection framework in January 2023. After receiving feedback and considering a number of different elements it was decided not to do this until later in 2023.

Whilst the CQC continues to work on the framework, they will continue to complete monthly reviews of services based on information shared with them from multiple services, including via routine engagement and contacts from the public and staff.

During this period CQC have told us that we will not see any changes in our local relationships with CQC, however for the Trust this relationship remains fluid, with regular changes to the make- up of the local team.

In terms of next steps, the CQC will continue to implement their new approach in phases.

From spring the focus will be on:

- making sure the technology is in place and tested with providers.
- being confident that the new regulatory approach is ready to launch.

CQC have told us that they recognise that services are under pressure during this period and so will focus on mainly internal priorities.

As well as this, the CQC's new Regulatory Leadership team will set out their priorities across their sectors, including thematic reviews. During this time the CQC will be regulating as normal using their current sector-based approaches. During this time CQC will also be seeking to understand more about what is happening locally by looking at how care is provided at a system level.

In summer the new online provider portal will be launched stages, In the first stage:

- providers will be able to submit statutory notifications.
- CQC will improve how their enforcement process works.

Towards the end of 2023 CQC will gradually start to carry out assessments using the new assessment framework.

3.2 Implementation of scoring to support rating judgements and related changes to reporting.

The new regulatory approach enables CQC to make judgements about quality more regularly, instead of only after an inspection, using evidence from a variety of sources and looking at any number of quality statements to do this.

Whilst the CQC will continue to describe the quality of care using the 4 ratings: outstanding, good, requires improvement, or inadequate, to support them in making consistent judgements this will be supported by using a scoring framework. Scores will translate into one of the ratings for the key questions (safe, effective, caring, responsive, and well-led) and will be the basis for the view of quality at an overall service level.

Whilst only the ratings will be published initially, the CQC also intend to publish the scores in future. CQC believe that using scoring as part of assessments will:

- help them be more transparent about judgements on quality.
- show if a service is close to another rating. For example, for a rating of good the score can show if it's nearing either outstanding or requires improvement.
- help make more visible whether quality is moving up or down within a rating.

As CQC are moving away from assessing at a single point in time, it is likely they will assess different areas of the framework on an ongoing basis. This means they can update scores for different evidence categories at different times. Any changes in evidence category scores can then update the existing quality statement score. This can then have an impact on the rating.

4 Recommendations

The Council of Governors is asked to:

- Note the Trust's progress in responding to CQC inspection activity.
- Note the current position with regard to CQC's on going consultation and implementation of a new model.

Beverley Fearnley
Deputy Director of Patient Safety, Compliance and Risk
18 April 2024

Escalation and Assurance Report (AAA+D)

Report from the: Audit Committee
Date of meeting: 19 Jan 2023
Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
The internal audit plan whilst now on track, cannot afford any slippages	Ongoing monitoring of progress of the audit plan	Director of Finance, Contracting and Estates	31.03.2023
Advise:			
<p>Reviewed the proposal to change the Trust's Standing Financial Instructions (SFI's) and the Scheme of Delegation (SoD) around the opening of tenders, the change being to allow paper-based tenders to be opened with senior managers also present via Microsoft Teams. This change is recommended to the Board.</p> <p>There are 14 further internal audits to be completed, these are all planned in and progress is being closely monitored.</p>			
Assure:			
<p>Annual Accounts timetable in place to deliver the Trusts annual accounts to meet the nationally mandated timescales.</p> <p>Received an update on the BAF and noted the increasing divergence between from the target scoring to the current risk assessment and the additional of six new high risks to the Organisational High-Risk Report and that these are regularly reviewed.</p> <p>The committee noted the waivers of Standing Orders for the period June to December 2022 and they were satisfied with the reasoning behind them.</p> <p>Trust's financial sustainability self-assessment has been completed and been subject to an independent review by Trusts Internal Auditors, scoring well across all 12 lines of enquiry.</p> <p>There were nine Internal audit reports presented, of those with opinions six provided significant assurance and one with high assurance.</p>			

Internal audit report recommendation follow up report was received with 56% of recommendations being implemented, noting the bulk of recommendations are being implemented on a timely basis.
Decisions / Recommendations:
Recommendation that the Board approve the amendments proposed to the Standing Financial Instructions (SFIs), to reflect changes on the opening of Tenders.
<u>Risks discussed:</u> <ul style="list-style-type: none"> • The overarching BAF and increasing risk scores versus the Trust's targets, specifically SO5 5.1 and SO1 1.1 • • •
<u>New risks identified:</u> <ul style="list-style-type: none"> • N/A

Report completed by:

Christopher Malish
Committee Chair and Non-Executive Director

02/03/23

Escalation and Assurance Report

Report from: Finance, Business and Investment Committee

Date the meeting: 23 January 2023

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 used to deliver model roster staffing model, as well as acuity levels and staff absence in low secure services. The Committee noted that there is c£14m of underlying deficit for 2022/23. Transformation work streams to identify savings for next year and beyond need to be accelerated to avoid a significant financial gap. These workstreams cover areas such as agency/recruitment, estates and infection prevention measures. The Committee received an update on the approach being taken to ensure these workstreams deliver tangible financial improvements to close the gap. The Committee will review the financial plan in the March meeting ahead of formal approval by 30th March 2023. The organisations Board Assurance Framework has elevated the risk associated with financial sustainability.

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 surplus position of £446k which is +£31k v plan. Whilst there is a degree of confidence that we will deliver the full year breakeven plan, this is reliant on non-recurrent measures. The efficiency programme of £14.4m is off track up to October by £995k with a forecast shortfall against plan of c£5m. Workforce availability to support the Model Roster efficiency plans has proved a limiting factor during the year. ICS continues to forecast to be in line with break even position.

Assure:

- The Committee received an update on an update on the ePMA (electronic prescribing) project, including the background and implementation timeline. It was noted that there had been a new approach of having a dedicated project team which had assisted with being able to deliver the digital project on time. The processes were currently being audited to ensure efficient use, benefits realisation, and quality assurance. The Committee noted the positive outcomes from this project and asked for these learnings to be incorporated into both the broader digital strategy deployment and other technology/change projects.

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
5th February 2023**

Escalation and Assurance Report (AAA+D)

Report from the: Mental Health Legislation Committee

Date of meeting: 26.01.23

Report to the: Board of Directors

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			
<p>2. Good/useful update from the Associate Hospital Managers on matters including: (a) changes to the way decisions are given, orally, to service users, following remote hearings on MS Teams; (b) provision of laptops for hearings; (c) agreement on revision to the target for papers to be ready in advance of hearings (from 3 days to 2) and for that to be monitored; (d) increase in number of face-to-face hearings; and (e) a sufficient understanding of good practice regarding data retention.</p> <p>3. Involvement partners raised a couple of matters: (a) potential barriers to service users being involved in research programmes; (b) the definition/application of “ethnic minorities” term.</p> <p>4. Helpful update on the draft mental health bill, its development and likely scope.</p>			
Assure			
<p>5. The dashboard data was considered/scrutinised. Performance generally in line with expectations in key areas (e.g. “sections” considered to be free from errors, data regarding training, use of restrictions/interventions, etc). While there was a dip in training performance data, that was explained by changes in the pool of those requiring training (to include more “bank” workers).</p> <p>6. C received another useful update – helping C to “triangulate” data – from the Positive and Proactive Forum – no overall rise in incidents – positive feedback re new role/appointment (PTU lead) – ongoing emphasis on being ambitious re continuous improvement in this important area. Satisfactory explanations provided regarding the use of 2 prone restraints in the relevant time period.</p> <p>7. Mental Capacity Act update report provide and noted. Completed audit results expected to be presented to “Clinical Board” next month and, then, to C at its next meeting.</p> <p>8. While it could not be ruled out, no material adverse impact was expected, in the coming period, on issues relevant to C, from (a) Covid-19 or (b) industrial action.</p>			
Decisions / Recommendations			

<p>9. Associate Hospital managers report approved.</p> <p>10. Previous minutes approved.</p>
<p><u>Risks discussed:</u></p> <ul style="list-style-type: none"> Board assurance framework and strategic organisational risk register noted/discussed.
<p><u>New risks identified:</u></p> <ul style="list-style-type: none"> Nothing material at board level

Report completed by:

Simon Lewis
Committee Chair and Non-Executive Director

28.02.23

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee

Date of meeting: 19th January 2023

Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Uncertainty continues against a background of high demand, patient acuity within inpatient and community services along with workforce challenges. Vacancy pressures remain in MH inpatient services, District Nursing, SALT & Podiatry	Recommend continued 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
Advise:			
<ul style="list-style-type: none"> Need to ensure that the voices of neurodiverse people are heard through all relevant groups along. A proposal to host an event/conference to bring in a range of good practice was supported by the committee. Involvement Partner provided valuable insights into user and family experience of suicide to inform our thinking in suicide prevention (including interface with other agencies) Increasing complaints relating to waits and backlog (MH) Increase in demand has led to an increase in OOA bed usage (21 people in independent sector beds) Staff are holding higher than recommended case loads across all services Increase in service provision at ARAP hotel for asylum seekers Approved the revision to the Committees Terms of Reference and submit to the board for ratification Current compliance for maintenance of medical devices is 75.2% against a target of 95% 			
Assure:			
<ul style="list-style-type: none"> There are no changes to overall risk scores this month Safer staffing bi-annual report provided assurance that mitigation in place that demonstrates current staffing levels are providing the cover needed Podiatry vacancies are impacting on service delivery Overall mandatory training compliance remains over 80%. Areas of non-compliance which are below target have been identified and mitigation in place. Clinical supervision rates are currently above trust target at 80.3% 			

<ul style="list-style-type: none"> • Progress is being made to strengthen the involvement and improvement structures across the Trust • Reduction in delayed discharges within inpatient services and restrictive interventions. • No red shifts reported • Patient experience scores are above the 90% target • Encouraging developments in supporting preceptor nurses and expanding clinical skills • Recruitment improved into MWB IAPT & IAPT meeting referral to assessment and assessment to treatment targets • Continued reduction in insulin administration errors and pressure ulcers • High performance rate against KPIs by the Vulnerable Childrens team and 0-19 service in most areas despite challenges with capacity versus demand. All current SCHPN students have expressed an interest in staying with us on completion of their training in July • Fill rates are generally increasing and moving to more Bank than Agency • Approved the revision to the Committees Terms of Reference and submit to the board for ratification
Decisions / Recommendations:
<u>Risks discussed:</u> <ul style="list-style-type: none"> • SO1 • SO3
<u>New risks identified:</u> <ul style="list-style-type: none"> •

Report completed by:

[Alyson McGregor]

Committee Chair and Non-Executive Director

[19th January 23]

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee

Date of meeting: 16th February 2023

Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Advise:			
<ul style="list-style-type: none"> Sickness rates have increased by 0.4% this month and labour turnover remains above target increasing slightly this month. Slight decrease in bank and agency usage this month Appraisal compliance remains below target of 80% at 58.85% There were only 2 changes to the organisational risk register. 1) An improvement in SO1 – valuing lived experience , supporting the voice of under-represented groups 2) An improvement in the risk score for SO3- understanding the support needed for people to prevent harm while waiting for services Access to suitable therapy spaces and adequate admin support for psychological therapy services is being reviewed Access rates for people who first receive IAP is below the national LTP ambition and reflects the workforce challenges faced in recruiting qualified practitioners together with increased complexity Inappropriate out of area placements for adult MH services; Adult acute 31 patients (586 bed days) Psychiatric Intensive Care Unit 4 patients (62 bed days) Plans are in place to address the low level of compliance for medical devices with priority for high-risk devices Smoke free: A well-developed project plan is in place and being implemented, although the challenges of the implementation remain an area of concern for staff and patients and were highlighted by our Involvement Partner and the Project Lead. Given the sensitivity of the work good communication and engagement is critical and seeking to use listening and coproduction approaches to help us to find better solutions. MWB IAPT target remains under performance – access rate 11% against 17% target Core CAMHS service referrals continue to rise impacting on waiting times LA vacancies continue to impact on care coordination allocations Challenges across SALT are being addressed but expected date of impact on patient care is not expected before May 23 			
Assure:			

- Our Involvement Partner reported back positive engagement conversations with the Young Dynamos, with a request to be more involved in Q&S and volunteering so the Trust can see issues and improve services using insights from a younger person's perspective. Work in progress to develop
- Patient experience scores are above the 90% target at 94.8% but the number of respondents has dropped significantly
- December showed a further drop in the number of pressure ulcers reported
- Increase to 80.8% in the number of patients waiting less than 18 weeks for dental treatment requiring general anaesthetic
- We have met the national target for the proportion of children & young people with (urgent) eating disorders that wait one week or less from referral for the first time since quarter 4 of 2020/21.
- IAPT services are currently meeting both the referral to assessment and assessment to first appointment targets
- Continued reduction in incidents of violence and aggression and medication errors supported by the implementation of the EPMA
- Assure the board that processes are in place for managing PSI's and complaints

Decisions / Recommendations:

Risks discussed:

- SO1
- SO3

New risks identified:

-

Report completed by:

[Alyson McGregor]

Committee Chair and Non-Executive Director

[16th February 23]

Escalation and Assurance Report (AAA+D)

Report from the: Workforce & Equality Committee
Date of meeting: 16th February 2023
Report to the: Board of Directors

**Agenda
Item**

13.5

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 BC	Ongoing reviewed each meeting
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	April

Advise:

- Significant progress has been made regarding the use of the Apprenticeship levy which is now being fully utilised. There are now 121 apprenticeships in place within the trust and gifting of some levy to support system is also taking place .
- Model Roster was discussed and confirmation received by both finance and HR that this was still the right thing to do. I wanted to advise NED colleagues that there is consultation process associated with this work and that some colleagues working a 9-5, 5 day a week pattern may be asked to work shifts and over 7 days. Clearly this presents potential retention risks.

Assure:

- Assurance was received thorough the staff stories of Cath Jones and Dean Davidson relating to the Menopause Café and linking with key workforce priorities of wellbeing and retention as also the culture.. Given the age of the workforce Menopause may present a significant challenge to some colleagues and the group now has 60 members creating a safe environment to share stories, seek help. As the NED Wellbeing Guardian this gave me strong assurance.
- An internal audit report was presented relating to retention policies which received a positive finding. The Chair Mark Rawcliffe received assurance from this that the right policies were in place however asked that the implementation and use of those policies also be looked at.
- 2023 Pay Gap figures were reviewed and the Trust appears in the Top 25% of best performing similar government organisations, assuring the committee of the ongoing efforts. A pay gap still exists of 7.5% and work is ongoing to continue to address this.
-

Decisions / Recommendations:
<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"> • The risk associated with the implementation of Model Roster was discussed and the potential impact on retention of existing colleagues being asked to work different working patterns was noted. This has been highlighted in the advise section of the report.

Report completed by:

Mark Rawcliffe
Committee Chair and Non-Executive Director

Council of Governors – Meeting held in Public

4 May 2023

Paper title:	2022 NHS Staff Survey results	Agenda Item 14
Presented by:	Bob Champion – Chief People Officer	
Prepared by:	Helen Farrar – Staff Engagement Manager	
Committees where content has been discussed previously	Board of Directors in January, March and April 2023	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 type="checkbox"/> Financial sustainability, growth and innovation <input type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check <u>ALL</u> 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
<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • Confirm headline results from the NHS Staff Survey 2022 • Outline current analysis and planned dissemination of results across all levels • Propose the Trust response to the intelligence gathered from the annual Survey 2022 and ongoing results from the Quarterly Staff Surveys 2022/3

Executive Summary	
<p>The NHS Staff Survey 2022 (NSS2022) was held 26 September to 25 November 2022, via delivery provider Quality Health – IQVIA (QH). Following the summary of early indicative results to the Board in January 2023, further comprehensive, granular, and ratified results have been received and analysed, and the results have been published by the national coordination centre on 9 March 2023. This paper updates these findings and ongoing recommendations. Results of the January 2023 Quarterly Staff Survey are also referenced.</p>	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input checked="" type="checkbox"/> Yes (Results will form the basis of Workforce Race and Disability Equality Standards reports)

Recommendation(s)	
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> note the report and proposed recommendations for ongoing analysis, response to and dissemination of the results, both corporately and locally 	
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 strategic risks as identified in the BAF:</p> <ul style="list-style-type: none"> Risk 2: If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit / retain staff and on the quality of care. If staff do not have the ability to carry out their work in an appropriate setting, this will impact on the quality of care and staff morale and wellbeing. Risk 4: If we do not have leaders at all levels in the organisation, staff and patient experience will be negatively impacted. If we do not value and support inclusivity, we lose the opportunity to benefit from the full range of views, opinions and experiences when supporting staff and delivering care.
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 Staff Survey provides evidence in the CQC Well-led domain

Council of Governors – Meeting held in Public

4 May 2023

2022 NHS Staff Survey results

1 Purpose

Staff satisfaction and engagement are key to delivering high quality, values-based care and are directly associated with patient experience and outcomes. The NHS People Promise states ‘we each have a voice that counts’ and the annual NHS Staff Survey is an important element in the Trust’s methods of engaging with staff. The staff engagement score from the survey forms a key element of the Care Quality Commission’s measures linked to registration

The latest annual Survey was held late 2022 (NSS2022). Quarterly Pulse Staff Surveys (QSS) were also held in the remaining quarters of 2022/23, which repeated the staff engagement questions from the annual survey. Our provider supporting the delivery of the mandated annual and quarterly surveys was Quality Health (IQVIA) for the second year. Following the Board paper of January 2023, outlining early indicative results, this paper presents further detailed findings and recommendations in relation to the recently published full results of NSS2022.

2 Trust-wide results of the NHS Staff Survey 2022

The tables and infographics at Appendix 1 provide an overall summary of the 2022 results, and confirms the following headlines, outlined in the January 2023 Paper to the Board, updated to include any further details received.

Response rate

- The Trust-wide response rate to NSS2022 was **41%** (42%*) or 1336 staff. In 2021 it was 45% (1419 staff). Response rates for all trusts in our sector** averaged 50%.

Theme Scores

- For the second year, core questions and themes in the Survey align with the NHS People Promise, enabling direct comparisons with last year’s results. In addition, Staff Engagement and Morale themes have continued over several years.
- In 2022, despite minor reductions in some theme scores, all the themes remain largely consistent with both last year’s scores; and those of the sector. The Trust’s strongest theme is ‘We are compassionate and inclusive’; and the lowest is ‘We are always learning’.

*Note: 150 staff in Wakefield Children’s Services were included in the Survey invite, but largely did not participate due to the service leaving the Trust early in the field work period. The adjusted figure exclude these staff numbers from the total

****Note:** all references to comparable organisations or sector average relates to the 27 Mental Health/Learning Disability or Mental Health/Learning Disability & Community Trusts in relation to Quality Health reports (QH) or the 51 Trusts in this group referenced in the national reports (NCC).

Question Scores

- Of the 111 individual questions in NSS2022, 87% of questions have no significant difference to sector, and 89% no significant difference to last year. Appendix **1b** lists individual questions scores 4% or more higher/lower than 2021. The most significant reduced score is Question 4c: only 33% of staff are satisfied with level of pay (2021 40%; Sector 30%).

Quarterly Survey

- The shorter quarterly pulse survey was made available to all staff in January 2023, returning a response from 403 staff. Results have been analysed against earlier QSS and Annual staff engagement scores, as summarised at Appendix **1c**, showing broad comparisons. The next Quarterly Survey will run during last two weeks of April 2023 and provide ongoing review.

Free Text

- Around 200 detailed comments were received from staff as part of a 'free text' option at the end of the survey, a summary of which is provided at Appendix **2**. These illustrate serious concerns for some staff and have been shared with senior leaders, for consideration and response alongside the quantitative results.

Communications

- Summary Trust-wide results have now been shared with all staff from mid-March 2022, including a dedicated Executive Broadcast, eUpdates, detailed SharePoint page, and summary screensavers/posters of key results against the NHS People Promise themes, an extract of which are shown at Appendix **3**.

Appendix 1a provides NSS2022 summary Trust-wide results, including theme scores

Appendix 1b lists individual questions scores 4% or more higher/lower than 2021

Appendix 1c shows NSS/QSS comparisons of the staff engagement scores 2022/23

Appendix 2 provides a summary of the NSS2022 free text comments

Appendix 3 illustrates selection of theme infographics for staff communication

3 Directorate/Care Group, Service and Team level results of NHS Staff Survey 2022

For the purposes of the Staff Survey, all substantive staff are invited to participate, and sub-divided into three levels to enable granular reporting. Results have now been received against our detailed staff breakdowns as shown in the table below:

Breakdown level	Sub-groups	Relevant reports
Trust-wide	1	National Benchmarking Report QH Management and Summary Report QH Detailed Results table, Heat Map and Solar data base In-house infographics (see Appendices 1a and 3)
Directorate/Care Group groupings	5 sub-groups	National Directorates Report (see Appendix 4) QH Heat Map and Solar data base
Service/Service groupings	22* sub-groups	National Breakdown Report QH Solar data base In-house infographics (see Appendix 5)
Team/Team groupings	62* sub-groups 10 of which are same as service grouping due to size	QH Solar data base In-house heat map and rankings tables against theme scores

* Excludes Wakefield Children's Service and teams

Comparisons of results between the 5 Directorate/Care Group breakdowns shows:

- Response rates range from 56% (Corporate and Support – down from 62% in 2021) to 23% (Mental Health Inpatients – down from 25% in 2021)
- Staff Engagement score ranges from 7.2 (Community Adults and Corporate/Support) to 6.5 (Mental Health Inpatients)

Appendix 4 shows further comparative theme scores by Directorate/Care Group.

The local results indicate the wide variance of staff experience and engagement across different work areas. We are also able to explore the results via a variety of other breakdowns, such as demographics or staff group.

This more granular level reporting provides intelligence to senior leaders and corporate services in the Trust to enable comparisons, corporate response, and action planning at the Trust-wide level, such as in workforce planning or wellbeing support. For example,

- The Learning and Development Team are reviewing the 'We are Learning' theme scores at the local level to enable targeting of their offer appropriately, as well as determining which areas of the Trust would most benefit from further training in delivering effective appraisals.
- The team delivering the staff engagement in relation to the Trust's 'Better Lives, Together' strategy refresh in May 2023 are utilising the 'We each have a voice that counts' and Staff Engagement scores across the Trust to ensure appropriate reach.
- The active Staff Networks for protected characteristics will work with the Equality and Inclusion Team to explore the Workforce Race and Disability scores and other diversity related results to aid future action planning within the Belonging and Inclusion Plan (WRES and WDES scores will be explored in a future report to Board).

- Promotion of the recently opened Wellbeing Room at Lynfield Mount Hospital is taking into account wellbeing related results at the Trust and local levels.
- Individual question scores of concern, such as the reduction from 80% to 75% of staff who feel secure raising concerns about clinical practice, can be explored at the local level by the Freedom to Speak Up Guardian, identifying which areas of the Trust are least confident in speaking up.
- Teams that have particularly positive scores are being identified and analysed as examples of good practice, for example, the Community Learning Disability Team had significantly higher scores than both last year and the Trust across all 9 theme areas.

In addition, all teams and services are encouraged to view their own results and explore together areas for improvement and celebration in their service. They are asked to identify and embed required actions into existing improvement work rather than generate new action plans unless needed.

Local results are being disseminated via managers during April 2023. Bespoke summary infographics and reports are being prepared in-house to enable effective and creative dissemination and discussion amongst staff and is supported by detailed results tables for each service.

Appendix 5 shows an example of service and team results infographics for one sample Care Group

Appendix 6 demonstrates the wide variances between team scores for two sample theme areas

4 Corporate response to NSS2022 and QSS 2022/3 results

The ongoing consideration of the results by the Board, Executive and Senior Leadership Team will now be supported by more detailed review with managers and staff. It is recommended that

- Senior leaders and managers continue to express appreciation to all staff for their ongoing efforts under pressure, and for their willingness to participate in engagement activity such as the Staff Survey, the Quarterly Surveys and the upcoming Strategy Refresh journey.
- Support and feedback are given to addressing ongoing staff concerns regarding work pressure, staff numbers and remuneration, identifying the services most under pressure, and responding to the free text comments.
- The Trust continues to build on the positive measures to create a compassionate, inclusive and kind culture amongst the workforce, alongside the ambitious action on health and wellbeing.
- Variable local results relating to theme areas continue to be investigated and actioned by appropriate teams, as outlined above (including WRES and WDES analysis). Positive results to be explored, celebrated and shared.

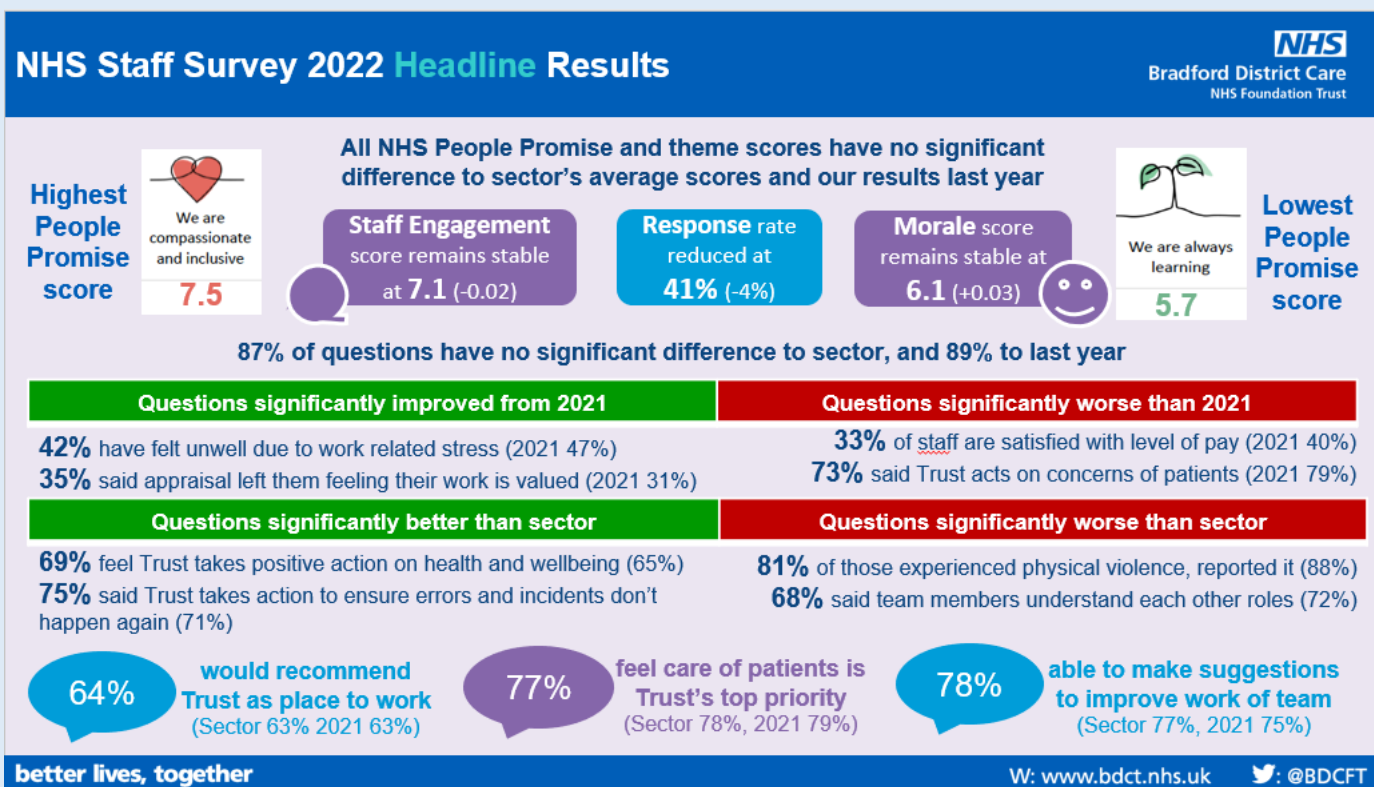
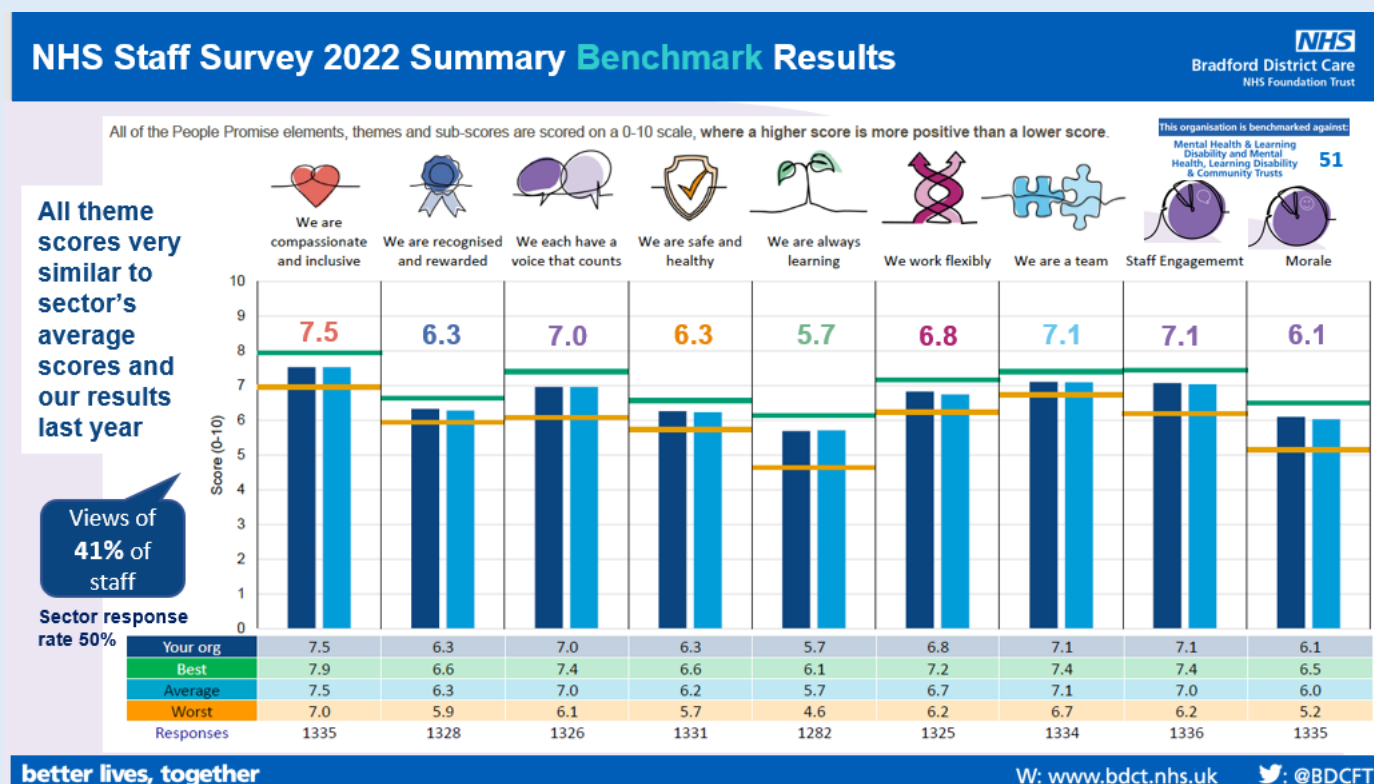
- Cascaded results, targeted engagement and action planning at the local level continues as a priority, gathering feedback from services by mid-June 2022.
- The Quarterly Staff Pulse Survey continues to be promoted and delivered on regular basis to enable ongoing monitoring of staff experience and feedback, the results being considered at a senior level and cascaded to all staff in a timely manner.
- Benchmarking of Trust results with other Trusts across place, system and Yorkshire and Humber be explored as these results become available.

The Council of Governors is asked to:

- Note the NSS2022 results and the recommendations above.
- Note the proposed next steps to further disseminate results and act on detailed findings.

Helen Farrar
Staff Engagement Manager
04 April 2023

Appendix 1a: NHS Staff Survey 2022 summary results – Trust-wide



Appendix 1b:

NHS Staff Survey 2022 question scores 4% or more higher/lower than 2021

Ref	Question	2021	2022	Sector 2022
4c	Satisfied/very satisfied with level of pay	40%	33%	29%
5a	Never/rarely have unrealistic time pressures	25%	29%	28%
7b	My team often meets to discuss effectiveness	75%	71%	70%
7d	Team members understand each other's roles	72%	68%	72%
11c	Haven't felt unwell as a result of work-related stress in last 12 months	54%	58%	59%
19a	Would feel secure raising concerns about unsafe clinical practice	80%	75%	78%
19b	Am confident that my organisation would address my concern	68%	63%	64%
21d	Appraisal/review left me feeling valued by my organisation	31%	35%	34%
23b	Agree/strongly agree my organisation acts on concerns raised by patients/service users	79%	74%	76%

Notes:

Figures rounded to whole percentages and relate to 'positive scores' values

Individual question scores should be considered in context of whole questionnaire and theme results

Scores taken from Quality Health reports

Appendix 1c:

Staff engagement scores 2022/23 from annual and quarterly Staff Surveys

	NSS2019	NSS2020	NSS2021	Q4 21/22	Q1 22/23	Q2 22/23	NSS2022	Q4 22/23
Motivation	7.3	7.3	7.3	7.0	7.0	6.9	7.2	7.0
Involvement	6.6	6.8	7.1	7.0	6.9	6.8	7.1	7.0
Advocacy	6.6	7.0	7.0	7.2	7.0	6.7	6.9	7.1
Staff Engagement	6.8	7.0	7.1	7.1	7.0	6.8	7.1	7.0
response number	1310	1293	1416	494	364	403	1336	403

Appendix 2: Summary of the National Staff Survey 2022 free text comments

Top two themes:

1. Workload, stress and burn-out

"Staffing shortages are becoming more commonplace, leaving the staff left behind to pick up the pieces, increasing burn out and the risk to patients. I love my patients and my role; however, the workload is too much and the pay too little; especially with the increased risks."

"I feel the expectations and work I am expected to carry out is unrealistic and opens up opportunity for risk. I don't feel I am able to offer staff or patients the time they need or deserve. This level of responsibility doesn't offer a work life balance and can lead to developing unhealthy attitudes to work such as working late at night, weekends and on days off."

"I would love to have a good night's sleep, but I lay awake at night worrying about patient safety, my workload and having the time to do a good job."

"...the population has grown, we have an ageing population with multiple complex needs and not enough staff or resources to provide safe, effective good patient care. We are not able to offer the service within the scope of our trust's values."

2. Lack of staff and use of bank and agency workers increasing risks to permanent staff and delivery of care.

"There are significant risks to staff and service users due to very low staffing requiring high use of bank and agency."

"My current team is currently chronically understaffed and very dangerous at times..... Stress levels are high, and mistakes are happening and it is burning staff out. This cannot continue indefinitely as patient safety is going to become a very real concern and harm will occur. We are taken for granted and some of my colleagues work many hours at home and this is an expectation."

Next three:

3. Enjoy working within team and organisation.

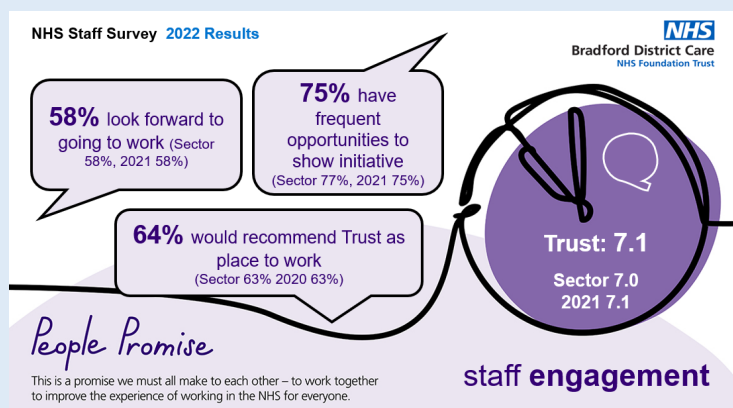
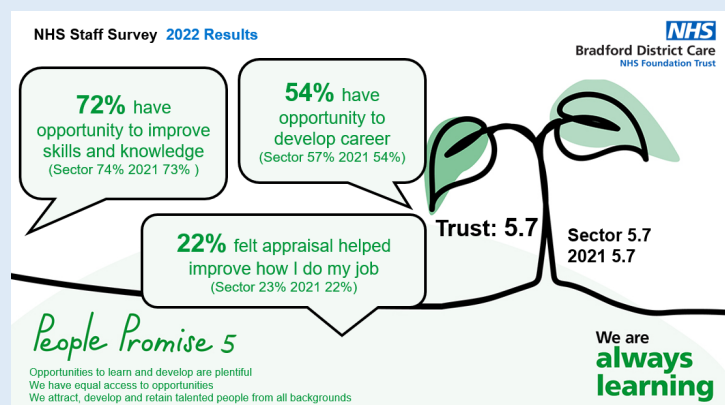
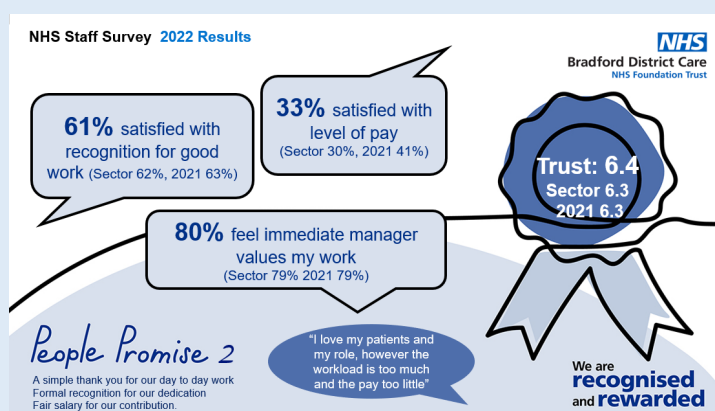
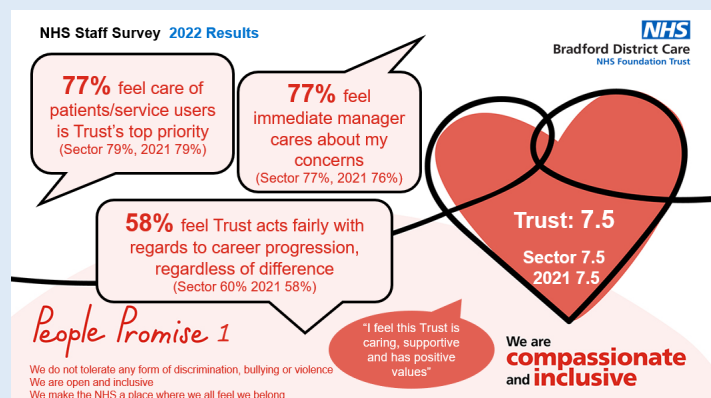
4. Lack of career progression opportunities for health professionals who wish to remain in clinical roles.

5. Communication – not feeling listened to and lack of meaningful engagement in change projects

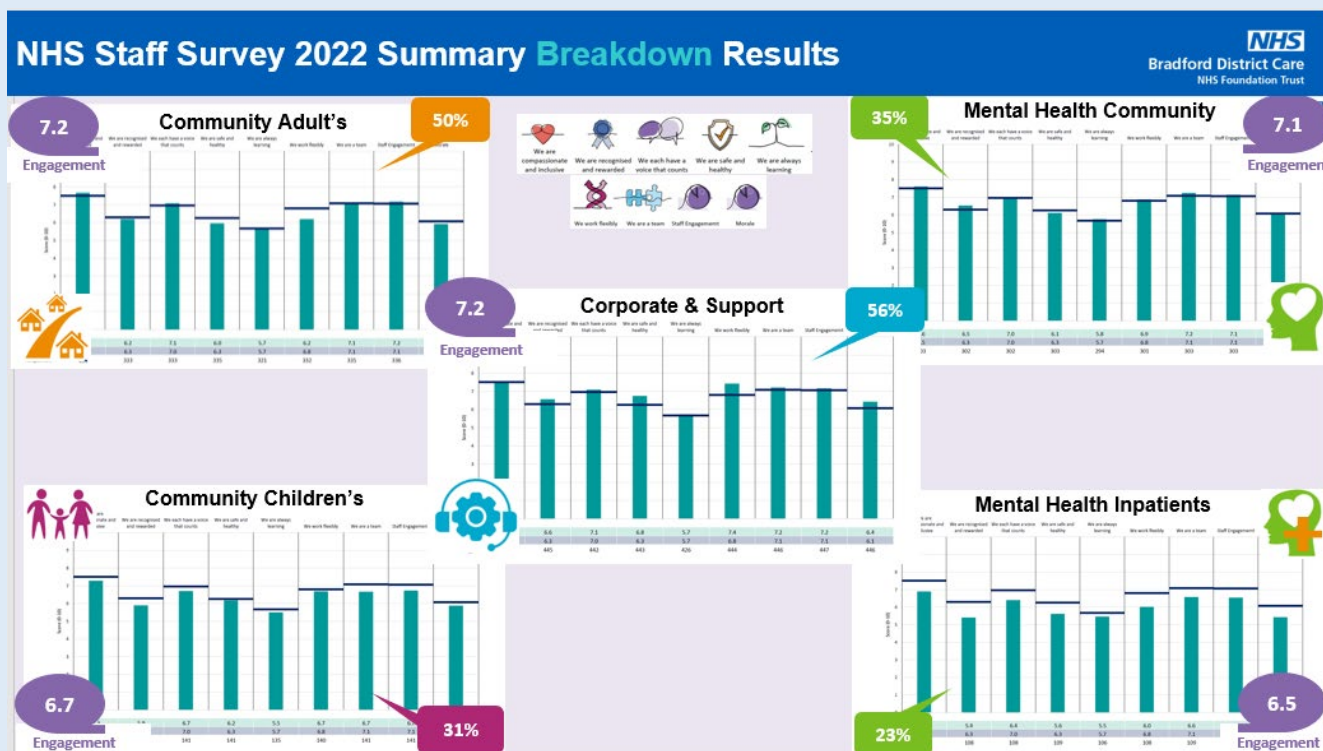
Other themes:

Bullying by managers, lack of management support, pay and cost of living, and the Covid vaccine mandate is still raw for a few staff. Few comments about one particular service, to be explored in further detail by the OD Team. Other comments are single issue or just a couple of comments about a similar issue.

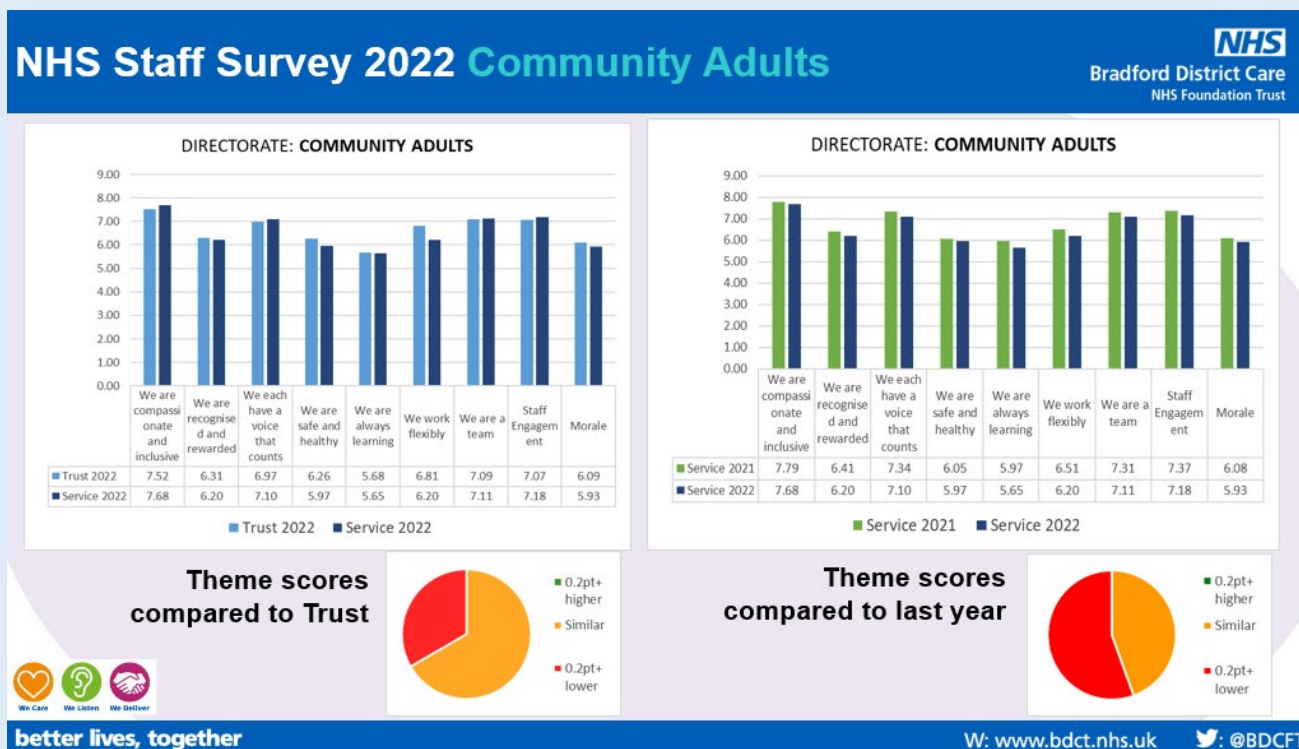
Appendix 3: Selection of theme infographics for staff communication



Appendix 4: Summary response rates, theme and staff engagement scores for Care Group/Directorate groupings



Appendix 5: Example infographics for Community Adults and services/teams



NHS Staff Survey 2022 Community Adults

	Sector 2022	Trust 2022	Service 2022	Difference from Trust	Service 2021	Service 2022	Difference from last year
Staff Engagement	7.08	7.07	7.18	0.11	7.37	7.18	-0.19
E.1: Motivation	7.19	7.22	7.23	0.01	7.41	7.23	-0.18
E.2: Involvement	7.11	7.12	7.05	-0.07	7.22	7.05	-0.17
E.3: Advocacy	6.95	6.89	7.25	0.36	7.51	7.25	-0.26
Morale	6.07	6.09	5.93	-0.16	6.08	5.93	-0.15
M.1: Thinking about leaving	6.17	6.26	6.20	-0.06	6.32	6.20	-0.12
M.2: Work pressure	5.35	5.34	5.03	-0.31	5.23	5.03	-0.20
M.3: Stressors (HSE index)	6.69	6.66	6.58	-0.08	6.69	6.58	-0.11
We are compassionate and inclusive	7.57	7.52	7.68	0.16	7.79	7.68	-0.11
P1.1: Compassionate culture	7.23	7.17	7.56	0.39	7.81	7.56	-0.25
P1.2: Compassionate leadership	7.45	7.40	7.42	0.02	7.56	7.42	-0.14
P1.3: Diversity and equality	8.34	8.28	8.48	0.20	8.56	8.48	-0.08
P1.4: Inclusion	7.25	7.24	7.29	0.05	7.25	7.29	0.04
We are recognised and rewarded	6.27	6.31	6.20	-0.11	6.41	6.20	-0.21
We each have a voice that counts	7.00	6.97	7.10	0.13	7.34	7.10	-0.24
P3.1: Autonomy and control	7.19	7.17	7.13	-0.04	7.34	7.13	-0.21
P3.2: Raising concerns	6.80	6.76	7.06	0.30	7.35	7.06	-0.29
We are safe and healthy	6.27	6.26	5.97	-0.29	6.05	5.97	-0.08
P4.1: Health and safety climate	5.67	5.70	5.35	-0.35	5.50	5.35	-0.15
P4.2: Burnout	5.21	5.19	4.88	-0.31	4.85	4.88	0.03
P4.3: Negative experiences	7.93	7.89	7.68	-0.21	7.80	7.68	-0.12
We are always learning	5.73	5.68	5.65	-0.03	5.97	5.65	-0.32
P5.1: Development	6.64	6.54	6.59	0.05	6.67	6.59	-0.08
P5.2: Appraisals		4.78	4.67	-0.11	5.26	4.67	-0.59
We work flexibly	6.74	6.81	6.20	-0.61	6.51	6.20	-0.31
P6.1: Support for work-life balance	6.72	6.80	6.32	-0.48	6.64	6.32	-0.32
P6.2: Flexible working	6.75	6.82	6.10	-0.72	6.38	6.10	-0.28

Themes and sub-themes

The findings of the questionnaire have been split and summarised in the form of People Promises and Themes, including their sub-themes:

THEME Staff Engagement

Engagement Subscore 1: Motivation - Questions 2a, 2b, 2c
Engagement Subscore 2: Involvement - Questions 3c, 3d, 3e
Engagement Subscore 3: Advocacy - Questions 23a, 23c, 23d

THEME Morale

Morale Subscore 1: Thinking about leaving - Questions 24a, 24b, 24c
Morale Subscore 2: Work pressure - Questions 3g, 3h, 3i
Morale Subscore 3: Stressors (HSE index) - Questions 3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3i

PEOPLE PROMISE 1: We are compassionate and inclusive

P1 Subscore 1: Compassionate culture - Questions 6a, 23a, 23b, 23c, 23d
P1 Subscore 2: Compassionate leadership - Questions 9f, 9g, 9h, 9i
P1 Subscore 3: Diversity and equality - Questions 15, 16a, 16b, 20
P1 Subscore 4: Inclusion - Questions 7h, 7i, 8b, 8c

PEOPLE PROMISE 2: We are recognised and rewarded - Questions 4a, 4b, 4c, 8d, 9e

PEOPLE PROMISE 3: We each have a voice that counts

PP3 Subscore 1: Autonomy and control - Questions 3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3i
PP3 Subscore 2: Raising concerns - Questions 13a, 13b, 13c, 23f

PEOPLE PROMISE 4: We are safe and healthy

PP4 Subscore 1: Health and safety climate - Questions 3g, 3h, 3i, 3a, 11a, 11d, 14d
PP4 Subscore 2: Burnout - Questions 12a, 12b, 12c, 12d, 12e, 12f, 12g
PP4 Subscore 3: Negative experiences - Questions 11b, 11c, 11d, 13a, 13b, 13c, 14a, 14b, 14c

PEOPLE PROMISE 5: We are always learning

PP5 Subscore 1: Development - Questions 22a, 22b, 22c, 22d, 22e
PP5 Subscore 2: Appraisals - Questions 21a, 21c, 21d

PEOPLE PROMISE 6: We work flexibly

PP6 Subscore 1: Support for work-life balance - Questions 6b, 6c, 6d
PP6 Subscore 2: Flexible working - Question 4d

PEOPLE PROMISE 7: We are a team

PP7 Subscore 1: Team working - Questions 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 7i
PP7 Subscore 2: Line management - Questions 9a, 9b, 9c, 9d

Questions not linked to People Promise/Themes

30b, 30c, 13e, 16c01, 16c02, 16c03, 16c04, 16c05, 16c06, 16c07
17, 18a, 18b, 18c, 18d, 21a, 30b



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NHS Staff Survey 2022 Community Adults

TEAM THEME SCORES HEATMAP

		based on QH/IQVIA Figures							
		People Promise & Theme Scores							
Team Groupings	E	M	PP1	PP2	PP3	PP4	PP5	PP6	PP7
	Staff Engagement	Morale	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team
Trust	7.07	6.09	7.52	6.31	6.97	6.26	5.68	6.81	7.09
Community Adult's - Community Nursing Services - AWC - Community Nursing	7.40	5.77	7.70	5.99	7.30	5.96	5.50	6.00	6.62
Community Adult's - Community Nursing Services - Bfd City - Community Nursing	7.24	5.81	7.72	5.91	7.11	5.61	5.95	5.87	7.24
Community Adult's - Community Nursing Services - Bfd District - North - Community Nursing - Case Managers	7.15	5.49	7.61	5.98	6.94	5.75	5.70	6.55	7.06
Community Adult's - Community Nursing Services - Bfd District - South - Community Nursing	6.79	4.98	7.54	5.63	7.06	4.95	5.52	5.15	6.83
Community Adult's - Community Nursing Services - Community Adults Services Management	no score	no score	no score	no score	no score	no score	no score	no score	no score
Community Adult's - Dental Services	7.18	6.23	7.66	6.08	6.95	6.06	5.26	5.10	6.97
Community Adult's - Specialist Services - Continence & Tissue Viability & Falls	7.58	6.54	7.69	6.46	7.47	6.81	6.21	7.36	6.87
Community Adult's - Specialist Services - Palliative Care/ Hospice at Home	6.69	6.05	7.21	5.82	6.36	6.10	4.67	6.03	6.71
Community Adult's - Specialist Services - Podiatry	7.02	6.24	7.66	6.29	6.88	6.22	5.58	6.64	7.48
Community Adult's - Specialist Services - Primary Care Wellbeing Service & Proactive Care/Admiral team/HANA	8.17	7.55	8.68	7.57	8.01	7.30	7.37	7.87	8.55
Community Adult's - Specialist Services - SALT	6.45	5.04	7.41	6.51	6.78	5.41	5.33	7.03	7.03



We CareWe ListenWe Deliver

Key

scores

7.400.2pts+ higher than Trust

7.24Similar to Trust

6.790.2pts+ lower than Trust



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Appendix 6: Example theme rankings by team

STAFF ENGAGEMENT	SCORE
Community Adult's - Community Nursing Services - Community Adults Services Management	no score
Community Children's - Bradford Childrens Services - Bradford Childrens Services South	no score
Community Children's - Specialist Childrens Services - LAC/YOT/Leaving Care/Child Protection	no score
Corporate - Estates Facilities & Finance - Support Services	no score
Corporate - Medical Administration - Pharmacy	no score
Mental Health - Community - CAMHS - Management/Medical Staff	no score
Mental Health - Community - CAMHS - Perinatal Team	no score
Mental Health - Community - CMHT (Airedale)	no score
Mental Health - Community - CMHT etc - AOT/Drug & Alcohol/Medical Staffing	no score
Mental Health - Community - Community Mental Health Inpatients (IHTT)	no score
Mental Health - Community - IAPT - PT & Trainees	no score
Mental Health - Inpatients - Learning Disabilities	no score
Community Adult's - Specialist Services - Primary Care Wellbeing Service & Proactive Care/	8.17
Corporate - Human Resources - HR Workforce Development	8.16
Corporate - Trust Exec / Trust Man't - Corporate Affairs & Exec Support & Trust Exec Office	8.07
Corporate - Clinical Administration - Admin Managers & Service Quality Team	8.06
Mental Health - Community - Learning Disabilities	8.05
Mental Health - Community - CAMHS - Core Team / Primary Mental Health Workers	7.99
Corporate - Clinical Administration - Trust HQ & Service Manager Admin	7.79
Corporate - Clinical Administration - MH Admin Hub Airedale	7.74
Corporate - Clinical Administration - Physical Health Admin Hub	7.63
Corporate - Nursing & Specialist - Nursing Development & Non-Med Prescribing/Infection	7.60
Community Adult's - Specialist Services - Continence & Tissue Viability & Falls	7.58
Corporate - Nursing Quality and Governance - Quality Governance and Patient Safety	7.51
Corporate - Medical Administration - Medical Administration	7.47
Community Children's - Bradford Childrens Services - Management, Strategy Team, Breast Fe	7.45
Corporate - Medical Administration - KPMO & MH Act Team	7.41
Community Adult's - Community Nursing Services - AWC - Community Nursing	7.40
Corporate - Clinical Administration - Inpatient	7.31
Mental Health - Community - CMHT etc - EIP	7.31
Corporate - Estates Facilities & Finance - Food Services	7.30
Community Children's - Bradford Childrens Services - Bradford Childrens Services Shipley Ke	7.26
Community Adult's - Community Nursing Services - Bfd City - Community Nursing	7.24
Community Adult's - Dental Services	7.18
Community Adult's - Community Nursing Services - Bfd District - North - Community Nursin	7.15
Corporate - Estates Facilities & Finance - Performance & Planning	7.09
Trust	7.07
Community Children's - Bradford Childrens Services - Bradford School Nursing & FNP	7.05
Corporate - IM&T - IM&T	7.02
Community Adult's - Specialist Services - Podiatry	7.02
Mental Health - Inpatients - Acute Wards (Heather, Maplebeck, Oakburn, Flow Man, Four	7.00
Corporate - Human Resources - HR Performance and Planning (Inc Business Development)	6.99
Corporate - Estates Facilities & Finance - Finance	6.98
Corporate - Estates Facilities & Finance - Hotel Services	6.96
Mental Health - Inpatients - Older Peoples Mental Health Services	6.94
Corporate - Human Resources - Payroll	6.93
Mental Health - Community - CMHT (Bradford)	6.87
Mental Health - Community - CAMHS - Autism / Be Positive / BANDS / IHTT / Eating Disor	6.82
Community Adult's - Community Nursing Services - Bfd District - South - Community Nursin	6.79
Mental Health - Inpatients - Low Secure	6.78
Mental Health - Community - Older Peoples Mental Health Services	6.77
Mental Health - Community - Community Mental Health Inpatients	6.70
Community Adult's - Specialist Services - Palliative Care / Hospice at Home	6.69
Community Adult's - Specialist Services - SALT	6.45
Mental Health - Inpatients - Acute Wards (Ashbrook, Clover (PICU), Fern, Airedale Med St	6.42
Corporate - Clinical Administration - SPOA Admin Hub	6.39
Mental Health - Community - IAPT - City / District / AWC	6.29
Corporate - Clinical Administration - Admin New Mill & Child Health Information	6.16
Mental Health - Inpatients - Adult Mental Health Inpatients - Management	6.09
Community Children's - Bradford Childrens Services - Bradford Childrens Services East	6.01
Corporate - Estates Facilities & Finance - Central Services & Governance	6.01
Corporate - Estates Facilities & Finance - Estates Maintenance	5.61
Community Children's - Bradford Childrens Services - Bradford Childrens Services West	5.56

PP5 We are always learning	SCORE
Community Adult's - Community Nursing Services - Community Adults Services Management	no score
Community Children's - Bradford Childrens Services - Bradford Childrens Services East	no score
Community Children's - Bradford Childrens Services - Bradford Childrens Services South	no score
Community Children's - Specialist Childrens Services - LAC/YOT/Leaving Care/Child Protection	no score
Corporate - Estates Facilities & Finance - Support Services	no score
Corporate - Human Resources - Payroll	no score
Corporate - Medical Administration - Pharmacy	no score
Mental Health - Community - CAMHS - Management/Medical Staff	no score
Mental Health - Community - CAMHS - Perinatal Team	no score
Mental Health - Community - CMHT (Airedale)	no score
Mental Health - Community - CMHT etc - AOT/Drug & Alcohol/Medical Staffing	no score
Mental Health - Community - Community Mental Health Inpatients (IHTT)	no score
Mental Health - Community - IAPT - PT & Trainees	no score
Mental Health - Inpatients - Learning Disabilities	no score
Corporate - Estates Facilities & Finance - Food Services	no score
Corporate - Clinical Administration - Admin Managers & Service Quality Team	7.73
Corporate - Human Resources - HR Workforce Development	7.66
Community Adult's - Specialist Services - Primary Care Wellbeing Service & Proactive Care/A	7.37
Mental Health - Community - CAMHS - Core Team / Primary Mental Health Workers	6.71
Corporate - Clinical Administration - Physical Health Admin Hub	6.69
Corporate - Nursing & Specialist - Nursing Development & Non-Med Prescribing/Infection	6.64
Corporate - Clinical Administration - MH Admin Hub Airedale	6.61
Corporate - Trust Exec / Trust Man't - Corporate Affairs & Exec Support & Trust Exec Office	6.59
Mental Health - Community - Learning Disabilities	6.52
Community Children's - Bradford Childrens Services - Management, Strategy Team, Breast Fe	6.46
Corporate - Medical Administration - KPMO & MH Act Team	6.39
Community Adult's - Specialist Services - Continence & Tissue Viability & Falls	6.21
Corporate - Medical Administration - Medical Administration	6.13
Corporate - Clinical Administration - Inpatient	6.08
Community Children's - Bradford Childrens Services - Bradford School Nursing & FNP	5.97
Community Children's - Bradford Childrens Services - Bradford Childrens Services Shipley Ke	5.96
Community Adult's - Community Nursing Services - Bfd City - Community Nursing	5.95
Mental Health - Inpatients - Low Secure	5.93
Corporate - Estates Facilities & Finance - Performance & Planning	5.85
Corporate - Nursing Quality and Governance - Quality Governance and Patient Safety	5.82
Mental Health - Community - Older Peoples Mental Health Services	5.74
Mental Health - Inpatients - Older Peoples Mental Health Services	5.73
Community Adult's - Community Nursing Services - Bfd District - North - Community Nursing	5.70
Mental Health - Community - CMHT etc - EIP	5.69
Trust	5.68
Community Adult's - Specialist Services - Podiatry	5.58
Mental Health - Inpatients - Acute Wards (Heather, Maplebeck, Oakburn, Flow Man, Four S	5.57
Corporate - Clinical Administration - Trust HQ & Service Manager Admin	5.53
Community Adult's - Community Nursing Services - Bfd District - South - Community Nursing	5.52
Mental Health - Community - IAPT - City / District / AWC	5.51
Community Adult's - Community Nursing Services - AWC - Community Nursing	5.50
Mental Health - Inpatients - Acute Wards (Ashbrook, Clover (PICU), Fern, Airedale Med Staf	5.35
Community Adult's - Specialist Services - SALT	5.33
Community Adult's - Dental Services	5.26
Mental Health - Community - CMHT (Bradford)	5.22
Corporate - Estates Facilities & Finance - Hotel Services	5.16
Corporate - Estates Facilities & Finance - Central Services & Governance	5.09
Mental Health - Community - Community Mental Health Inpatients	5.08
Corporate - Human Resources - HR Performance and Planning (Inc Business Development)	5.07
Corporate - Clinical Administration - Admin New Mill & Child Health Information	5.05
Corporate - Clinical Administration - SPOA Admin Hub	5.02
Corporate - IM&T - IM&T	4.68
Community Adult's - Specialist Services - Palliative Care / Hospice at Home	4.67
Mental Health - Inpatients - Adult Mental Health Inpatients - Management	4.56
Corporate - Estates Facilities & Finance - Finance	4.33
Community Children's - Bradford Childrens Services - Bradford Childrens Services West	4.17
Corporate - Estates Facilities & Finance - Estates Maintenance	4.11
Mental Health - Community - CAMHS - Autism / Be Positive / BANDS / IHTT / Eating Disorde	4.11

Council of Governors meeting held in Public

4 May 2023

Paper title:	Annual Report Timetable 2022.23	Agenda Item 15
Presented by:	Fran Stead – Trust Secretary	
Prepared by:	Fran Stead – Trust Secretary	
Committees where content has been discussed previously	Audit Committee January & April Quality & Safety Committee April	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 <u>ALL</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Caring <input type="checkbox"/> Effective <input type="checkbox"/> Well-Led <input type="checkbox"/> Responsive	

Purpose of the report

The purpose of this paper is to provide Governors with the agreed high-level timetable to produce the Trust's Annual Report to meet the nationally mandated timescales.

Executive Summary

This report provides an overview on the process for delivering the Trust's Annual Report (which ultimately will encompass the Annual Accounts & the Quality Report/Accounts). Delivery of the three items will run in parallel, with the Finance Team responsible for the Annual Accounts; Quality Governance responsible for the Quality Report; & Corporate Governance responsible for the Annual Report.

The production, adoption & submission timetable is:

Task	Quality & Safety Committee	Audit Committee	Informal meeting with NEDs	Board of Directors	NHS England submission	Parliament submission

Annual Accounts	-	Plan (19.01.23) Final (15.6.23)	Draft (18.05.23)	Final (22.06.23)	Finance to lead – by 12pm 30.06.23	Corporate governance to lead – W/C 03.07.23
Annual Report	-	Plan (06.04.23) Final (15.6.23)	Draft (18.05.23)	Final (22.06.23)	-	-
Quality Report	Draft & Plan (20.04.23) Draft (18.05.23)	Final (15.06.23)	Draft (18.05.23)	Final (22.06.23)	-	-

The Annual Members' Meeting is scheduled for 21 September, & is how the Annual Report (encompassing the Annual Accounts; & Quality Report), will be presented to the Council of Governors, Trust members, and the public, along-with the Auditors findings.

Further details on the Annual Members' Meeting will be presented to the Governors by email, with a formal proposal including Notice of the Meeting presented to Governors at the next meeting. This key statutory event is a chance for our Trust members, service users, carers, staff, Governors, Directors and members of the public to come together to learn more about Trust services, achievements and future vision. The Deputy Trust Secretary is the lead for the event, & will be finalising the events management strategy in the coming months, which includes oversight through a Task & Finish Group.

The Trust Secretary will continue to maintain oversight of the entire process, working closely with the Finance leads, Quality leads, & Corporate Governance team throughout. The process to produce this work is monitored through the Audit Committee, & Quality & Safety Committee, which includes receiving assurance on the national guidance the Trust is adhering to, & the changes required for the reporting period.

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:

- note the timescale that the Trust is working to for the production, adoption, & submission of the Annual Report, Annual Accounts, & Quality Report, & be assured that the Trust will remain compliant with nationally mandated guidance for production.

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 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 checked="" 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"> • Risk 2536: If we do not make effective use of our resources this may result in regulatory interventions, as well as impacts on quality of services.
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"> • Annual Reporting Manual • Guidance for the production of an Annual Governance Statement • Group Accounting Manual • Health & Care Act 2022 • NHS Act 2006 • Trust Constitution • FT Code of Governance

Register of Interests – Council of Governors

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Elected Governors								
Mufeed Ansari	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Helen Barker	Nil	Nil	Nil	Nil	Cellar Trust	Nil	Nil	Nil
Darren Beever								
Dr Sid Brown	Nil	Nil	Nil	Nil	Prosper Research Group: Researcher	Nil	Nil	Nil
Stan Clay (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Susan Francis (from 6/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Michael Frazer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Roberto Giedrojt	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Anne Graham	Nil	Nil	Nil	Nil	Vice Chair of the Bradford Diabetes UK support group	Nil	Nil	Diabetes UK

Abdul Khalifa (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Belinda Marks (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Katie Massey								
Linzi Maybin	Nil	Nil	Nil	Lead and founder of Happy Teeth Outreach Lead dentist for VITA	Health Education England: Trainee Dentist Leader	Nil	Nil	Nil
Hannah Nutting (from 7/6/22)	Nil	Nil	Nil	Nil	Nil	Nil	Research Fellow - Born in Bradford (Bradford Teaching Hospitals NHS Foundation Trust) Involvement Partner – Bradford District Care Trust	Nil
Trevor Ramsay (from 7/6/22)	Nil	Nil	Nil	Nil	Trustee of Vital (User-led Mental Health Advocacy Charity) Member of Disabled People's Action Group- Equality Together		Involvement Partner- Bradford District Care Trust Co-optee of Health & Social Care Overview and Scrutiny Committee	
Anne Scarborough	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Pamela Shaw	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Joanne Squires (from 6/9/22)	Nil	Mind Aware Consultancy - Owner	Nil	The Crypt – Leeds (Homeless Charity) –	Pennine Health Care – Supervisor to Clinical Lead	Nil	Owner of Mind Aware Consultancy	Nil

				Supervisor of the Charity's Mental Health Support Worker				
Joyce Thackwray (from 7/6/22)	Thackwray Building Contractors: Partner	Nil	Nil		Nil	Nil	Nil	Nil
Michaela Worthington-Gill (up to 21 March 2023)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
James Vaughan (from 7/6/22)	Nil	Nil	Nil	Missing Peace Wellbeing and Support – Volunteer Facilitator	Nil	Nil	Volunteer with West Yorkshire Police Work at University of Bradford	Nil
Appointed Governors								
Ishtiaq Ahmed	Nil	Nil	Nil	Sharing Voices: Employee	Sharing Voices: Employee	Nil	Nil	Nil
Cllr Matthew Bibby								
Professor John Bridgeman (until 24/4/22)	Nil	Nil		Cellar Trust: Trustee	Nil	Nil	Nil	Brookside Surgery: Employee
Tina Butler	Nil	Nil	Nil	Relate Bradford & Leeds: Chief Executive	Relate Bradford & Leeds: Chief Executive Trustee of Safety First	Nil	Nil	VTK Investments: Managing Director

Deborah Buxton (from 6/9/22)	Barnado's Assistant Director Children's Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Councillor Richard Foster (until 9/6/22)	Nil	Nil	Nil	Nil	Nil	Craven District Council: Elected Member and Leader of the Council	Leeds City Region Partnership Committee Leeds City Region Local Enterprise Partnership Board Local Government Group General Assembly Local Government North Yorkshire and York North Yorkshire Police and Crime Panel North Yorkshire District Councils' Network - Executive Board North Yorkshire Strategic Housing Partnership North Yorkshire, York and East Riding Local Enterprise Partnership Board North Yorkshire, York and East Riding Local Enterprise Partnership : Infrastructure Partnership Board West Yorkshire Combined Authority - The Panel Place Yorkshire and Humber (Local Authorities) Employers Committee Yorkshire Dales National Park Yorkshire Dales National Park Management Steering Group	Nil
Janice Hawkes (until 6 April 2022)	Nil	Nil	Nil	Nil	Assistant Director Children's Service Barnardo's	Young Lives Network (member organisation / representative) Young Lives Consortium (member organisation)	Nil	Nil

Cllr Wendy Hull (from 13/7/22)								
Professor Zahir Irani (from 5/5/22)	Bradford University Deputy Vice-Chancellor Director ISEing Ltd Board Member – Pain Association (Scotland)	Nil	Nil	Pain Association (Scotland) – Board Member	Nil	Bradford University - Deputy Vice-Chancellor		Nil
Councillor Sabiya Khan	Councillor Wibsey Ward BMDC	Nil	Nil		Nil		Labour member and Cllr for the Wibsey Ward	Abu Bakr Masjid Trustee Council for Mosques Bereavements Services Director Health4All Trustee

Annual Cycle of Business for the Council of Governors Meetings 2023-24: v2

	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	BF		✓			✓
Approval of Trust Better Lives Strategy	FS	FS		✓			

Items to be scheduled:

- XX

Council of Governors

4 May 2023

2023/24 Operational Plan

Mike Woodhead (Director of Finance, Estates and Contracting)
and
Kelly Barker (Interim Chief Operating Officer)

NHS 2023/24 Priorities and Operational Planning Guidance

- Key priorities
 - **recover our core services and productivity**
 - improve ambulance response and A&E waiting times
 - reduce elective long waits and cancer backlogs
 - make it easier for people to access primary care services
 - **deliver the key NHS Long Term Plan ambitions**
 - core commitments to improve mental health services and services for people with a learning disability and autistic people
 - prevention and the effective management of long-term conditions
 - **continue transforming the NHS for the future**
 - put the workforce on a sustainable footing for the long term
 - level up digital infrastructure and drive greater connectivity
 - transformation to be accompanied by continuous improvement
- Integrated Care Boards and NHS primary and secondary care providers expected to work together to plan and deliver a balanced net system financial position in collaboration with other Integrated Care System partners.

National NHS objectives 2023/24

most applicable to BDCFT



Bradford District Care
NHS Foundation Trust

Area	Objective
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people
	Increase the number of adults and older adults accessing Improving Access to Psychological Therapies treatment
	Increase the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Improve access to perinatal mental health services
	Recover the dementia diagnosis rate to 66.7%
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan
	Reduce reliance on inpatient care, while improving the quality of inpatient care

Trust Process and Priorities



Bradford District Care
NHS Foundation Trust

Financial Overview

The Trust exits 2022/23 with £12.6 million underlying deficit, mainly due to:

- COVID costs (£8.5 million) previously supported by tapering income
- shortfall in delivering the efficiency programme (£5.8 million)

High Level Priorities

Trust Board development session held January to agree focus for 2023/24 planning and workstreams to close the financial gap. Priorities agreed:

- Reduce **length of stay**;
- Reduce mental health **out of area placements**;
- Reduce **COVID and infection, prevention and control costs**;
- Reduce **agency and locum costs**; and
- Reduce the **estates footprint**.

Integrated Planning Process

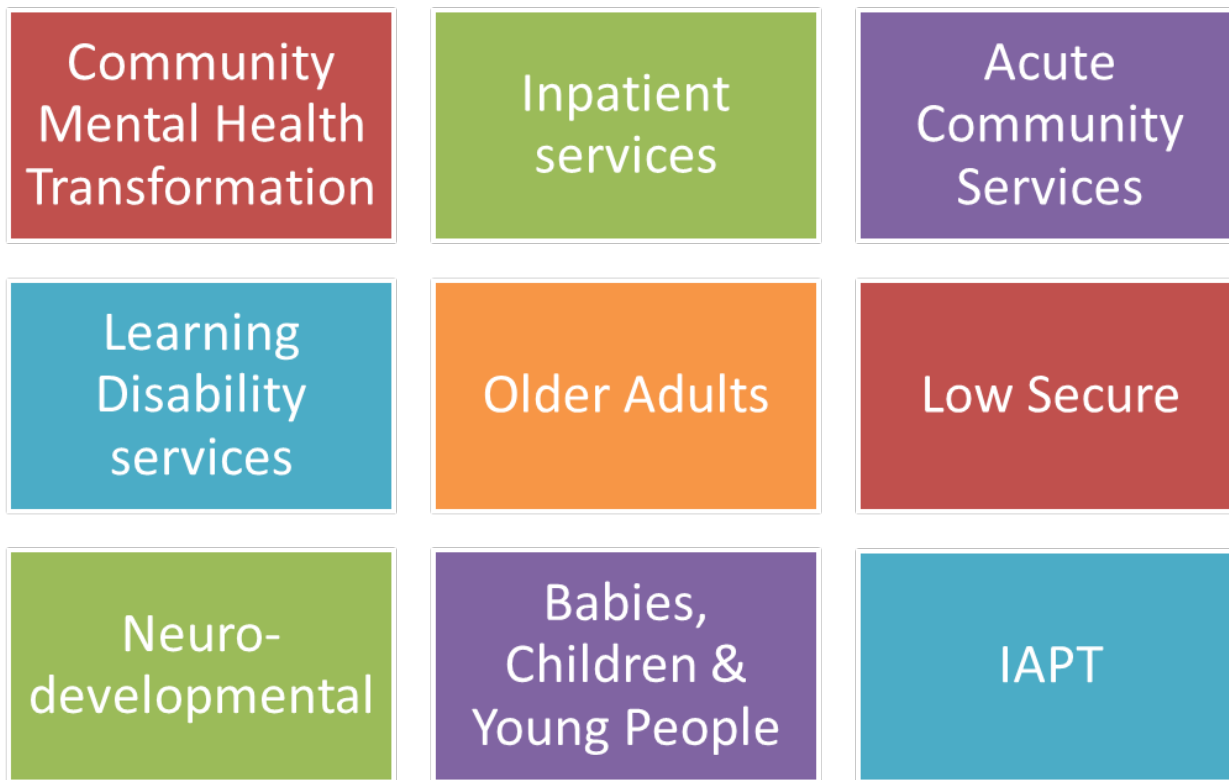
- Collaborative approach adopted in developing the plan, through the newly introduced business partnering model.

1. **Releasing time to care** (aiming for 10% productivity gain across services)
 - Delivered through digital maturity, record and information management
2. **Responsibility and Accountability**
 - Care Group governance – grip and control; assurance
3. **Securing investment and growth in our services**
 - Maintaining transformation
 - Children and Young People
 - Adult community
 - Admin services

Key Priorities – Mental Health and Learning Disability Services



Bradford District Care
NHS Foundation Trust



Priorities for each service covering:

✓ care provision
✓ workforce

✓ digital, data and outcomes
✓ cross cutting themes/partnership

Sustainability

- Plan to achieve a **break-even revenue plan** with:
 - **cost improvement plans** of £17.38 million
 - Including: COVID efficiencies*
 - Model Roster 3*
 - Out of area placement reductions*
 - Reduction in agency spend*

Investment

- Continued investment in line with Mental Health Investment Standard to progress the Long Term Plan ambitions
- Service Development Funding for Mental Health & LD services secured for Adult Community Mental Health; Children & Young people; Mental Health in Schools and LD Keyworkers

Resubmission of Final Plans

- Due to the level of financial gap that remains in Integrated Care Systems, including West Yorkshire, NHS England has confirmed that systems must **develop and submit final plans on 4 May.**

Council of Governors - Public

4 May 2023

Paper title:	Performance Report	Agenda Item 11
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 09/03/23 Quality and Safety Committee 16/03/23, 20/04/23 Mental Health Legislation Committee 23/03/23 Workforce and Equality Committee 16/02/23 Finance, Business and Investment Committee 23/03/23	
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
<p>The report highlights the combined impact of high service demand, increased acuity and complexity and workforce challenges, exacerbated by industrial action and expected winter pressures, which continue to affect performance and waiting times.</p> <p>The Council of Governors performance report uses selected narrative and slides from the Board integrated performance report. 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.</p>

The Trust's performance management framework is being reviewed. Changes will be reflected in future performance reports to the Council of Governors.

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
- 2509: Community nursing services demand exceeding capacity
- 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

	<ul style="list-style-type: none"> • 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

4 May 2023 meeting









Performance relating to January, February and March 2023

Combined impact of:

- **high service demands** - increased acuity and complexity;
- **workforce challenges** - with high labour turnover, 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.

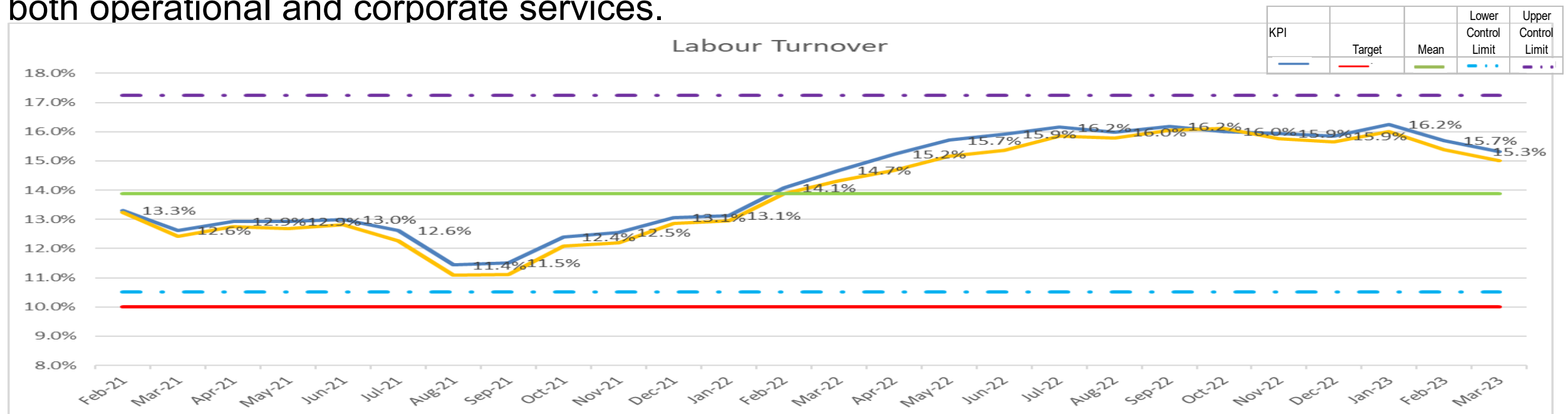
Challenges are being exacerbated by industrial action, expected winter pressures and the socio-economic impacts of cost of living increases on staff and service users' mental health and wellbeing. The Trust's winter plan is in place, with oversight, actions and support enacted through the Trust's daily lean management and incident command arrangements, feeding into the Bradford District and Craven surge and escalation group and system command structures.

Workforce Dashboard (March 2023)

Metric	Goal & Action status		Current	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		13.78%	Recruitment rate increased from start of 2022/23 and has remained above target
Key Workforce Metrics – Sickness Rate	4%		5.97%	Sickness rate reduced by 0.2% from February 2023
Key Workforce Metrics – Labour Turnover	10%		15.32%	Labour turnover continues to be above target though has stabilised
Key Workforce Metrics – Vacancy Rate	10%		10.36%	Vacancy rate has been above the 10% target since November 2022 but is improving
Mandatory Training Summary	80%		88.67%	Overall compliance remains above 80%
Appraisal Rates Summary	80%		62.17%	Appraisal compliance has dropped significantly due to a technical recording issue which has now been resolved
Clinical Supervision Rates Summary	80%		80.84%	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

Workforce – Labour Turnover, Vacancy Rate, Sickness Absence





- **Recruitment, retention and wellbeing of staff** continue to be a key concern and focus.
- **Vacancy rate** has been above the 10% target since October 2022 but is improving (January 11.1%, February 11.0%, March 10.4%).
- **Labour turnover** has stabilised but remains high. There are elevated labour turnover rates in both operational and corporate services.



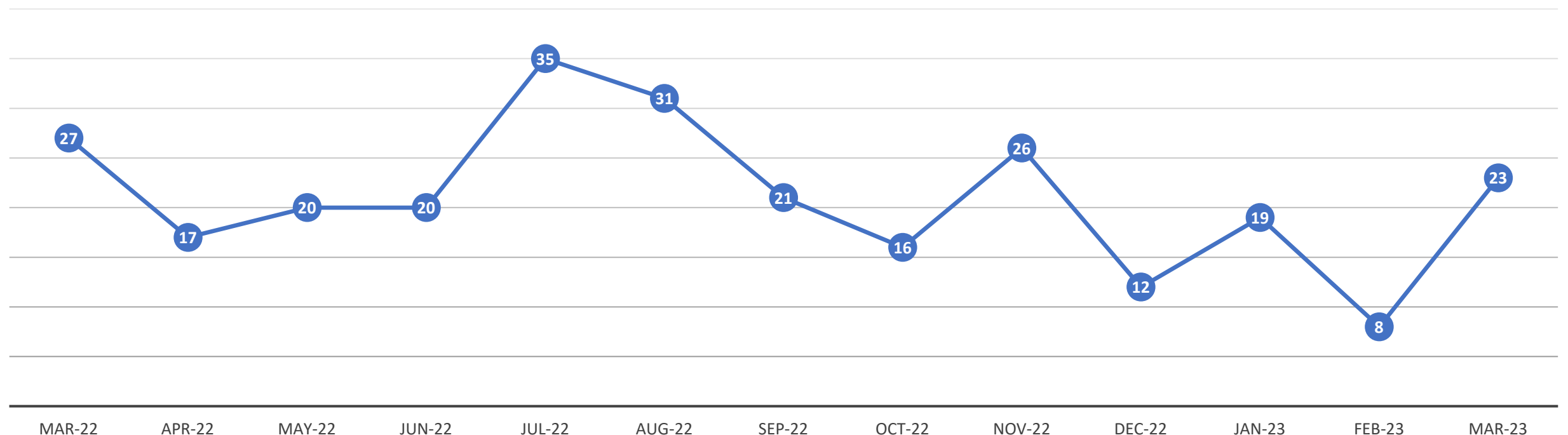
- **Retention plan actions** include:
 - reinforcing the comprehensive range of health and wellbeing resources and facilities;
 - establishing health & wellbeing and belonging & inclusion champion roles;
 - implementation of a new on-boarding and induction programme from April 2023, with all new recruits welcomed in-person, supported by a follow-up programme which includes a 30, 60 and 90 day check-in.
- Given there is a lag time between consistent implementation of actions and them having a discernible impact, a **gradual reduction in labour turnover has been agreed as part of the 2023/24 operational plan** (15% April and May, 14% June and July, 13% from August onwards).

Quality and Safety

Safeguarding Dashboard (March 2023)





Metric	Goal & Action status	Current	Average (rolling 13 months)
Safeguarding Adult Referrals	N/A 	21	6.9
Safeguarding Children Referrals	N/A 	23 (Bradford)	21.2 (Bradford)
Duty Calls regarding adults	N/A 	114 (Bradford)	97.3 (Bradford)
Duty Calls regarding children	N/A 	53 (Bradford)	54.1 (Bradford)

Referrals to Children's Social Care



Quality and Safety

Incidents Dashboard (March 2022)

Metric	Goal & Action status		Current	Average
All incidents	N/A		816	919.9
Violence & Aggression	N/A		138	194.4
Medication Errors	0		43	45.8
Near Misses	N/A		12	19.1

Patient Insight Report (March 2023)

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?

How did we do this month?

93.6%
FFT % positive

Overall, how was your experience of our care?
'Good' + 'Very Good' as a percentage of those
answering the FFT question

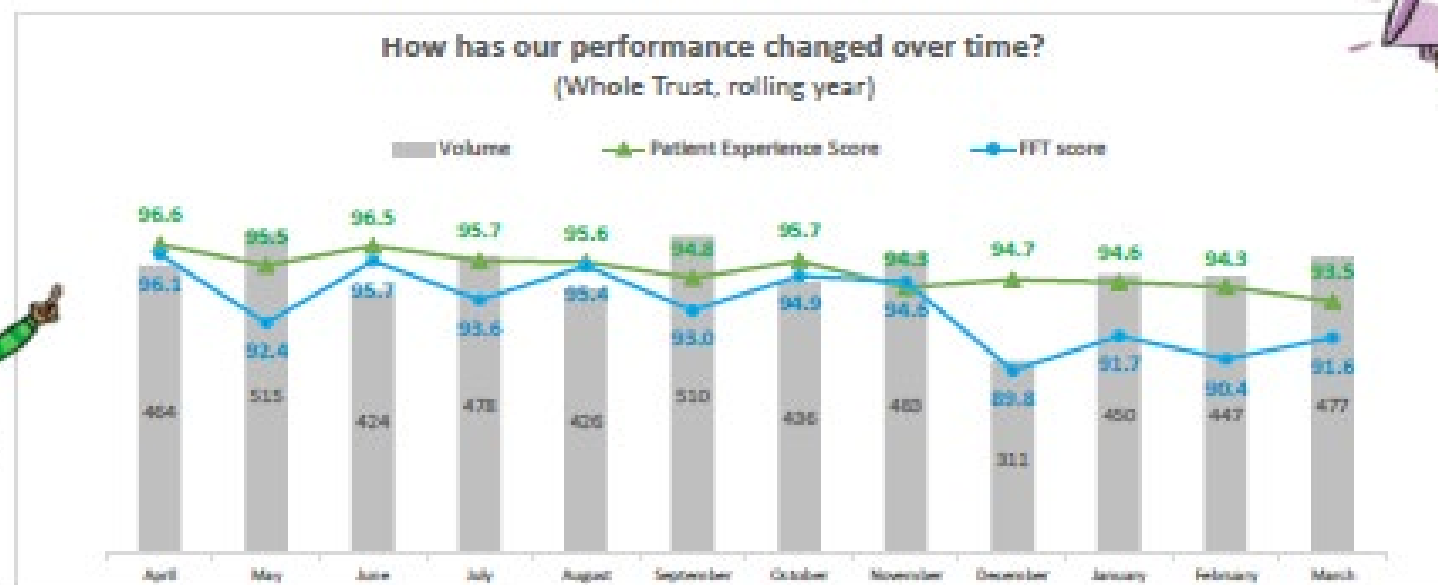
454
respondents
to all questionnaires
this month

93.5

Overall Patient Experience Score

Composite of all patient experience questions
(where 100 = best answer, 1 = worst answer)
all questionnaires

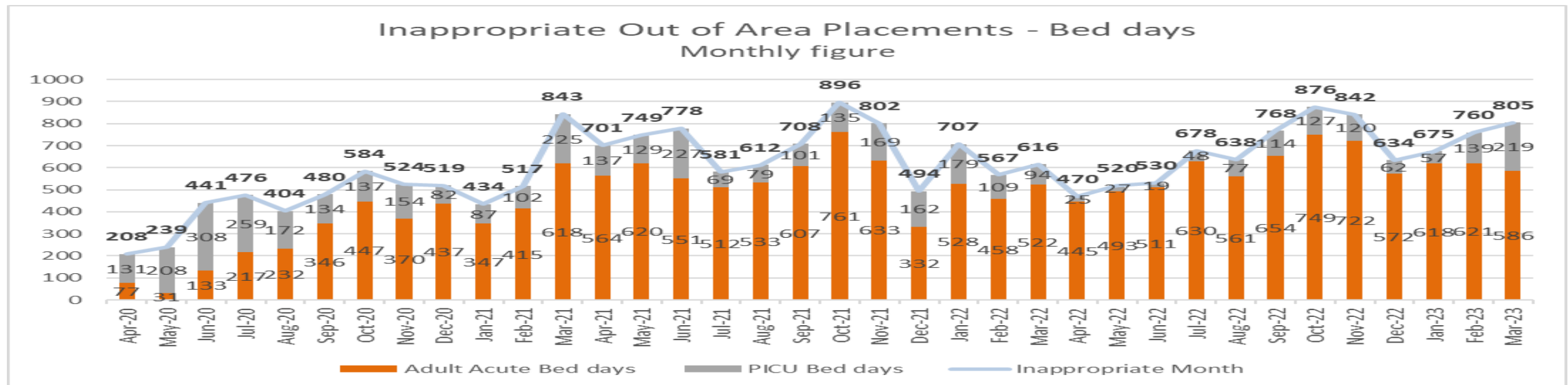
How has our performance changed over time? (Whole Trust, rolling year)



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 acuity of service user presentation and reduction in bed capacity to support COVID infection prevention and control requirements for isolating and cohorting patients.



- Additional support in place over the winter period includes enhanced staffing in the Intensive Home Treatment Team to manage demand and extension of the hours of the bed management team service.
- Tactical actions to improve inpatient flow being taken, including targeted intervention for service users with the longest length of stay.
- One of the key 2023/24 operational plan priorities for the Trust, with place and system support, is 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; nail surgery;
 - tissue viability;
 - urgent community response (district nursing service) 2 hour response standard
 - Child and Adolescent Mental Health Service (CAMHS) – referral to 1st appointment (assessment), referral to 2nd appointment (treatment);
 - early intervention in psychosis
- **Waiting times have improved** in some services including:
 - talking therapy for anxiety and depression: waits between 1st and 2nd appointments;
 - psychological therapies: community mental health services;
 - children and young people with eating disorders – urgent cases
- 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;
 - talking therapy for anxiety and depression – referral to 1st treatment *but performance improving*
 - CAMHS: broader CAMHS pathways; neurodevelopment assessment;
 - 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

Council of Governors - Public

4 May 2023

Paper title:	Care Quality Commission Update	Agenda Item 12
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive	
Prepared by:	Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk	
Committees where content has been discussed previously	Board of Directors, 12 January 2023	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> that apply	<input checked="" 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 <u>ALL</u> 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 this report is to provide Council of Governors with an overview of recent Care Quality Commission (CQC) activity, including updating on proposed changes to the CQC inspection framework.

Executive Summary
CQC inspection activity The report provides an update on inspection activity within the Trust, including: <ul style="list-style-type: none"> Medicines Optimisation pilot inspection in November 2022 (published March 2023). As this was a pilot inspection, the report was not published and the rating does not affect the trust's overall ratings. The pilot rated the trust's medicines optimisation as Good overall. Assurance on progress of response to the 0-19 service inspection in August 2022 where the service continued to be rated as Requires Improvement

- Assurance on progress of response to the Core Service Inspection in December 2021 where the Trust was rated as Good overall.

Implementation of the new Care Quality Commission (CQC) Assessment Framework – progress and next steps

CQC had initially planned to roll out their new inspection framework in January 2023. After receiving feedback and considering a number of different elements it was decided not to do this until later in 2023.

The CQC's new approach will give them the ability to make judgements about quality more regularly, instead of only after an inspection. To do this they will use evidence from a variety of sources and look at any number of quality statements.

Whilst CQC will continue to describe the quality of care using 4 ratings: outstanding, good, requires improvement, or inadequate, they will use a scoring framework to enable them to make consistent judgements. The scores will translate into one of the ratings for the key questions (safe, effective, caring, responsive, and well-led). Scores will also be the basis for the CQC's view of quality at an overall service level.

As part of these changes, the CQC will also change how they report ratings on their website. Whilst initially publishing only the usual ratings, the intention is to move to publishing the underlying scores for each rating and so there will be changes to how this is reported on their website.

CQC is committed to continuing to implement the new approach in phases, making sure each phase is properly implemented before moving to the next.

From spring they will focus on:

- making sure the technology needed is in place.
- being confident that the new regulatory approach is ready to launch.

In summer they plan to launch the new online provider portal in stages. In the first stage:

- providers will be able to submit statutory notifications.
- the CQC will improve how our enforcement process works.

Towards the end of 2023 CQC will gradually start to carry out assessments using the new assessment framework.

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:

- Note the Trust's progress in responding to CQC inspection activity.

- Note the current position with regard to CQC's on going consultation and implementation of a new model.

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:

- 2417: Ability to meeting regulatory requirements

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- Well-led

Council of Governors - Public Meeting

4 May 2023

Care Quality Commission Update

1 Purpose

The purpose of this report is to provide Council of Governors with an overview of recent Care Quality Commission (CQC) activity, including updating on proposed changes to the CQC inspection framework.

2 CQC inspection Activity

2.1 Core inspection report – published December 2021 – management plan update

The Trust has a detailed management action plan relating to the areas of learning from the core inspection.

Of the 6 areas identified where the Trust should **continue to progress** in order to improve and avoid potential future regulatory breaches assurance has been provided either that the oversight of these areas is embedded within business as usual or that work is progressing in line with the recommendations.

The only exception to this is the redevelopment of the Lynfield Mount Hospital site and the Committee is aware from other discussions the barriers, progress and mitigations in place relating to this.

Of the 12 transactional pieces of work the Trust **must or should undertake** in order to improve and either rectify regulatory breaches or avoid potential future regulatory breaches, confirmation has been provided that 8 have been completed and progress continues to be made against the other 4 areas.

Of the 7 **Tactical Projects** the Trust **must or should undertake** in order to improve and either rectify regulatory breaches or avoid potential future regulatory breaches confirmation has been provided that 2 elements of this are complete, and one part of a third. In relation to the others, those relating to dashboards, quality assurance and risk are lined to the work the committee is aware of on refreshing the Trust strategy and performance and oversight frameworks.

2.2 Targeted inspection of 0-19 services published August 2022 – action plan update

The Public Health Nursing Service (previously known as the 0-19 services) holds a detailed quality improvement plan which is informed by, and directly responds to, the areas of improvement identified in the targeted inspection. The plan is due to be reviewed and updates are provided through the Senior Leadership Team meeting to ensure progress is being made.

At the last review assurance was provided that progress was being made across all areas, with much of it being linked to service transformation and longer term development plans.

2.3 Medicines Optimisation Pilot – report received March 2023

In November 2022 the Trust took part in a pilot inspection relating to medicines optimisation. We received the final report on 06 March 2023. The Trust has not been formally rated and this has no impact on our overall rating, as it is a pilot. The overall Medicines Optimisation Pilot rating was Good.

The CQC rated safe, effective, responsive, caring, and well-led as good because:

- The service had enough staff to support patients with their medicines. Staff assessed medicines risks to patients and prioritised them accordingly.
- There were many enhanced pharmacy roles in the organisation to improve how medicines were used in the trust, for example the medicines administration pharmacy technicians embedded in inpatient wards.
- Staff provided good care and treatment. Medicines were administered safely and effectively. Treatments were continuously reviewed by a multidisciplinary team of healthcare professionals including pharmacy and any changes were made with the input of the patient. Medicines for the management of anxiety, agitation and aggression in the Trust were used appropriately and always as a last resort. When these medicines were used, they were reviewed regularly, and appropriate physical health checks were completed to keep patients safe.
- Patients detained under the Mental Health Act had the correct consent to treatment documents in place to ensure care was being provided to them in their best interests.
- Patients were involved in decisions about their care and the medicines they took. Pharmacy staff ensured they had face to face discussions with patients about their medicines to help improve understanding, address concerns, and ensure positive outcomes for patients. We saw multiple examples where discussions with patients had led to changes in treatment that resulted in better outcomes for patients.
- Training and development in the pharmacy department offered staff opportunities for development and progression in their professional roles. Training across the Trust was well managed with bespoke training packages being delivered by pharmacy staff where gaps in specialist knowledge was identified on the wards.
- Medicines optimisation knowledge and understanding ran through all areas of the Trust from wards all the way up to executive board level. Leaders recognised the importance of good medicines optimisation and pharmacy was identified as the leaders on medicines optimisation for the Trust.

However, the CQC also reported that:

- There was no oversight in place to ensure staff could safely administer the emergency medicine flumazenil (a reversal agent for benzodiazepine overdose that must be administered intravenously).
- There were no documents in place to record the site of application or removal of medicinal patches. This can lead to adverse reactions or potential overdose if not managed and recorded appropriately.

3 Implementation of the new Care Quality Commission (CQC) Assessment Framework – progress and next steps

Over the past months CQC has been consulting about proposed changes to its assessment framework in line with its recently published strategy. Whilst progress in implementing the new model has not been as rapid as was initially proposed, the CQC have recently provided an update as to their plans, as well as seeking views on new ways of reporting ratings.

3.1 Progress on implementing the new assessment framework

CQC had initially planned to roll out their new inspection framework in January 2023. After receiving feedback and considering a number of different elements it was decided not to do this until later in 2023.

Whilst the CQC continues to work on the framework, they will continue to complete monthly reviews of services based on information shared with them from multiple services, including via routine engagement and contacts from the public and staff.

During this period CQC have told us that we will not see any changes in our local relationships with CQC, however for the Trust this relationship remains fluid, with regular changes to the make- up of the local team.

In terms of next steps, the CQC will continue to implement their new approach in phases.

From spring the focus will be on:

- making sure the technology is in place and tested with providers.
- being confident that the new regulatory approach is ready to launch.

CQC have told us that they recognise that services are under pressure during this period and so will focus on mainly internal priorities.

As well as this, the CQC's new Regulatory Leadership team will set out their priorities across their sectors, including thematic reviews. During this time the CQC will be regulating as normal using their current sector-based approaches. During this time CQC will also be seeking to understand more about what is happening locally by looking at how care is provided at a system level.

In summer the new online provider portal will be launched stages, In the first stage:

- providers will be able to submit statutory notifications.
- CQC will improve how their enforcement process works.

Towards the end of 2023 CQC will gradually start to carry out assessments using the new assessment framework.

3.2 Implementation of scoring to support rating judgements and related changes to reporting.

The new regulatory approach enables CQC to make judgements about quality more regularly, instead of only after an inspection, using evidence from a variety of sources and looking at any number of quality statements to do this.

Whilst the CQC will continue to describe the quality of care using the 4 ratings: outstanding, good, requires improvement, or inadequate, to support them in making consistent judgements this will be supported by using a scoring framework. Scores will translate into one of the ratings for the key questions (safe, effective, caring, responsive, and well-led) and will be the basis for the view of quality at an overall service level.

Whilst only the ratings will be published initially, the CQC also intend to publish the scores in future. CQC believe that using scoring as part of assessments will:

- help them be more transparent about judgements on quality.
- show if a service is close to another rating. For example, for a rating of good the score can show if it's nearing either outstanding or requires improvement.
- help make more visible whether quality is moving up or down within a rating.

As CQC are moving away from assessing at a single point in time, it is likely they will assess different areas of the framework on an ongoing basis. This means they can update scores for different evidence categories at different times. Any changes in evidence category scores can then update the existing quality statement score. This can then have an impact on the rating.

4 Recommendations

The Council of Governors is asked to:

- Note the Trust's progress in responding to CQC inspection activity.
- Note the current position with regard to CQC's on going consultation and implementation of a new model.

Beverley Fearnley
Deputy Director of Patient Safety, Compliance and Risk
18 April 2024

Escalation and Assurance Report (AAA+D)

Report from the: Audit Committee
Date of meeting: 19 Jan 2023
Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
The internal audit plan whilst now on track, cannot afford any slippages	Ongoing monitoring of progress of the audit plan	Director of Finance, Contracting and Estates	31.03.2023
Advise:			
<p>Reviewed the proposal to change the Trust's Standing Financial Instructions (SFI's) and the Scheme of Delegation (SoD) around the opening of tenders, the change being to allow paper-based tenders to be opened with senior managers also present via Microsoft Teams. This change is recommended to the Board.</p> <p>There are 14 further internal audits to be completed, these are all planned in and progress is being closely monitored.</p>			
Assure:			
<p>Annual Accounts timetable in place to deliver the Trusts annual accounts to meet the nationally mandated timescales.</p> <p>Received an update on the BAF and noted the increasing divergence between from the target scoring to the current risk assessment and the additional of six new high risks to the Organisational High-Risk Report and that these are regularly reviewed.</p> <p>The committee noted the waivers of Standing Orders for the period June to December 2022 and they were satisfied with the reasoning behind them.</p> <p>Trust's financial sustainability self-assessment has been completed and been subject to an independent review by Trusts Internal Auditors, scoring well across all 12 lines of enquiry.</p> <p>There were nine Internal audit reports presented, of those with opinions six provided significant assurance and one with high assurance.</p>			

Internal audit report recommendation follow up report was received with 56% of recommendations being implemented, noting the bulk of recommendations are being implemented on a timely basis.
Decisions / Recommendations:
Recommendation that the Board approve the amendments proposed to the Standing Financial Instructions (SFIs), to reflect changes on the opening of Tenders.
<u>Risks discussed:</u> <ul style="list-style-type: none"> • The overarching BAF and increasing risk scores versus the Trust's targets, specifically SO5 5.1 and SO1 1.1 • • •
<u>New risks identified:</u> <ul style="list-style-type: none"> • N/A

Report completed by:

Christopher Malish
Committee Chair and Non-Executive Director

02/03/23

Escalation and Assurance Report

Report from: Finance, Business and Investment Committee

Date the meeting: 23 January 2023

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 used to deliver model roster staffing model, as well as acuity levels and staff absence in low secure services. The Committee noted that there is c£14m of underlying deficit for 2022/23. Transformation work streams to identify savings for next year and beyond need to be accelerated to avoid a significant financial gap. These workstreams cover areas such as agency/recruitment, estates and infection prevention measures. The Committee received an update on the approach being taken to ensure these workstreams deliver tangible financial improvements to close the gap. The Committee will review the financial plan in the March meeting ahead of formal approval by 30th March 2023. The organisations Board Assurance Framework has elevated the risk associated with financial sustainability.

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 surplus position of £446k which is +£31k v plan. Whilst there is a degree of confidence that we will deliver the full year breakeven plan, this is reliant on non-recurrent measures. The efficiency programme of £14.4m is off track up to October by £995k with a forecast shortfall against plan of c£5m. Workforce availability to support the Model Roster efficiency plans has proved a limiting factor during the year. ICS continues to forecast to be in line with break even position.

Assure:

- The Committee received an update on an update on the ePMA (electronic prescribing) project, including the background and implementation timeline. It was noted that there had been a new approach of having a dedicated project team which had assisted with being able to deliver the digital project on time. The processes were currently being audited to ensure efficient use, benefits realisation, and quality assurance. The Committee noted the positive outcomes from this project and asked for these learnings to be incorporated into both the broader digital strategy deployment and other technology/change projects.

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
5th February 2023**

Escalation and Assurance Report (AAA+D)

Report from the: Mental Health Legislation Committee

Date of meeting: 26.01.23

Report to the: Board of Directors

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			
<p>2. Good/useful update from the Associate Hospital Managers on matters including: (a) changes to the way decisions are given, orally, to service users, following remote hearings on MS Teams; (b) provision of laptops for hearings; (c) agreement on revision to the target for papers to be ready in advance of hearings (from 3 days to 2) and for that to be monitored; (d) increase in number of face-to-face hearings; and (e) a sufficient understanding of good practice regarding data retention.</p> <p>3. Involvement partners raised a couple of matters: (a) potential barriers to service users being involved in research programmes; (b) the definition/application of “ethnic minorities” term.</p> <p>4. Helpful update on the draft mental health bill, its development and likely scope.</p>			
Assure			
<p>5. The dashboard data was considered/scrutinised. Performance generally in line with expectations in key areas (e.g. “sections” considered to be free from errors, data regarding training, use of restrictions/interventions, etc). While there was a dip in training performance data, that was explained by changes in the pool of those requiring training (to include more “bank” workers).</p> <p>6. C received another useful update – helping C to “triangulate” data – from the Positive and Proactive Forum – no overall rise in incidents – positive feedback re new role/appointment (PTU lead) – ongoing emphasis on being ambitious re continuous improvement in this important area. Satisfactory explanations provided regarding the use of 2 prone restraints in the relevant time period.</p> <p>7. Mental Capacity Act update report provide and noted. Completed audit results expected to be presented to “Clinical Board” next month and, then, to C at its next meeting.</p> <p>8. While it could not be ruled out, no material adverse impact was expected, in the coming period, on issues relevant to C, from (a) Covid-19 or (b) industrial action.</p>			
Decisions / Recommendations			

<p>9. Associate Hospital managers report approved.</p> <p>10. Previous minutes approved.</p>
<p><u>Risks discussed:</u></p> <ul style="list-style-type: none"> • Board assurance framework and strategic organisational risk register noted/discussed.
<p><u>New risks identified:</u></p> <ul style="list-style-type: none"> • Nothing material at board level

Report completed by:

Simon Lewis
Committee Chair and Non-Executive Director

28.02.23

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee

Date of meeting: 19th January 2023

Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Uncertainty continues against a background of high demand, patient acuity within inpatient and community services along with workforce challenges. Vacancy pressures remain in MH inpatient services, District Nursing, SALT & Podiatry	Recommend continued 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
Advise:			
<ul style="list-style-type: none"> Need to ensure that the voices of neurodiverse people are heard through all relevant groups along. A proposal to host an event/conference to bring in a range of good practice was supported by the committee. Involvement Partner provided valuable insights into user and family experience of suicide to inform our thinking in suicide prevention (including interface with other agencies) Increasing complaints relating to waits and backlog (MH) Increase in demand has led to an increase in OOA bed usage (21 people in independent sector beds) Staff are holding higher than recommended case loads across all services Increase in service provision at ARAP hotel for asylum seekers Approved the revision to the Committees Terms of Reference and submit to the board for ratification Current compliance for maintenance of medical devices is 75.2% against a target of 95% 			
Assure:			
<ul style="list-style-type: none"> There are no changes to overall risk scores this month Safer staffing bi-annual report provided assurance that mitigation in place that demonstrates current staffing levels are providing the cover needed Podiatry vacancies are impacting on service delivery Overall mandatory training compliance remains over 80%. Areas of non-compliance which are below target have been identified and mitigation in place. Clinical supervision rates are currently above trust target at 80.3% 			

<ul style="list-style-type: none"> • Progress is being made to strengthen the involvement and improvement structures across the Trust • Reduction in delayed discharges within inpatient services and restrictive interventions. • No red shifts reported • Patient experience scores are above the 90% target • Encouraging developments in supporting preceptor nurses and expanding clinical skills • Recruitment improved into MWB IAPT & IAPT meeting referral to assessment and assessment to treatment targets • Continued reduction in insulin administration errors and pressure ulcers • High performance rate against KPIs by the Vulnerable Childrens team and 0-19 service in most areas despite challenges with capacity versus demand. All current SCHPN students have expressed an interest in staying with us on completion of their training in July • Fill rates are generally increasing and moving to more Bank than Agency • Approved the revision to the Committees Terms of Reference and submit to the board for ratification
Decisions / Recommendations:
<u>Risks discussed:</u> <ul style="list-style-type: none"> • SO1 • SO3
<u>New risks identified:</u> <ul style="list-style-type: none"> •

Report completed by:

[Alyson McGregor]

Committee Chair and Non-Executive Director

[19th January 23]

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee

Date of meeting: 16th February 2023

Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Advise:			
<ul style="list-style-type: none"> Sickness rates have increased by 0.4% this month and labour turnover remains above target increasing slightly this month. Slight decrease in bank and agency usage this month Appraisal compliance remains below target of 80% at 58.85% There were only 2 changes to the organisational risk register. 1) An improvement in SO1 – valuing lived experience , supporting the voice of under-represented groups 2) An improvement in the risk score for SO3- understanding the support needed for people to prevent harm while waiting for services Access to suitable therapy spaces and adequate admin support for psychological therapy services is being reviewed Access rates for people who first receive IAP is below the national LTP ambition and reflects the workforce challenges faced in recruiting qualified practitioners together with increased complexity Inappropriate out of area placements for adult MH services; Adult acute 31 patients (586 bed days) Psychiatric Intensive Care Unit 4 patients (62 bed days) Plans are in place to address the low level of compliance for medical devices with priority for high-risk devices Smoke free: A well-developed project plan is in place and being implemented, although the challenges of the implementation remain an area of concern for staff and patients and were highlighted by our Involvement Partner and the Project Lead. Given the sensitivity of the work good communication and engagement is critical and seeking to use listening and coproduction approaches to help us to find better solutions. MWB IAPT target remains under performance – access rate 11% against 17% target Core CAMHS service referrals continue to rise impacting on waiting times LA vacancies continue to impact on care coordination allocations Challenges across SALT are being addressed but expected date of impact on patient care is not expected before May 23 			
Assure:			

<ul style="list-style-type: none"> • Our Involvement Partner reported back positive engagement conversations with the Young Dynamos, with a request to be more involved in Q&S and volunteering so the Trust can see issues and improve services using insights from a younger person's perspective. Work in progress to develop • Patient experience scores are above the 90% target at 94.8% but the number of respondents has dropped significantly • December showed a further drop in the number of pressure ulcers reported • Increase to 80.8% in the number of patients waiting less than 18 weeks for dental treatment requiring general anaesthetic • We have met the national target for the proportion of children & young people with (urgent) eating disorders that wait one week or less from referral for the first time since quarter 4 of 2020/21. • IAPT services are currently meeting both the referral to assessment and assessment to first appointment targets • Continued reduction in incidents of violence and aggression and medication errors supported by the implementation of the EPMA • Assure the board that processes are in place for managing PSI's and complaints
Decisions / Recommendations:
<u>Risks discussed:</u> <ul style="list-style-type: none"> • SO1 • SO3
<u>New risks identified:</u> <ul style="list-style-type: none"> •

Report completed by:

[Alyson McGregor]

Committee Chair and Non-Executive Director

[16th February 23]

Escalation and Assurance Report (AAA+D)

Report from the: Workforce & Equality Committee
Date of meeting: 16th February 2023
Report to the: Board of Directors

**Agenda
Item**

13.5

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 BC	Ongoing reviewed each meeting
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	April

Advise:

- Significant progress has been made regarding the use of the Apprenticeship levy which is now being fully utilised. There are now 121 apprenticeships in place within the trust and gifting of some levy to support system is also taking place .
- Model Roster was discussed and confirmation received by both finance and HR that this was still the right thing to do. I wanted to advise NED colleagues that there is consultation process associated with this work and that some colleagues working a 9-5, 5 day a week pattern may be asked to work shifts and over 7 days. Clearly this presents potential retention risks.

Assure:

- Assurance was received thorough the staff stories of Cath Jones and Dean Davidson relating to the Menopause Café and linking with key workforce priorities of wellbeing and retention as also the culture.. Given the age of the workforce Menopause may present a significant challenge to some colleagues and the group now has 60 members creating a safe environment to share stories, seek help. As the NED Wellbeing Guardian this gave me strong assurance.
- An internal audit report was presented relating to retention policies which received a positive finding. The Chair Mark Rawcliffe received assurance from this that the right policies were in place however asked that the implementation and use of those policies also be looked at.
- 2023 Pay Gap figures were reviewed and the Trust appears in the Top 25% of best performing similar government organisations, assuring the committee of the ongoing efforts. A pay gap still exists of 7.5% and work is ongoing to continue to address this.
-

Decisions / Recommendations:
<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"> • The risk associated with the implementation of Model Roster was discussed and the potential impact on retention of existing colleagues being asked to work different working patterns was noted. This has been highlighted in the advise section of the report.

Report completed by:

Mark Rawcliffe
Committee Chair and Non-Executive Director

Council of Governors – Meeting held in Public

4 May 2023

Paper title:	2022 NHS Staff Survey results	Agenda Item 14
Presented by:	Bob Champion – Chief People Officer	
Prepared by:	Helen Farrar – Staff Engagement Manager	
Committees where content has been discussed previously	Board of Directors in January, March and April 2023	
Purpose of the paper Please check <u>ONE</u> 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 <u>ALL</u> 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 type="checkbox"/> Financial sustainability, growth and innovation <input type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check <u>ALL</u> 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
<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • Confirm headline results from the NHS Staff Survey 2022 • Outline current analysis and planned dissemination of results across all levels • Propose the Trust response to the intelligence gathered from the annual Survey 2022 and ongoing results from the Quarterly Staff Surveys 2022/3

Executive Summary	
<p>The NHS Staff Survey 2022 (NSS2022) was held 26 September to 25 November 2022, via delivery provider Quality Health – IQVIA (QH). Following the summary of early indicative results to the Board in January 2023, further comprehensive, granular, and ratified results have been received and analysed, and the results have been published by the national coordination centre on 9 March 2023. This paper updates these findings and ongoing recommendations. Results of the January 2023 Quarterly Staff Survey are also referenced.</p>	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input checked="" type="checkbox"/> Yes (Results will form the basis of Workforce Race and Disability Equality Standards reports)

Recommendation(s)	
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> note the report and proposed recommendations for ongoing analysis, response to and dissemination of the results, both corporately and locally 	
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 strategic risks as identified in the BAF:</p> <ul style="list-style-type: none"> Risk 2: If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit / retain staff and on the quality of care. If staff do not have the ability to carry out their work in an appropriate setting, this will impact on the quality of care and staff morale and wellbeing. Risk 4: If we do not have leaders at all levels in the organisation, staff and patient experience will be negatively impacted. If we do not value and support inclusivity, we lose the opportunity to benefit from the full range of views, opinions and experiences when supporting staff and delivering care.
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 Staff Survey provides evidence in the CQC Well-led domain

Council of Governors – Meeting held in Public

4 May 2023

2022 NHS Staff Survey results

1 Purpose

Staff satisfaction and engagement are key to delivering high quality, values-based care and are directly associated with patient experience and outcomes. The NHS People Promise states ‘we each have a voice that counts’ and the annual NHS Staff Survey is an important element in the Trust’s methods of engaging with staff. The staff engagement score from the survey forms a key element of the Care Quality Commission’s measures linked to registration

The latest annual Survey was held late 2022 (NSS2022). Quarterly Pulse Staff Surveys (QSS) were also held in the remaining quarters of 2022/23, which repeated the staff engagement questions from the annual survey. Our provider supporting the delivery of the mandated annual and quarterly surveys was Quality Health (IQVIA) for the second year. Following the Board paper of January 2023, outlining early indicative results, this paper presents further detailed findings and recommendations in relation to the recently published full results of NSS2022.

2 Trust-wide results of the NHS Staff Survey 2022

The tables and infographics at Appendix 1 provide an overall summary of the 2022 results, and confirms the following headlines, outlined in the January 2023 Paper to the Board, updated to include any further details received.

Response rate

- The Trust-wide response rate to NSS2022 was **41%** (42%*) or 1336 staff. In 2021 it was 45% (1419 staff). Response rates for all trusts in our sector** averaged 50%.

Theme Scores

- For the second year, core questions and themes in the Survey align with the NHS People Promise, enabling direct comparisons with last year’s results. In addition, Staff Engagement and Morale themes have continued over several years.
- In 2022, despite minor reductions in some theme scores, all the themes remain largely consistent with both last year’s scores; and those of the sector. The Trust’s strongest theme is ‘We are compassionate and inclusive’; and the lowest is ‘We are always learning’.

*Note: 150 staff in Wakefield Children’s Services were included in the Survey invite, but largely did not participate due to the service leaving the Trust early in the field work period. The adjusted figure exclude these staff numbers from the total

****Note:** all references to comparable organisations or sector average relates to the 27 Mental Health/Learning Disability or Mental Health/Learning Disability & Community Trusts in relation to Quality Health reports (QH) or the 51 Trusts in this group referenced in the national reports (NCC).

Question Scores

- Of the 111 individual questions in NSS2022, 87% of questions have no significant difference to sector, and 89% no significant difference to last year. Appendix **1b** lists individual questions scores 4% or more higher/lower than 2021. The most significant reduced score is Question 4c: only 33% of staff are satisfied with level of pay (2021 40%; Sector 30%).

Quarterly Survey

- The shorter quarterly pulse survey was made available to all staff in January 2023, returning a response from 403 staff. Results have been analysed against earlier QSS and Annual staff engagement scores, as summarised at Appendix **1c**, showing broad comparisons. The next Quarterly Survey will run during last two weeks of April 2023 and provide ongoing review.

Free Text

- Around 200 detailed comments were received from staff as part of a 'free text' option at the end of the survey, a summary of which is provided at Appendix **2**. These illustrate serious concerns for some staff and have been shared with senior leaders, for consideration and response alongside the quantitative results.

Communications

- Summary Trust-wide results have now been shared with all staff from mid-March 2022, including a dedicated Executive Broadcast, eUpdates, detailed SharePoint page, and summary screensavers/posters of key results against the NHS People Promise themes, an extract of which are shown at Appendix **3**.

Appendix 1a provides NSS2022 summary Trust-wide results, including theme scores

Appendix 1b lists individual questions scores 4% or more higher/lower than 2021

Appendix 1c shows NSS/QSS comparisons of the staff engagement scores 2022/23

Appendix 2 provides a summary of the NSS2022 free text comments

Appendix 3 illustrates selection of theme infographics for staff communication

3 Directorate/Care Group, Service and Team level results of NHS Staff Survey 2022

For the purposes of the Staff Survey, all substantive staff are invited to participate, and sub-divided into three levels to enable granular reporting. Results have now been received against our detailed staff breakdowns as shown in the table below:

Breakdown level	Sub-groups	Relevant reports
Trust-wide	1	National Benchmarking Report QH Management and Summary Report QH Detailed Results table, Heat Map and Solar data base In-house infographics (see Appendices 1a and 3)
Directorate/Care Group groupings	5 sub-groups	National Directorates Report (see Appendix 4) QH Heat Map and Solar data base
Service/Service groupings	22* sub-groups	National Breakdown Report QH Solar data base In-house infographics (see Appendix 5)
Team/Team groupings	62* sub-groups 10 of which are same as service grouping due to size	QH Solar data base In-house heat map and rankings tables against theme scores

* Excludes Wakefield Children's Service and teams

Comparisons of results between the 5 Directorate/Care Group breakdowns shows:

- Response rates range from 56% (Corporate and Support – down from 62% in 2021) to 23% (Mental Health Inpatients – down from 25% in 2021)
- Staff Engagement score ranges from 7.2 (Community Adults and Corporate/Support) to 6.5 (Mental Health Inpatients)

Appendix 4 shows further comparative theme scores by Directorate/Care Group.

The local results indicate the wide variance of staff experience and engagement across different work areas. We are also able to explore the results via a variety of other breakdowns, such as demographics or staff group.

This more granular level reporting provides intelligence to senior leaders and corporate services in the Trust to enable comparisons, corporate response, and action planning at the Trust-wide level, such as in workforce planning or wellbeing support. For example,

- The Learning and Development Team are reviewing the 'We are Learning' theme scores at the local level to enable targeting of their offer appropriately, as well as determining which areas of the Trust would most benefit from further training in delivering effective appraisals.
- The team delivering the staff engagement in relation to the Trust's 'Better Lives, Together' strategy refresh in May 2023 are utilising the 'We each have a voice that counts' and Staff Engagement scores across the Trust to ensure appropriate reach.
- The active Staff Networks for protected characteristics will work with the Equality and Inclusion Team to explore the Workforce Race and Disability scores and other diversity related results to aid future action planning within the Belonging and Inclusion Plan (WRES and WDES scores will be explored in a future report to Board).

- Promotion of the recently opened Wellbeing Room at Lynfield Mount Hospital is taking into account wellbeing related results at the Trust and local levels.
- Individual question scores of concern, such as the reduction from 80% to 75% of staff who feel secure raising concerns about clinical practice, can be explored at the local level by the Freedom to Speak Up Guardian, identifying which areas of the Trust are least confident in speaking up.
- Teams that have particularly positive scores are being identified and analysed as examples of good practice, for example, the Community Learning Disability Team had significantly higher scores than both last year and the Trust across all 9 theme areas.

In addition, all teams and services are encouraged to view their own results and explore together areas for improvement and celebration in their service. They are asked to identify and embed required actions into existing improvement work rather than generate new action plans unless needed.

Local results are being disseminated via managers during April 2023. Bespoke summary infographics and reports are being prepared in-house to enable effective and creative dissemination and discussion amongst staff and is supported by detailed results tables for each service.

Appendix 5 shows an example of service and team results infographics for one sample Care Group

Appendix 6 demonstrates the wide variances between team scores for two sample theme areas

4 Corporate response to NSS2022 and QSS 2022/3 results

The ongoing consideration of the results by the Board, Executive and Senior Leadership Team will now be supported by more detailed review with managers and staff. It is recommended that

- Senior leaders and managers continue to express appreciation to all staff for their ongoing efforts under pressure, and for their willingness to participate in engagement activity such as the Staff Survey, the Quarterly Surveys and the upcoming Strategy Refresh journey.
- Support and feedback are given to addressing ongoing staff concerns regarding work pressure, staff numbers and remuneration, identifying the services most under pressure, and responding to the free text comments.
- The Trust continues to build on the positive measures to create a compassionate, inclusive and kind culture amongst the workforce, alongside the ambitious action on health and wellbeing.
- Variable local results relating to theme areas continue to be investigated and actioned by appropriate teams, as outlined above (including WRES and WDES analysis). Positive results to be explored, celebrated and shared.

- Cascaded results, targeted engagement and action planning at the local level continues as a priority, gathering feedback from services by mid-June 2022.
- The Quarterly Staff Pulse Survey continues to be promoted and delivered on regular basis to enable ongoing monitoring of staff experience and feedback, the results being considered at a senior level and cascaded to all staff in a timely manner.
- Benchmarking of Trust results with other Trusts across place, system and Yorkshire and Humber be explored as these results become available.

The Council of Governors is asked to:

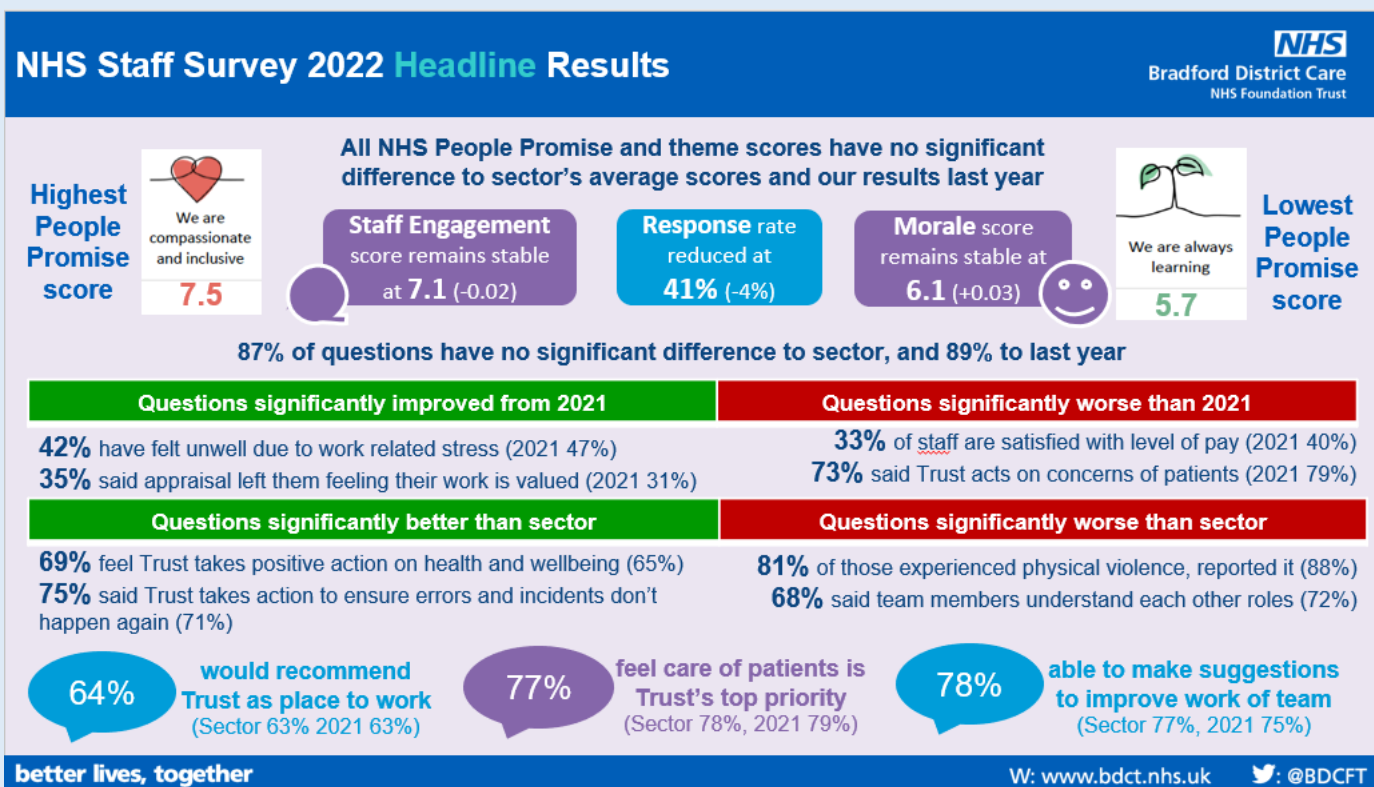
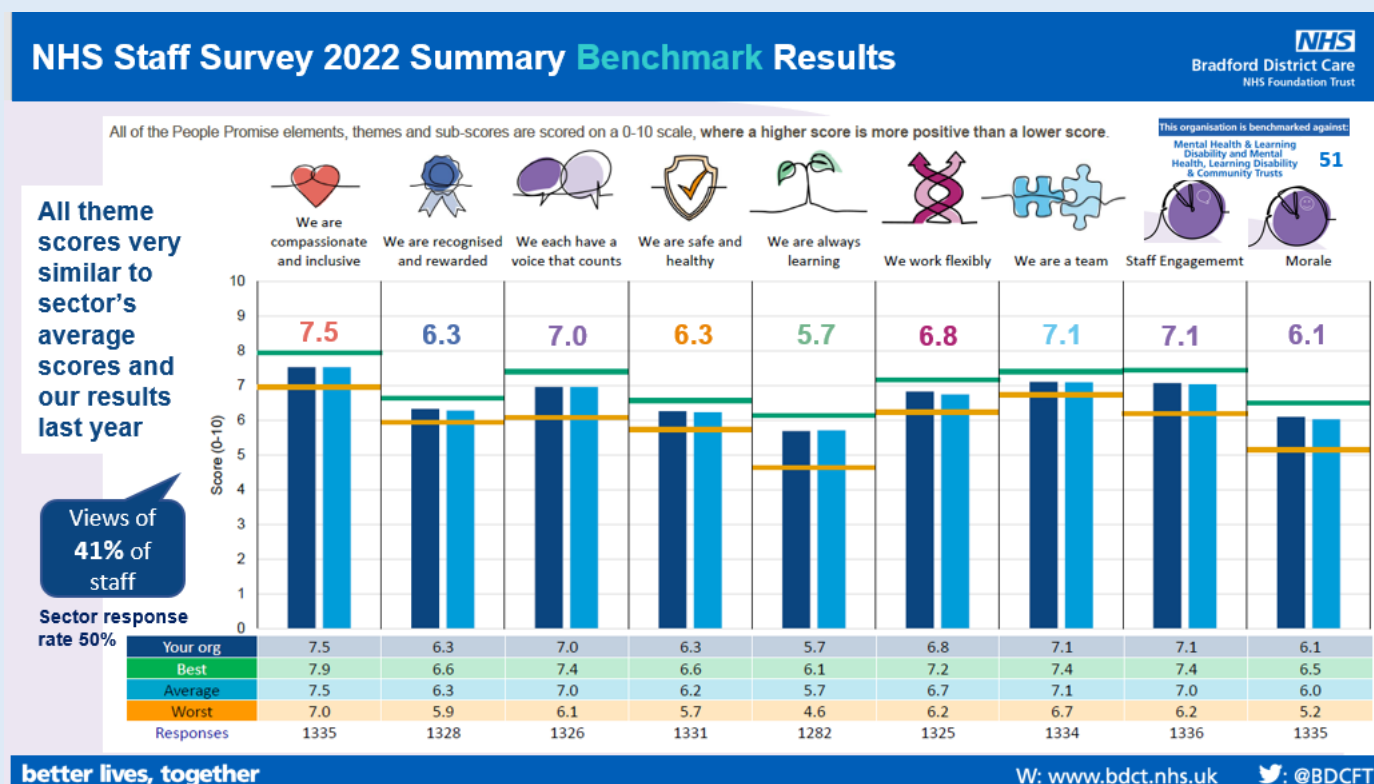
- Note the NSS2022 results and the recommendations above.
- Note the proposed next steps to further disseminate results and act on detailed findings.

Helen Farrar

Staff Engagement Manager

04 April 2023

Appendix 1a: NHS Staff Survey 2022 summary results – Trust-wide



Appendix 1b:

NHS Staff Survey 2022 question scores 4% or more higher/lower than 2021

Ref	Question	2021	2022	Sector 2022
4c	Satisfied/very satisfied with level of pay	40%	33%	29%
5a	Never/rarely have unrealistic time pressures	25%	29%	28%
7b	My team often meets to discuss effectiveness	75%	71%	70%
7d	Team members understand each other's roles	72%	68%	72%
11c	Haven't felt unwell as a result of work-related stress in last 12 months	54%	58%	59%
19a	Would feel secure raising concerns about unsafe clinical practice	80%	75%	78%
19b	Am confident that my organisation would address my concern	68%	63%	64%
21d	Appraisal/review left me feeling valued by my organisation	31%	35%	34%
23b	Agree/strongly agree my organisation acts on concerns raised by patients/service users	79%	74%	76%

Notes:

Figures rounded to whole percentages and relate to 'positive scores' values

Individual question scores should be considered in context of whole questionnaire and theme results

Scores taken from Quality Health reports

Appendix 1c:

Staff engagement scores 2022/23 from annual and quarterly Staff Surveys

	NSS2019	NSS2020	NSS2021	Q4 21/22	Q1 22/23	Q2 22/23	NSS2022	Q4 22/23
Motivation	7.3	7.3	7.3	7.0	7.0	6.9	7.2	7.0
Involvement	6.6	6.8	7.1	7.0	6.9	6.8	7.1	7.0
Advocacy	6.6	7.0	7.0	7.2	7.0	6.7	6.9	7.1
Staff Engagement	6.8	7.0	7.1	7.1	7.0	6.8	7.1	7.0
response number	1310	1293	1416	494	364	403	1336	403

Appendix 2: Summary of the National Staff Survey 2022 free text comments

Top two themes:

1. Workload, stress and burn-out

"Staffing shortages are becoming more commonplace, leaving the staff left behind to pick up the pieces, increasing burn out and the risk to patients. I love my patients and my role; however, the workload is too much and the pay too little; especially with the increased risks."

"I feel the expectations and work I am expected to carry out is unrealistic and opens up opportunity for risk. I don't feel I am able to offer staff or patients the time they need or deserve. This level of responsibility doesn't offer a work life balance and can lead to developing unhealthy attitudes to work such as working late at night, weekends and on days off."

"I would love to have a good night's sleep, but I lay awake at night worrying about patient safety, my workload and having the time to do a good job."

"...the population has grown, we have an ageing population with multiple complex needs and not enough staff or resources to provide safe, effective good patient care. We are not able to offer the service within the scope of our trust's values."

2. Lack of staff and use of bank and agency workers increasing risks to permanent staff and delivery of care.

"There are significant risks to staff and service users due to very low staffing requiring high use of bank and agency."

"My current team is currently chronically understaffed and very dangerous at times..... Stress levels are high, and mistakes are happening and it is burning staff out. This cannot continue indefinitely as patient safety is going to become a very real concern and harm will occur. We are taken for granted and some of my colleagues work many hours at home and this is an expectation."

Next three:

3. Enjoy working within team and organisation.

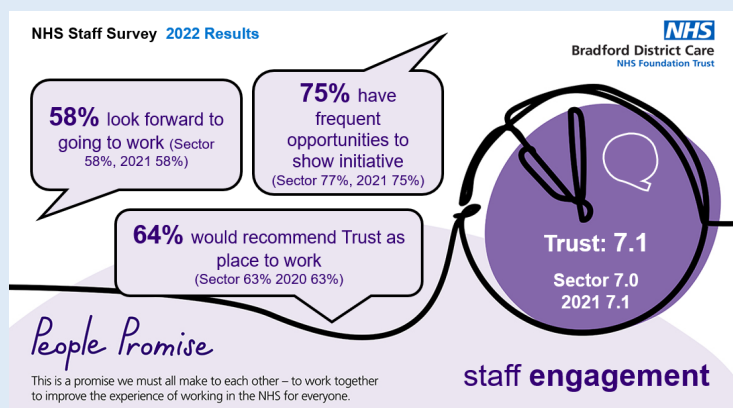
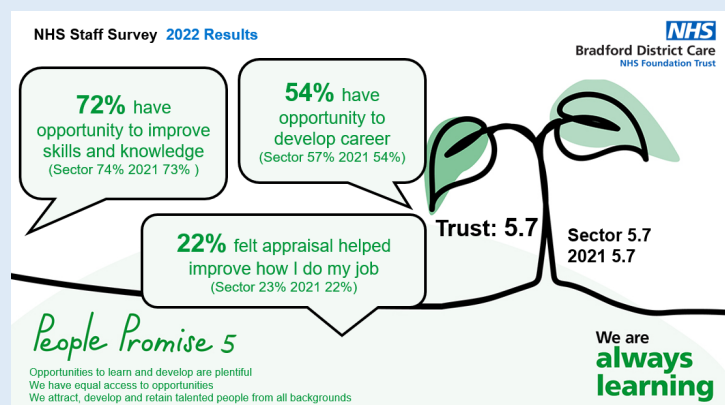
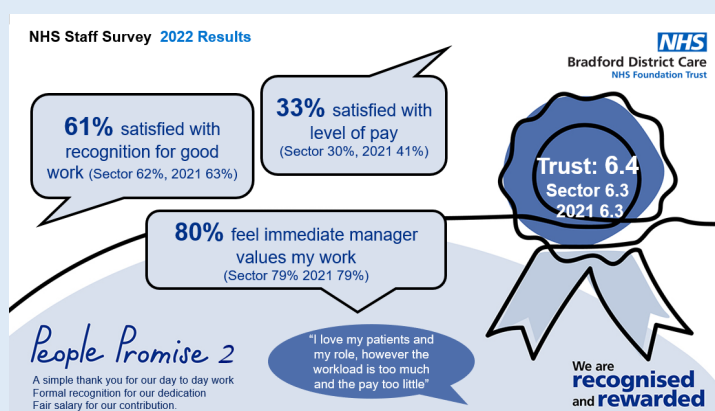
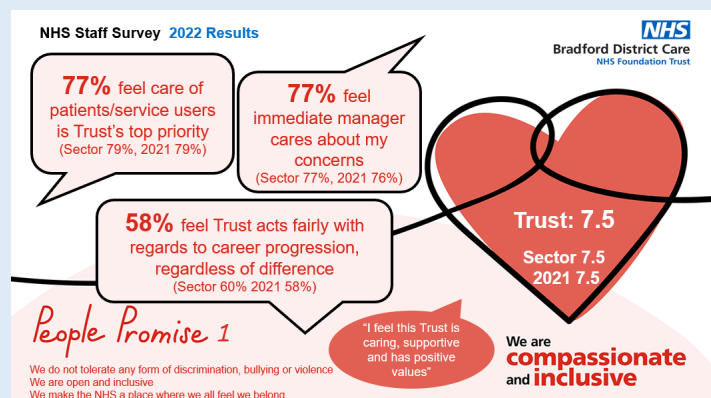
4. Lack of career progression opportunities for health professionals who wish to remain in clinical roles.

5. Communication – not feeling listened to and lack of meaningful engagement in change projects

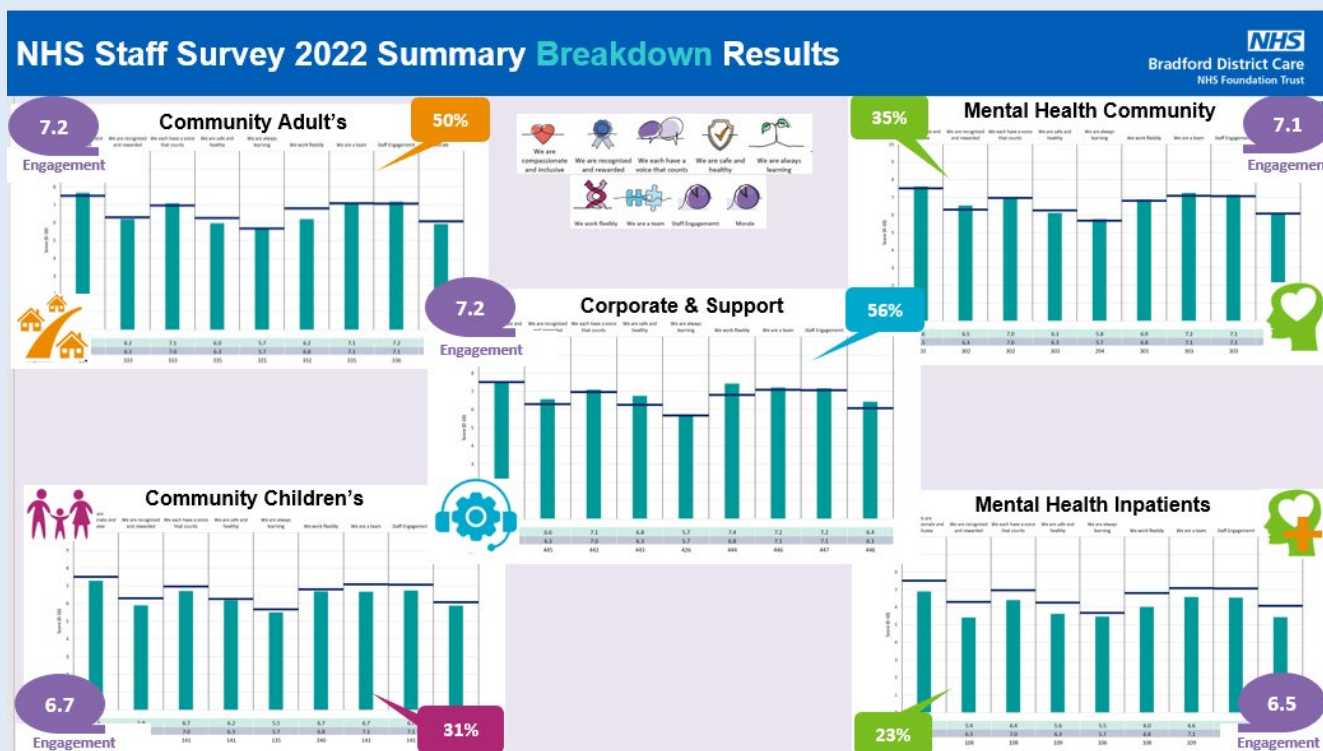
Other themes:

Bullying by managers, lack of management support, pay and cost of living, and the Covid vaccine mandate is still raw for a few staff. Few comments about one particular service, to be explored in further detail by the OD Team. Other comments are single issue or just a couple of comments about a similar issue.

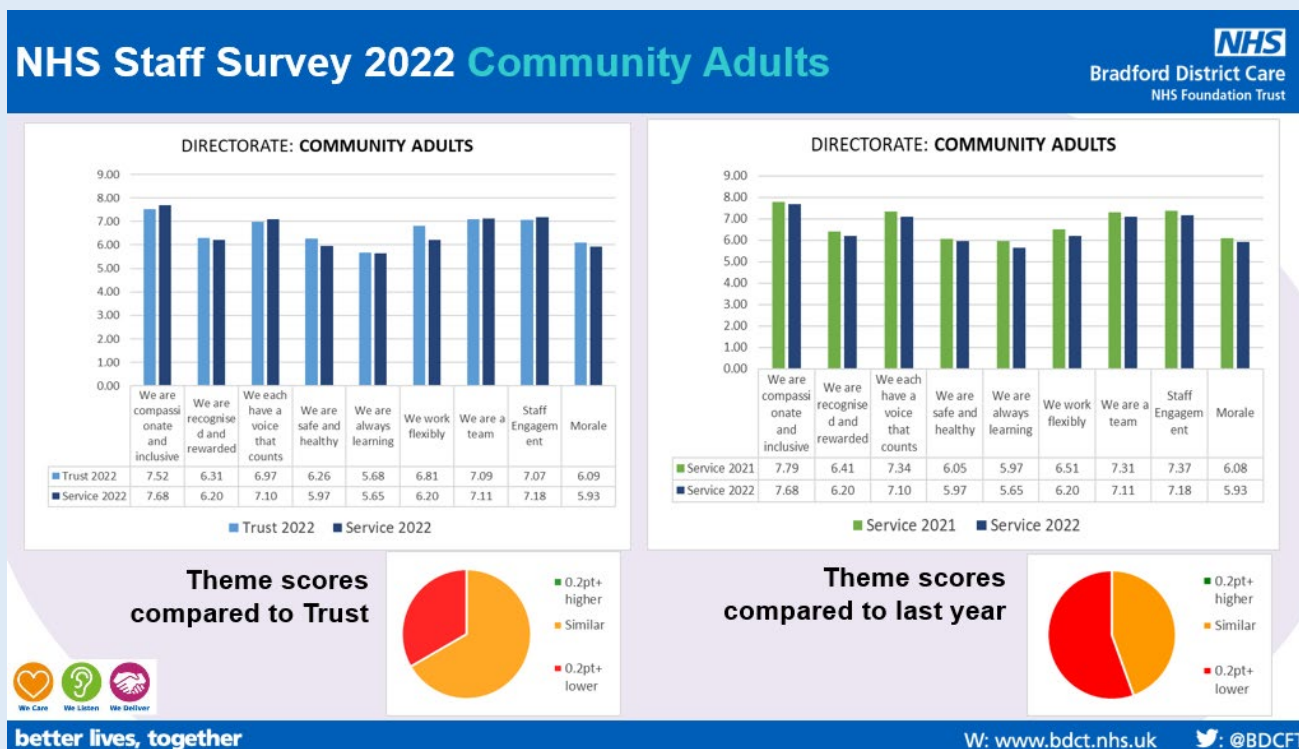
Appendix 3: Selection of theme infographics for staff communication



Appendix 4: Summary response rates, theme and staff engagement scores for Care Group/Directorate groupings



Appendix 5: Example infographics for Community Adults and services/teams



NHS Staff Survey 2022 Community Adults

	Sector 2022	Trust 2022	Service 2022	Difference from Trust	Service 2021	Service 2022	Difference from last year
Staff Engagement	7.08	7.07	7.18	0.11	7.37	7.18	-0.19
E.1: Motivation	7.19	7.22	7.23	0.01	7.41	7.23	-0.18
E.2: Involvement	7.11	7.12	7.05	-0.07	7.22	7.05	-0.17
E.3: Advocacy	6.95	6.89	7.25	0.36	7.51	7.25	-0.26
Morale	6.07	6.09	5.93	-0.16	6.08	5.93	-0.15
M.1: Thinking about leaving	6.17	6.26	6.20	-0.06	6.32	6.20	-0.12
M.2: Work pressure	5.35	5.34	5.03	-0.31	5.23	5.03	-0.20
M.3: Stressors (HSE index)	6.69	6.66	6.58	-0.08	6.69	6.58	-0.11
We are compassionate and inclusive	7.57	7.52	7.68	0.16	7.79	7.68	-0.11
P1.1: Compassionate culture	7.23	7.17	7.56	0.39	7.81	7.56	-0.25
P1.2: Compassionate leadership	7.45	7.40	7.42	0.02	7.56	7.42	-0.14
P1.3: Diversity and equality	8.34	8.28	8.48	0.20	8.56	8.48	-0.08
P1.4: Inclusion	7.25	7.24	7.29	0.05	7.25	7.29	0.04
We are recognised and rewarded	6.27	6.31	6.20	-0.11	6.41	6.20	-0.21
We each have a voice that counts	7.00	6.97	7.10	0.13	7.34	7.10	-0.24
P3.1: Autonomy and control	7.19	7.17	7.13	-0.04	7.34	7.13	-0.21
P3.2: Raising concerns	6.80	6.76	7.06	0.30	7.35	7.06	-0.29
We are safe and healthy	6.27	6.26	5.97	-0.29	6.05	5.97	-0.08
P4.1: Health and safety climate	5.67	5.70	5.35	-0.35	5.50	5.35	-0.15
P4.2: Burnout	5.21	5.19	4.88	-0.31	4.85	4.88	0.03
P4.3: Negative experiences	7.93	7.89	7.68	-0.21	7.80	7.68	-0.12
We are always learning	5.73	5.68	5.65	-0.03	5.97	5.65	-0.32
P5.1: Development	6.64	6.54	6.59	0.05	6.67	6.59	-0.08
P5.2: Appraisals		4.78	4.67	-0.11	5.26	4.67	-0.59
We work flexibly	6.74	6.81	6.20	-0.61	6.51	6.20	-0.31
P6.1: Support for work-life balance	6.72	6.80	6.32	-0.48	6.64	6.32	-0.32
P6.2: Flexible working	6.75	6.82	6.10	-0.72	6.38	6.10	-0.28

Themes and sub-themes

The findings of the questionnaire have been split and summarised in the form of People Promises and Themes, including their sub-themes:

THEME Staff Engagement

Engagement Subscore 1: Motivation - Questions 2a, 2b, 2c
Engagement Subscore 2: Involvement - Questions 3c, 3d, 3e
Engagement Subscore 3: Advocacy - Questions 23a, 23c, 23d

THEME Morale

Morale Subscore 1: Thinking about leaving - Questions 24a, 24b, 24c
Morale Subscore 2: Work pressure - Questions 3g, 3h, 3i
Morale Subscore 3: Stressors (HSE index) - Questions 3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3i

PEOPLE PROMISE 1: We are compassionate and inclusive

P1 Subscore 1: Compassionate culture - Questions 6a, 23a, 23b, 23c, 23d
P1 Subscore 2: Compassionate leadership - Questions 9f, 9g, 9h, 9i
P1 Subscore 3: Diversity and equality - Questions 15, 16a, 16b, 20
P1 Subscore 4: Inclusion - Questions 7h, 7i, 8b, 8c

PEOPLE PROMISE 2: We are recognised and rewarded - Questions 4a, 4b, 4c, 8d, 9e

PEOPLE PROMISE 3: We each have a voice that counts

PP3 Subscore 1: Autonomy and control - Questions 3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3i
PP3 Subscore 2: Raising concerns - Questions 13a, 13b, 13c, 23f

PEOPLE PROMISE 4: We are safe and healthy

PP4 Subscore 1: Health and safety climate - Questions 3g, 3h, 3i, 5a, 11a, 13d, 14d
PP4 Subscore 2: Burnout - Questions 12a, 12b, 12c, 12d, 12e, 12f, 12g
PP4 Subscore 3: Negative experiences - Questions 11b, 11c, 11d, 13a, 13b, 13c, 14a, 14b, 14c

PEOPLE PROMISE 5: We are always learning

PP5 Subscore 1: Development - Questions 22a, 22b, 22c, 22d, 22e
PP5 Subscore 2: Appraisals - Questions 21a, 21c, 21d

PEOPLE PROMISE 6: We work flexibly

PP6 Subscore 1: Support for work-life balance - Questions 6b, 6c, 6d
PP6 Subscore 2: Flexible working - Question 4d

PEOPLE PROMISE 7: We are a team

PP7 Subscore 1: Team working - Questions 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 7i
PP7 Subscore 2: Line management - Questions 9a, 9b, 9c, 9d

Questions not linked to People Promise/Themes

30b, 30c, 14c, 16c01, 16c02, 16c03, 16c04, 16c05, 16c06, 16c07
17, 18a, 18b, 18c, 18d, 21a, 30b



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NHS Staff Survey 2022 Community Adults

TEAM THEME SCORES HEATMAP

		based on QH/IQVIA Figures								
		People Promise & Theme Scores								
Team Groupings		E	M	PP1	PP2	PP3	PP4	PP5	PP6	PP7
		Staff Engagement	Morale	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team
Trust		7.07	6.09	7.52	6.31	6.97	6.26	5.68	6.81	7.09
Community Adult's - Community Nursing Services - AWC - Community Nursing		7.40	5.77	7.70	5.99	7.30	5.96	5.50	6.00	6.62
Community Adult's - Community Nursing Services - Bfd City - Community Nursing		7.24	5.81	7.72	5.91	7.11	5.61	5.95	5.87	7.24
Community Adult's - Community Nursing Services - Bfd District - North - Community Nursing - Case Managers		7.15	5.49	7.61	5.98	6.94	5.75	5.70	6.55	7.06
Community Adult's - Community Nursing Services - Bfd District - South - Community Nursing		6.79	4.98	7.54	5.63	7.06	4.95	5.52	5.15	6.83
Community Adult's - Community Nursing Services - Community Adults Services Management		no score	no score	no score	no score	no score	no score	no score	no score	no score
Community Adult's - Dental Services		7.18	6.23	7.66	6.08	6.95	6.06	5.26	5.10	6.97
Community Adult's - Specialist Services - Continence & Tissue Viability & Falls		7.58	6.54	7.69	6.46	7.47	6.81	6.21	7.36	6.87
Community Adult's - Specialist Services - Palliative Care/ Hospice at Home		6.69	6.05	7.21	5.82	6.36	6.10	4.67	6.03	6.71
Community Adult's - Specialist Services - Podiatry		7.02	6.24	7.66	6.29	6.88	6.22	5.58	6.64	7.48
Community Adult's - Specialist Services - Primary Care Wellbeing Service & Proactive Care/Admiral team/HANA		8.17	7.55	8.68	7.57	8.01	7.30	7.37	7.87	8.55
Community Adult's - Specialist Services - SALT		6.45	5.04	7.41	6.51	6.78	5.41	5.33	7.03	7.03
		Key scores								
		7.40 0.2pts+ higher than Trust								
		7.24 Similar to Trust								
		6.79 0.2pts+ lower than Trust								


We Care


We Listen


We Deliver



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Appendix 6: Example theme rankings by team

STAFF ENGAGEMENT	SCORE
Community Adult's - Community Nursing Services - Community Adults Services Management	no score
Community Children's - Bradford Childrens Services - Bradford Childrens Services South	no score
Community Children's - Specialist Childrens Services - LAC/YOT/Leaving Care/Child Protection	no score
Corporate - Estates Facilities & Finance - Support Services	no score
Corporate - Medical Administration - Pharmacy	no score
Mental Health - Community - CAMHS - Management/Medical Staff	no score
Mental Health - Community - CAMHS - Perinatal Team	no score
Mental Health - Community - CMHT (Airedale)	no score
Mental Health - Community - CMHT etc - AOT/Drug & Alcohol/Medical Staffing	no score
Mental Health - Community - Community Mental Health Inpatients (IHTT)	no score
Mental Health - Community - IAPT - PT & Trainees	no score
Mental Health - Inpatients - Learning Disabilities	no score
Community Adult's - Specialist Services - Primary Care Wellbeing Service & Proactive Care/	8.17
Corporate - Human Resources - HR Workforce Development	8.16
Corporate - Trust Exec / Trust Man't - Corporate Affairs & Exec Support & Trust Exec Office	8.07
Corporate - Clinical Administration - Admin Managers & Service Quality Team	8.06
Mental Health - Community - Learning Disabilities	8.05
Mental Health - Community - CAMHS - Core Team / Primary Mental Health Workers	7.99
Corporate - Clinical Administration - Trust HQ & Service Manager Admin	7.79
Corporate - Clinical Administration - MH Admin Hub Airedale	7.74
Corporate - Clinical Administration - Physical Health Admin Hub	7.63
Corporate - Nursing & Specialist - Nursing Development & Non-Med Prescribing/Infection	7.60
Community Adult's - Specialist Services - Continence & Tissue Viability & Falls	7.58
Corporate - Nursing Quality and Governance - Quality Governance and Patient Safety	7.51
Corporate - Medical Administration - Medical Administration	7.47
Community Children's - Bradford Childrens Services - Management, Strategy Team, Breast Fe	7.45
Corporate - Medical Administration - KPMO & MH Act Team	7.41
Community Adult's - Community Nursing Services - AWC - Community Nursing	7.40
Corporate - Clinical Administration - Inpatient	7.31
Mental Health - Community - CMHT etc - EIP	7.31
Corporate - Estates Facilities & Finance - Food Services	7.30
Community Children's - Bradford Childrens Services - Bradford Childrens Services Shipley Ke	7.26
Community Adult's - Community Nursing Services - Bfd City - Community Nursing	7.24
Community Adult's - Dental Services	7.18
Community Adult's - Community Nursing Services - Bfd District - North - Community Nursin	7.15
Corporate - Estates Facilities & Finance - Performance & Planning	7.09
Trust	7.07
Community Children's - Bradford Childrens Services - Bradford School Nursing & FNP	7.05
Corporate - IM&T - IM&T	7.02
Community Adult's - Specialist Services - Podiatry	7.02
Mental Health - Inpatients - Acute Wards (Heather, Maplebeck, Oakburn, Flow Man, Four	7.00
Corporate - Human Resources - HR Performance and Planning (Inc Business Development)	6.99
Corporate - Estates Facilities & Finance - Finance	6.98
Corporate - Estates Facilities & Finance - Hotel Services	6.96
Mental Health - Inpatients - Older Peoples Mental Health Services	6.94
Corporate - Human Resources - Payroll	6.93
Mental Health - Community - CMHT (Bradford)	6.87
Mental Health - Community - CAMHS - Autism / Be Positive / BANDS / IHTT / Eating Disor	6.82
Community Adult's - Community Nursing Services - Bfd District - South - Community Nursin	6.79
Mental Health - Inpatients - Low Secure	6.78
Mental Health - Community - Older Peoples Mental Health Services	6.77
Mental Health - Community - Community Mental Health Inpatients	6.70
Community Adult's - Specialist Services - Palliative Care / Hospice at Home	6.69
Community Adult's - Specialist Services - SALT	6.45
Mental Health - Inpatients - Acute Wards (Ashbrook, Clover (PICU), Fern, Airedale Med St	6.42
Corporate - Clinical Administration - SPOA Admin Hub	6.39
Mental Health - Community - IAPT - City / District / AWC	6.29
Corporate - Clinical Administration - Admin New Mill & Child Health Information	6.16
Mental Health - Inpatients - Adult Mental Health Inpatients - Management	6.09
Community Children's - Bradford Childrens Services - Bradford Childrens Services East	6.01
Corporate - Estates Facilities & Finance - Central Services & Governance	6.01
Corporate - Estates Facilities & Finance - Estates Maintenance	5.61
Community Children's - Bradford Childrens Services - Bradford Childrens Services West	5.56

PP5 We are always learning	SCORE
Community Adult's - Community Nursing Services - Community Adults Services Management	no score
Community Children's - Bradford Childrens Services - Bradford Childrens Services East	no score
Community Children's - Bradford Childrens Services - Bradford Childrens Services South	no score
Community Children's - Specialist Childrens Services - LAC/YOT/Leaving Care/Child Protection	no score
Corporate - Estates Facilities & Finance - Support Services	no score
Corporate - Human Resources - Payroll	no score
Corporate - Medical Administration - Pharmacy	no score
Mental Health - Community - CAMHS - Management/Medical Staff	no score
Mental Health - Community - CAMHS - Perinatal Team	no score
Mental Health - Community - CMHT (Airedale)	no score
Mental Health - Community - CMHT etc - AOT/Drug & Alcohol/Medical Staffing	no score
Mental Health - Community - Community Mental Health Inpatients (IHTT)	no score
Mental Health - Community - IAPT - PT & Trainees	no score
Mental Health - Inpatients - Learning Disabilities	no score
Corporate - Estates Facilities & Finance - Food Services	no score
Corporate - Clinical Administration - Admin Managers & Service Quality Team	7.73
Corporate - Human Resources - HR Workforce Development	7.66
Community Adult's - Specialist Services - Primary Care Wellbeing Service & Proactive Care/A	7.37
Mental Health - Community - CAMHS - Core Team / Primary Mental Health Workers	6.71
Corporate - Clinical Administration - Physical Health Admin Hub	6.69
Corporate - Nursing & Specialist - Nursing Development & Non-Med Prescribing/Infection	6.64
Corporate - Clinical Administration - MH Admin Hub Airedale	6.61
Corporate - Trust Exec / Trust Man't - Corporate Affairs & Exec Support & Trust Exec Office	6.59
Mental Health - Community - Learning Disabilities	6.52
Community Children's - Bradford Childrens Services - Management, Strategy Team, Breast Fe	6.46
Corporate - Medical Administration - KPMO & MH Act Team	6.39
Community Adult's - Specialist Services - Continence & Tissue Viability & Falls	6.21
Corporate - Medical Administration - Medical Administration	6.13
Corporate - Clinical Administration - Inpatient	6.08
Community Children's - Bradford Childrens Services - Bradford School Nursing & FNP	5.97
Community Children's - Bradford Childrens Services - Bradford Childrens Services Shipley Ke	5.96
Community Adult's - Community Nursing Services - Bfd City - Community Nursing	5.95
Mental Health - Inpatients - Low Secure	5.93
Corporate - Estates Facilities & Finance - Performance & Planning	5.85
Corporate - Nursing Quality and Governance - Quality Governance and Patient Safety	5.82
Mental Health - Community - Older Peoples Mental Health Services	5.74
Mental Health - Inpatients - Older Peoples Mental Health Services	5.73
Community Adult's - Community Nursing Services - Bfd District - North - Community Nursing	5.70
Mental Health - Community - CMHT etc - EIP	5.69
Trust	5.68
Community Adult's - Specialist Services - Podiatry	5.58
Mental Health - Inpatients - Acute Wards (Heather, Maplebeck, Oakburn, Flow Man, Four S	5.57
Corporate - Clinical Administration - Trust HQ & Service Manager Admin	5.53
Community Adult's - Community Nursing Services - Bfd District - South - Community Nursing	5.52
Mental Health - Community - IAPT - City / District / AWC	5.51
Community Adult's - Community Nursing Services - AWC - Community Nursing	5.50
Mental Health - Inpatients - Acute Wards (Ashbrook, Clover (PICU), Fern, Airedale Med Staf	5.35
Community Adult's - Specialist Services - SALT	5.33
Community Adult's - Dental Services	5.26
Mental Health - Community - CMHT (Bradford)	5.22
Corporate - Estates Facilities & Finance - Hotel Services	5.16
Corporate - Estates Facilities & Finance - Central Services & Governance	5.09
Mental Health - Community - Community Mental Health Inpatients	5.08
Corporate - Human Resources - HR Performance and Planning (Inc Business Development)	5.07
Corporate - Clinical Administration - Admin New Mill & Child Health Information	5.05
Corporate - Clinical Administration - SPOA Admin Hub	5.02
Corporate - IM&T - IM&T	4.68
Community Adult's - Specialist Services - Palliative Care / Hospice at Home	4.67
Mental Health - Inpatients - Adult Mental Health Inpatients - Management	4.56
Corporate - Estates Facilities & Finance - Finance	4.33
Community Children's - Bradford Childrens Services - Bradford Childrens Services West	4.17
Corporate - Estates Facilities & Finance - Estates Maintenance	4.11
Mental Health - Community - CAMHS - Autism / Be Positive / BANDS / IHTT / Eating Disorde	4.11

Council of Governors meeting held in Public

4 May 2023

Paper title:	Annual Report Timetable 2022.23	Agenda Item 15
Presented by:	Fran Stead – Trust Secretary	
Prepared by:	Fran Stead – Trust Secretary	
Committees where content has been discussed previously	Audit Committee January & April Quality & Safety Committee April	
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 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 type="checkbox"/> Effective <input type="checkbox"/> Well-Led <input type="checkbox"/> Responsive	

Purpose of the report

The purpose of this paper is to provide Governors with the agreed high-level timetable to produce the Trust's Annual Report to meet the nationally mandated timescales.

Executive Summary

This report provides an overview on the process for delivering the Trust's Annual Report (which ultimately will encompass the Annual Accounts & the Quality Report/Accounts). Delivery of the three items will run in parallel, with the Finance Team responsible for the Annual Accounts; Quality Governance responsible for the Quality Report; & Corporate Governance responsible for the Annual Report.

The production, adoption & submission timetable is:

Task	Quality & Safety Committee	Audit Committee	Informal meeting with NEDs	Board of Directors	NHS England submission	Parliament submission

Annual Accounts	-	Plan (19.01.23) Final (15.6.23)	Draft (18.05.23)	Final (22.06.23)	Finance to lead – by 12pm 30.06.23	Corporate governance to lead – W/C 03.07.23
Annual Report	-	Plan (06.04.23) Final (15.6.23)	Draft (18.05.23)	Final (22.06.23)	-	-
Quality Report	Draft & Plan (20.04.23) Draft (18.05.23)	Final (15.06.23)	Draft (18.05.23)	Final (22.06.23)	-	-

The Annual Members' Meeting is scheduled for 21 September, & is how the Annual Report (encompassing the Annual Accounts; & Quality Report), will be presented to the Council of Governors, Trust members, and the public, along-with the Auditors findings.

Further details on the Annual Members' Meeting will be presented to the Governors by email, with a formal proposal including Notice of the Meeting presented to Governors at the next meeting. This key statutory event is a chance for our Trust members, service users, carers, staff, Governors, Directors and members of the public to come together to learn more about Trust services, achievements and future vision. The Deputy Trust Secretary is the lead for the event, & will be finalising the events management strategy in the coming months, which includes oversight through a Task & Finish Group.

The Trust Secretary will continue to maintain oversight of the entire process, working closely with the Finance leads, Quality leads, & Corporate Governance team throughout. The process to produce this work is monitored through the Audit Committee, & Quality & Safety Committee, which includes receiving assurance on the national guidance the Trust is adhering to, & the changes required for the reporting period.

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:

- note the timescale that the Trust is working to for the production, adoption, & submission of the Annual Report, Annual Accounts, & Quality Report, & be assured that the Trust will remain compliant with nationally mandated guidance for production.

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 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 checked="" 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"> • Risk 2536: If we do not make effective use of our resources this may result in regulatory interventions, as well as impacts on quality of services.
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"> • Annual Reporting Manual • Guidance for the production of an Annual Governance Statement • Group Accounting Manual • Health & Care Act 2022 • NHS Act 2006 • Trust Constitution • FT Code of Governance

Register of Interests – Council of Governors

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Elected Governors								
Mufeed Ansari	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Helen Barker	Nil	Nil	Nil	Nil	Cellar Trust	Nil	Nil	Nil
Darren Beever								
Dr Sid Brown	Nil	Nil	Nil	Nil	Prosper Research Group: Researcher	Nil	Nil	Nil
Stan Clay (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Susan Francis (from 6/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Michael Frazer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Roberto Giedrojt	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Anne Graham	Nil	Nil	Nil	Nil	Vice Chair of the Bradford Diabetes UK support group	Nil	Nil	Diabetes UK

Abdul Khalifa (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Belinda Marks (until 5/9/22)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Katie Massey								
Linzi Maybin	Nil	Nil	Nil	Lead and founder of Happy Teeth Outreach Lead dentist for VITA	Health Education England: Trainee Dentist Leader	Nil	Nil	Nil
Hannah Nutting (from 7/6/22)	Nil	Nil	Nil	Nil	Nil	Nil	Research Fellow - Born in Bradford (Bradford Teaching Hospitals NHS Foundation Trust) Involvement Partner – Bradford District Care Trust	Nil
Trevor Ramsay (from 7/6/22)	Nil	Nil	Nil	Nil	Trustee of Vital (User-led Mental Health Advocacy Charity) Member of Disabled People's Action Group- Equality Together		Involvement Partner- Bradford District Care Trust Co-optee of Health & Social Care Overview and Scrutiny Committee	
Anne Scarborough	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Pamela Shaw	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Joanne Squires (from 6/9/22)	Nil	Mind Aware Consultancy - Owner	Nil	The Crypt – Leeds (Homeless Charity) –	Pennine Health Care – Supervisor to Clinical Lead	Nil	Owner of Mind Aware Consultancy	Nil

				Supervisor of the Charity's Mental Health Support Worker				
Joyce Thackwray (from 7/6/22)	Thackwray Building Contractors: Partner	Nil	Nil		Nil	Nil	Nil	Nil
Michaela Worthington-Gill (up to 21 March 2023)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
James Vaughan (from 7/6/22)	Nil	Nil	Nil	Missing Peace Wellbeing and Support – Volunteer Facilitator	Nil	Nil	Volunteer with West Yorkshire Police Work at University of Bradford	Nil
Appointed Governors								
Ishtiaq Ahmed	Nil	Nil	Nil	Sharing Voices: Employee	Sharing Voices: Employee	Nil	Nil	Nil
Cllr Matthew Bibby								
Professor John Bridgeman (until 24/4/22)	Nil	Nil		Cellar Trust: Trustee	Nil	Nil	Nil	Brookside Surgery: Employee
Tina Butler	Nil	Nil	Nil	Relate Bradford & Leeds: Chief Executive	Relate Bradford & Leeds: Chief Executive Trustee of Safety First	Nil	Nil	VTK Investments: Managing Director

Deborah Buxton (from 6/9/22)	Barnado's Assistant Director Children's Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Councillor Richard Foster (until 9/6/22)	Nil	Nil	Nil	Nil	Nil	Craven District Council: Elected Member and Leader of the Council	Leeds City Region Partnership Committee Leeds City Region Local Enterprise Partnership Board Local Government Group General Assembly Local Government North Yorkshire and York North Yorkshire Police and Crime Panel North Yorkshire District Councils' Network - Executive Board North Yorkshire Strategic Housing Partnership North Yorkshire, York and East Riding Local Enterprise Partnership Board North Yorkshire, York and East Riding Local Enterprise Partnership : Infrastructure Partnership Board West Yorkshire Combined Authority - The Panel Place Yorkshire and Humber (Local Authorities) Employers Committee Yorkshire Dales National Park Yorkshire Dales National Park Management Steering Group	Nil
Janice Hawkes (until 6 April 2022)	Nil	Nil	Nil	Nil	Assistant Director Children's Service Barnardo's	Young Lives Network (member organisation / representative) Young Lives Consortium (member organisation)	Nil	Nil

Cllr Wendy Hull (from 13/7/22)								
Professor Zahir Irani (from 5/5/22)	Bradford University Deputy Vice-Chancellor Director ISEing Ltd Board Member – Pain Association (Scotland)	Nil	Nil	Pain Association (Scotland) – Board Member	Nil	Bradford University - Deputy Vice-Chancellor		Nil
Councillor Sabiya Khan	Councillor Wibsey Ward BMDC	Nil	Nil		Nil		Labour member and Cllr for the Wibsey Ward	Abu Bakr Masjid Trustee Council for Mosques Bereavements Services Director Health4All Trustee

Annual Cycle of Business for the Council of Governors Meetings 2023-24: v2

	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	BF		✓			✓
Approval of Trust Better Lives Strategy	FS	FS		✓			

Items to be scheduled:

- XX