

Council of Governors – held in public

Date: Thursday 1 February 2024

Time: 17:00-18:30

Venue: Hybrid Meeting to be held on Microsoft Teams and Room 2.10 at New Mill

AGENDA

We welcome stakeholders to submit questions to the Council of Governors. Questions can be submitted in advance of the meeting (contact details are at the end of the agenda).

This meeting will be held virtually using Microsoft Teams (details of how to express your interest in joining this meeting can be found at the end of the agenda).

Strategic Priority			Lead	Time
GG	1	Welcome and apologies for absence (verbal)	LP	5.00pm
	2	Declaration of any conflicts of interest (verbal)	LP	-
	3	Minutes of the previous meeting held on 7 December 2023 (enclosure)	LP	
	4	Matters arising (verbal)	LP	-
	5	Action log (enclosure)	LP	

Governor Feedback and Involvement

BUOR	6	Issues and Questions from Communities (verbal)	Governors	5.10pm
BUOR	7	Youth View (verbal)	LM	

Strategy and partnerships

All	8	Chair's Report (enclosure)	LP	
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Quality and Safety

BQS	9	Performance Report (enclosure)	KB/PH	5.35pm
	10	Care Quality Commission update and developments (enclosure)	PH	5.45pm
	11	Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures): 11.1 Charity Funds Committee held on 19 October 2023 11.2 Finance and Performance Committee held on 23 November 2023 11.3 Mental Health Legislation Committee held on 23 November 2023 11.4 Quality and Safety Committee held on 16 November and 21 December 2023	MR MA SL AM	

People and Culture

BPTW	12	Trust approach zero tolerance to racial abuse (enclosure)	KB/ Lisa Wright/ Chris Dixon	
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Governance and well led

GG	13	Council of Governors Annual Work Plan (enclosure)	For Information	-
	14	Any other business (verbal)	LP	
	15	Comments from public observers (verbal)	LP	-
	16	Meeting evaluation (verbal)	LP	6.30pm

Date of the Next Meeting: Thursday 16 May 2024 – final details to be confirmed by Corporate Governance Team

Questions for the Council of Governors can be submitted to:

Name: Fran Stead (Trust Secretary)

Email: fran.stead@bdct.nhs.uk

Phone: 01274 228308

Name: Linda Patterson (Chair of the Trust)

Email: linda.patterson@bdct.nhs.uk

Phone: 01274 363484

Expressions of interest to observe the meeting using Microsoft Teams:

Email: corporate.governance@bdct.nhs.uk

Phone: 01274 251313

Strategic Priorities (Key)

Best Place to Work	Theme 1 – Looking after our people	BP2W:T1
	Theme 2 – Belonging in our organisation	BP2W:T2
	Theme 3 – New ways of working and delivering care	BP2W:T3
	Theme 4 – Growing for the future	BP2W:T4
Best Use of Resources	Theme 1: Financial sustainability	BUoR:T1
	Theme 2: Our environment and workspaces	BUoR:T2
	Theme 3: Giving back to our communities	BUoR:T3
Best Quality Services	Theme 1 – Access and Flow	BQS:T1
	Theme 2 – Learning for improvement	BQS:T2
	Theme 3 – Improving the experience of people using our services	BQS:T3
Good Governance	Governance, accountability and effective oversight	GG

Council of Governors' Meeting held in Public
Thursday 7 December 2023 at 5.00pm
Virtual meeting held on Microsoft Teams

**Agenda
item**

03.0

Present:	Dr Linda Patterson OBE FRCP	Chair of the Trust (Chair of the Council of Governors)
	Kelly Barker	Chief Operating Officer
	Councillor Andy Brown	Appointed Governor: North Yorkshire Council
	Tina Butler	Appointed Governor: Bradford Assembly
	Bob Champion	Chief People Officer
	Sue Francis	Staff Governor: Non-Clinical
	Phillipa Hubbard	Director of Nursing, Care Standards & Professions & Deputy Chief Executive
	Professor Zahir Irani	Appointed Governor: Bradford University
	Simon Lewis	Non-Executive Director
	Linzi Maybin	Staff Governor: Clinical (Deputy Lead Governor)
	Sally Napper	Associate Non-Executive Director
	Therese Patten	Chief Executive
	Trevor Ramsay	Public Governor: Bradford West
	Mark Rawcliffe	Non-Executive Director
	Tim Rycroft	Chief Information Officer
	Anne Scarborough	Public Governor: Keighley (Lead Governor)
	Dr David Sims	Medical Director
In Attendance	Catherine Jowett	Head of Charity & Volunteering (agenda item 8)
	Mike Lodge	Observer
	Claire Risdon	Operational Director of Finance
	Fran Stead	Trust Secretary
	Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary (Secretariat)
	Rebecca Wixey	Freedom to Speak Up Guardian (agenda item 13)

MINUTES

Item	Discussion	Action
43	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair, Dr Linda Patterson OBE FRCP, opened the hybrid meeting at 5.00pm.</p> <p>Apologies for absence had been received from: Maz Ahmed Non-Executive Director, Helen Barker Public Governor: Craven, Dr Sid Brown, Public Governor: Shipley, Deborah Buxton – Appointed – Barnardo's, Mike Frazer, Public Governor: Bradford East, Anne Graham – Bradford West, Councillor Sabiya Khan – Appointed – Bradford Council, Chris Malish, Non-Executive Director, Alyson McGregor Non-Executive Director, Hannah Nutting Public Governor: Shipley, Pamela Shaw Staff Governor: Clinical, Joanne Squires Staff</p>	

Item	Discussion	Action
	<p>Governor: Clinical, Joyce Thackwray, Public Governor, Jimmy Vaughan Public Governor: Keighley, and Mike Woodhead, Chief Finance Officer.</p> <p>The meeting was quorate.</p>	
44	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
45	<p>Minutes of the Council of Governors' meeting held on 20 July 2023 (agenda item 3) and minutes from the Annual member's Meeting held on 21 September 2023 (agenda item 3.1)</p> <p>The minutes of the private Council meetings held on 9 November 2023 were agreed as a true and accurate record, subject to the below minor amendments:</p> <ul style="list-style-type: none"> • Section 122 on page 15, should read increasing acuity not equity. • Section 123 on page 16, on the second paragraph, it should say the trust annual accounts for 2023 gave a true and fair view. <p>The Chair explained that the Annual Member's Meeting had gone well, with a good turnout and good questions were raised. Noting it had been the first opportunity to come together since COVID.</p> <p>No other changes were raised, and the minutes of the Council of Governors' meeting held on 20 July 2023 and the minutes of the Annual member's Meeting held on 21 September 2023 were agreed as a true and accurate record.</p>	
46	<p>Matters Arising (agenda item 4)</p> <p>There were no matters arising.</p>	
47	<p>Action Log (agenda item 5)</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • noted the contents of the action log; • agreed to close the actions that had been listed as completed; & • noted that no actions were overdue, & no further actions were required associated with the contents of the log. 	
48	<p>Issues and Questions from Communities (agenda item 6)</p> <p>No issues or questions from Communities were raised.</p>	
49	<p>Youth Views (agenda item 7)</p>	

Item	Discussion	Action
	<p>The Deputy Lead Governor provided an update and highlighted the positive increase in youth membership.</p> <p>Ms Maybin noted that Emma Holmes was doing a excellent job following her appointment as the Young People Involvement Lead for the Trust. Ms Maybin had attended a Bradford School for a careers event and took the opportunity to get a few young people signed up to be members. Another school in Bradford 'One in a million', had also shown interest in our staff going to share information about careers, and they intended to raise awareness about membership and youth engagement groups during their visit. Plans had been arranged to meet with Young Dynamos in January to gather their views, raise awareness of governor roles and voluntary opportunities within the trust for young people. Governors were welcomed to join if they were available.</p> <p>Mrs Butler offered to reach out to her connections and would discuss potential collaboration with Ms Maybin outside the meeting.</p> <p>Dr Patterson explained that she had attended the NHS Providers conference with the Chief Executive and had spoken with a young doctor whom was keen to get involved in the Trust and she had encouraged him to get involved.</p> <p>The Council of Governors noted the verbal update.</p>	
50	<p>Better Lives Charity update (agenda item 8)</p> <p>The Head of Charity & Volunteering provided an overview of the charity's achievements and activities over the past year, followed by sharing a short video that captured highlights from the Imagination Ball.</p> <p>Ms Jowett highlighted successful fundraising events including the Saltaire Arts Festival, Dragon Boat race, Golf Day, Great North Run, and the Imagination Ball. The charity had seen growth in both income and the impact of initiatives over the last year.</p> <p>Ms Jowett mentioned the success of grant applications, securing funding for various projects such as a Child and Adolescent Mental Health Service (CAMHS) waiting list intervention with Dance Unite, creative arts sessions for inpatients, and investments in sensory rooms and integrated play sessions with parents and children. She also shared news about a greener and communities grant in collaboration with NHS Charities Together, Starbucks and Hubbub which they had got to the last 18 and were working on their application.</p> <p>Ms Jowett encouraged staff to get involved by signing up to the staff lottery or participating at fundraising events.</p> <p>The presentation concluded with a brief video from the Imagination Ball, that showcased the multicultural and diverse nature of the event and highlighted the funds raised at the event. Noting the intention to arrange the Ball again next year.</p>	

Item	Discussion	Action
	<p>Mr Rawcliffe, NED and Chair of Charity Funds Committee commended the progress made over the last 15 months, from a position where the Committee was looking at the viability of the charity moving forward. The efforts made restructuring the charity and the work done to promote the charity and achievements were noted and thanks was given to all involved.</p> <p>Mr Ramsay questioned whether Lynn Fest or something similar with music, poetry and drama could be reinvigorated and whether the charity could play a role to support that going forward. Ms Patten noted that a mini one was being held next week as a pilot, at the recreation hall and it was hoped the event could be revived next year.</p> <p>Mrs Butler noted the achievements not only financially but also the involvement of a diverse group of people such as at the ball, and the engagement from the community.</p> <p>The Council of Governors noted the verbal update and acknowledged the work of the team, supporters and volunteers.</p>	
51	<p>Chair's Report (agenda item 9)</p> <p>The Governors received the Chair's report and were updated on key areas. The Chair highlighted the extensive collaboration with colleagues across West Yorkshire, including local authorities, community collaborations and the Mental Health Collaborative.</p> <p>Dr Patterson drew attention to the focus on reviewing services across Bradford and Craven, involving the voluntary sector, local authority and NHS with the goal to enhance services for patients and communities. Noting the Lucy Letby Conviction had prompted a review of internal processes, including introduction of a more robust patient safety reporting mechanism. Emphasising the importance of vigilance and ensuring the public that we were doing their best to provide safe and high quality care. It was confirmed that our buildings had been double checked regarding reinforced concrete and no concerns had been identified.</p> <p>Dr Patterson reminded the Governors of the upcoming elections for governors and that they were invited to observe Board, either online or in person and encouraged participation in Committees.</p> <p>The Council of Governors noted the information provided within the report.</p>	
52	<p>Performance Report (agenda item 10)</p> <p>The Director of Nursing, Care Standards & Professions and Deputy Chief Executive presented the report to the Council of Governors.</p>	

Item	Discussion	Action
	<p>Mrs Hubbard provided an overview of changes to the format of the report with a focus on aligning with strategic objectives and presenting information in a more structured manner, including strategic priorities and confirmed assurance levels.</p> <p>Mrs Hubbard highlighted the following themes included access and flow, and discussed areas where the Trust had limited assurance, giving examples of waiting lists and challenges in post COVID recovery. Specifically mentioning Challenges in dentist waiting times, access to theatre time for complex adults and children and the impact of strike action. Noted that the report was a work in progress and the triangulation of information within the AAAD reports for a comprehensive understanding.</p> <p>Mrs Scarborough expressed positive feedback on the new report format, finding it more focused and easier to understand. Mrs Butler queried the visual representation of squiggles and suggested incorporating an explanation of these into the report to enhance clarity and Mrs Hubbard acknowledged the feedback.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • considered the key points and exceptions highlighted and noted the actions being taken. 	
53	<p>Care Quality Commission (CQC) update and developments (agenda item 11)</p> <p>The Director of Nursing, Care Standards & Professions and Deputy Chief Executive presented the Care Quality Commission update.</p> <p>Mrs Hubbard provided a verbal update on inspections from the CQC, noting there had been no core inspections since the last meeting of the Council of Governors. Mrs Hubbard confirmed an Operational Manager had been appointed as their link with the CQC and they were commencing monthly meetings to talk through key issues.</p> <p>Mrs Hubbard highlighted Mental Health Act assessments had taken place with one report received and another pending on Baildon Ward. The new CQC approach involved fewer on-site inspections, relying more on data analysis and engagement meetings to identify and discuss issues.</p> <p>One concern had been raised regarding the Integrated Outreach Team (IOT) with assurances sought regarding how this was being managed currently to ensure patient safety was not compromised. A full response had been provided and follow up provided on the ongoing management of the situation.</p> <p>Dr Patterson shared she had recently met with the CQC Chair and other NHS Chairs from different sectors and had a useful discussion understanding each other's perspectives of moving to a new way of assessment.</p>	

Item	Discussion	Action
	<p>No questions or comments were raised.</p> <p>The Council of Governors noted the update.</p>	
54	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Audit Committee held on 26 October 2023 (agenda item 12.1)</p> <p>Mr Lewis, Non-Executive Director provided an overview of the report on behalf of Mr Malish.</p> <p>Mr Lewis drew attention to the two risks that had been identified, one related to consultant job plans and additional payments, and the other concerning cybersecurity and multi-factor authentication. Two internal audit reports had indicated low assurance, and Mr Lewis emphasised the need to address the recommendations from internal audit reports promptly to avoid impacting the annual internal audit opinion report. He raised the potential gap in the position of Head of Legal Services, but recruitment was underway to fill the role.</p> <p>Dr Sims provided additional assurance regarding the internal audit and consultant job plans, explaining that the consultant job plans had been completed, focusing on addressing concerns promptly and ensuring clarity in the Trusts position before the end of the financial year.</p> <p>Mr Lewis acknowledged the hard work undertaken to address the identified risks and ongoing efforts to improve internal audit outcomes.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Audit Committee held on 26 October 2023.</p>	
55	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Charitable Funds Committee held on 11 July 2023 (agenda item 12.2)</p> <p>Mr Rawcliffe Non-Executive Director provided a brief overview of the report noting there had been two meetings since the last Council of Governor, which took place on 11 July and 19 October 2023. Noting assurance that the Charity accounts had undergone external scrutiny and Audit Committee review, with confirmed they accurately reflected the charities activities.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Charitable Funds Committee held on 11 July 2023.</p>	
56	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Finance, Business and Investment Committee held on 29 June, 27 July and 26 October 2023 (agenda item 12.3)</p> <p>Mr Rawcliffe, Non-Executive Director provided an overview of the report on behalf of Mr Ahmed on the three meetings held in June, July and October 2023.</p>	

Item	Discussion	Action
	<p>Mr Rawcliffe emphasised the shift to monthly meetings due to concerns about financial pressures. He explained the general trend of financial pressure at Integrated Care System (ICS) and Trust levels, with the ICS under regulatory intervention.</p> <p>Mr Rawcliffe highlighted the three main risks related to financial sustainability, capital usage for Lynfield Mount and the short-term financial position, noting a £6.4M shortfall, primarily attributed to out of area placements, temporary staffing and cost improvement initiative shortfalls.</p> <p>The Operational Director of Finance discussed the letter from NHS England regarding conduct for the rest of the year and highlighted the lower assurance risks for the next financial year. She expressed confidence in delivering the current year's plan and positive efforts from the recent inpatient and discharge planning to reduce pressures which were starting to show improvements. Highlighting the announcement nationally around additional funding into the NHS to support getting the financial position back on track and recognising the impact of industrial action. Also noting the Trust had agreed to contribute £400k to address system wide pressures.</p> <p>The Chief Executive discussed the allocation of £12 million across Place and preparations for the next financial year, with concerns about the challenging financial position, with planning guidance expected in late December. Ms Patten highlighted the difficult financial position of the local authority and noted the Director of Integration had been asked to make significant savings. They planned to engage in conversations with the local authority to minimise impact on communities.</p> <p>It was questioned and confirmed that the pay award for doctors was funded nationally. Mrs Butler acknowledged efforts being made during these difficult times in relation to the financial concerns across the sector.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Finance, Business and Investment Committee held on 29 June, 27 July and 26 October 2023.</p>	
57	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Mental Health Legislation Committee held on 27 July and 28 September 2023 (agenda item 12.4)</p> <p>Mr Lewis provided an overview of the report on the two meetings held in July and September 2023.</p> <p>Mr Lewis explained that no urgent matters required formal alerts at the July meeting and acknowledged the beneficial physical interventions session on Heather Ward.</p>	

Item	Discussion	Action
	<p>From the September meeting, Mr Lewis highlighted that sufficient assurance had now been provided on a perceived risk related to the Trusts ability to respond quickly to estates issues and innovations. He noted improvements in tribunal and hearing timeliness of reporting and the outcome of high assurance from Audit Yorkshire. An informative session on trauma informed care from the leader of the Practical Training Unit had been provided and the committee reported significant assurance across the board.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Mental Health Legislation Committee held on 27 July and 28 September 2023.</p>	
58	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Quality and Safety Committees held on 20 July, 19 September and 19 October 2023 (agenda item 12.5)</p> <p>Mrs Napper provided an overview of the report on behalf of Mrs McGregor on the three meetings held in July, September, and October 2023.</p> <p>Mrs Napper explained that at the July meeting there were no new alerts reported, but a common theme emerged at subsequent meetings, highlighting the increased demand on services, rising waiting times and pressure on staff. Efforts were being made to address these challenges and feedback from involvement partners offered valuable solutions. Areas of concern included understanding of patient risk levels during lengthy waiting times, fluctuations in community dental service waiting times, successful efforts reducing out of area placements and the challenges faced by the patient advice and complaints team due to increased numbers of complaints and concerns, and changes in staffing.</p> <p>In the October meeting, the new reporting style highlighted two main strategic risks, which were pressure on the workforce impacting on quality of care and increasing demand on various services. Concerns included recruitment issues of student nurses, national problem with the supply of ADHD medication, and staffing gaps contributing to ongoing challenges. The Committee focused on addressing these issue and further work needed.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Quality and Safety Committees held on 20 July, 19 September and 19 October 2023.</p>	
59	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Workforce and Equality Committee held on 20 July 2023 (agenda item 12.6)</p> <p>Mr Rawcliffe, provided an update on the Workforce and Equality Committee, noting this had been replaced by the People and Culture Committee to better align with its values and goals.</p>	

Item	Discussion	Action
	<p>Mr Rawcliffe highlighted key challenges in the workforce including recruitment, retention, turnover, agency usage and out of area placements, which was also addressed at the joint meeting of the Finance and Performance Committee and the Workforce and Equality Committee held in September 2023. Discussions included the model roster implementation, addressing issues and improving efficiency, and low levels of appraisals.</p> <p>Improvements were acknowledged that included transition from agency to bank staff, and the successful recruitment of healthcare workers. Highlighting progress made in reciprocal mentoring, leadership development and apprenticeships.</p> <p>Mr Champion provided an update on positive response rates to the staff survey, noting a 51% response rate which was the highest response rate in the last 6 years and above the national average, and participation had increased in a number of areas, including a rise of 10% in Mental Health inpatients. A survey was undertaken by the bank staff for the first time and achieved a response rate of 24%. A new induction programme had been introduced, welcoming over 300 staff over the last 8 months, feedback had been positive, and it was hoped this would contribute to better retention.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Workforce and Equality Committee held on 20 July 2023.</p>	
60	<p>Freedom to Speak up Guardian Thematic Report (agenda item 13)</p> <p>The Freedom to Speak Up Guardian provided highlights from the Freedom to Speak Up Bi-Annual report for 2023-24 noting that there had been 34 cases in quarter one and two, which was slightly lower than the same period last year. An increase in anonymous reporting was noted, with efforts being made to encourage named reported to allow for feedback and further information to support investigations.</p> <p>Mrs Wixey encouraged participation in Freedom to Speak Up training, emphasising the importance of follow up training and completion by Governors and Board members. She noted they had been attending new staff inductions and encouraged promotion of the training.</p> <p>Mrs Butler commented it was a useful report, noted the reassuring thread relating to the Lucy Letby related concerns, and confirmed the importance of the Freedom to Speak up and significance of promoting a culture to speak up.</p> <p>Mrs Wixey agreed to distribute the training links to executives, Board and Governors.</p> <p>The Council of Governors were asked to note the contents of the report.</p>	RW
61	Council of Governors Annual Work Plan (agenda item 14)	

Item	Discussion	Action
	The Council of Governors noted the contents of the Workplan.	
62	Any Other Business (agenda item 15) There were no other items of business raised.	
63	Comments from public observers (agenda item 16) None.	
64	Meeting Evaluation (agenda item 17) A discussion took place to evaluate the meeting in line with the commitment for continuous improvement within the Trust. Mrs Scarborough noted the reports were clear, and thorough, and commended the work carried out to improve reporting. The meeting closed at 6.33pm.	

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

Action Key	Green: Completed		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
2. 13/07/2023	<u>Chairs Report</u> The Chief Executive to provide a deep dive into the Universal Schools Offer at a future meeting.	Therese Patten	May 2024	
5. 13/07/2023	<u>Any Other Business</u> Head of Charity & Volunteering to have a discussion about how resources could be provided to the 'Well Together Programme'.	Catherine Jowett	February 2024	It is proposed that this action can be closed. Well Together is running at almost full capacity within its current budget. The service is commissioned from Bradford and Craven Health and Care Partnership (previously CCG & PCT) at the same level since 2013. The team constantly review groups for value and impact, and continue to work in existing and new partnerships to make better use of resources. There is currently no ability to increase the budget.

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
02/02/23	<u>Performance Report</u> An update on the new performance management framework would be shared with Governors.	Corporate Governance	July 2023	Included on the July agenda. It is proposed that this action can be closed.
04/05/23	<u>Issues and Questions from Communities</u> The Interim Chief Operating Officer agreed to ensure that the First Response service received the referral criteria for both Bradford People First and Keighley People First and were fully aware of referral routes.	Kelly Barker	July 2023	Completed. It is proposed that this action can be closed.
04/05/23	<u>Issues and Questions from Communities</u> The Interim Chief Operating Officer agreed to meet with Mr Vaughan outside the meeting to discuss the issues relating to First Response further.	Kelly Barker	July 2023	A meeting is in the process of being arranged. It is proposed that this action can be closed and picked up if any further actions arise from it once the meeting has taken place.
04/05/23	<u>Issues and Questions from Communities</u> The Chief Executive to meet with the podiatry service to share feedback following concerns shared from service users and carers, and Governors.	Therese Patten	July 2023	Verbal update provided at the July meeting. It is proposed that this action can be closed

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
1. 01/12/22	<u>Any Other Business</u> <u>Update on the Complaints Group, & the involvement / engagement workstream to be shared with Governors.</u>	Deputy Director of Patient Safety, Compliance and Risk	Dec 2023	Dec 23 Update: Governors are asked to consider this action closed, the Complaints Group was disbanded a couple of years ago at the Trust. The Your Voice Matters, patient experience and involvement strategy is being refreshed during 2024. A further update on the strategy will be presented to a future meeting of the Council of Governors
4. 13/07/2023	<u>Alert, Advise, Assure & Decision (AAA+D) Report: Charitable Funds Committee held on 30 March 2023</u> <u>The Trust Secretary to share details of the Better Lives Charity Ball.</u>	Fran Stead	Dec 2023	Governors are asked to consider this action closed, information about the Charity ball was shared.
3. 13/07/2023	<u>Chairs Report</u> <u>The Trust Secretary to support & plan how the Council of Governors can attend Committee meetings on a regular basis.</u>	Fran Stead	Dec 2023	Governors are asked to consider this action closed, Governor representatives have been found for the Board Committee meetings, other than for Finance and Performance Committee. Any Governor wishing to volunteer to attend the Finance and Performance Committee, please contact Holly (holly.close@bdct.nhs.uk)

Council of Governors – meeting held in public

1 February 2023

Paper title:	Chair of the Trust’s Report	Agenda Item 08.0
Presented by:	Dr Linda Patterson, Chair of the Trust	
Prepared by:	Corporate Governance team	
Committees where content has been discussed previously	Board of Directors – September and November 2023	
Purpose of the paper Please check <u>ONE</u> box only:	<div><input type="checkbox"/> For approval</div> <div><input checked="" type="checkbox"/> For information</div> <div><input type="checkbox"/> For discussion</div>	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	
	Improving the experience of people who use our services	
Making Best Use of Resources	Financial sustainability	
	Our environment and workplace	
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	X

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

Executive Summary

Chair's Report to inform Governors on relevant partnership engagement & developments, system and 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?

- ☐ **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 information provided within the report.

Links to the Strategic Organisational Risk register (SORR)

N/A

Care Quality Commission domains

Please check **ALL** that apply

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Caring |
| <input type="checkbox"/> Effective | <input checked="" type="checkbox"/> Well-Led |
| <input type="checkbox"/> Responsive | |

Compliance & regulatory implications

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

- Well-Led Compliance
- NHS Code of Governance
- NHS Act
- Health and Social Care Act
- Health and Care Act
- Nolan Principles
- Provider Licence

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 & wider community to ensure they are equal partners in care delivery (QSC)
- ☒ **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

1 February 2024

Chair's Report

Partnerships

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

6 Nov	Strategic Staff Equality Diversity and inclusion Partnership
10 Nov	Bradford District and Craven Partnership Board
13/14/15 Nov	NHS Providers Conference
28 Nov	Chairs Roundtable with Care Quality Commission
4 Dec	Race Equality in Health Conference
5 Dec	West Yorkshire NHS Chairs Meeting
5 Dec	West Yorkshire Partnership Board Development Session
5 Dec	West Yorkshire Partnership Board Meeting
7 Dec	Go See Visit – Immunisation and Vaccines team
7 Dec	Council of Governors
12 Dec	NHS Providers Network Chairs and Chief Executives Network Meeting

14 Dec	Bradford District and Craven Health and Care Partnership Christmas Carol Service
15 Dec	Bradford District and Craven Partnership Board – Development Session
15 Dec	Visit to Lynfield Mount Hospital with Sir Julian Hartley (NHS Providers)
19 Dec	Trust Welcome Day
20 Dec	Monthly Catch-up meeting with Cllr Susan Hinchcliffe

I continue to meet with partners in the Local Authorities, at Place Partnership Board & across West Yorkshire in the collaboratives & at the West Yorkshire Partnership Board.

Further information on the partnership work can be found here:

Bradford District & Craven Partnership Board - [How we make decisions - Bradford District & Craven Health & Care Partnership \(bdcpartnership.co.uk\)](https://www.bdcpartnership.co.uk)

West Yorkshire Health & Care Partnership Board - [Partnership Board papers :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](https://www.wypartnership.co.uk)

West Yorkshire Integrated Care Board - [Integrated Care Board :: West Yorkshire Health & Care Partnership \(icb.nhs.uk\)](https://www.icb.nhs.uk)

Meetings are held in public, with Board colleagues, Governors, staff, & our members encouraged to attend to observe the discussion & raise questions.

People

Associate Non-Executive Director

Following discussion with Governors involved with the appointment process for the Associate Non-Executive Director (NED) campaign, a decision has been made to withdraw the post. This is due to budget management; current Board member capacity aligned to business delivery and development plans; and to allow time for the Trust to develop a senior leaders succession planning strategy. Work will take place 2024 between the Company Secretary and Chief People Officer to support this, further updates will be presented to Governors.

Board Skills Matrix

The Corporate Governance team are supporting the annual update of the Board Skills Matrix. This key document is a visual representation for the unitary Board, it outlines the skills, competencies, and experiences of all Board members, it also outlines specific duties associated with each Board role. The approved document will be shared with Board, and Governors. It was also help support the discussion of succession planning, Board development planning, and person development for the individual Board members.

Governor engagement & duties

Board of Directors meetings

There is the opportunity for Governors to observe public Board meetings, 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 Non-Executive Directors 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
14 March 2024	9.00am	Board of Directors held in public

Governance matters

Governor election campaign – Spring 2024

On your behalf the Corporate Governance team has commenced the election for public and staff Governor seats, which will end of 30 April 2024. This election campaign will include vacant seats, and those seats where a Governor will finish their term of office within this campaign timeframe. The timetable for this campaign is outlined below:

ELECTION STAGE	OPTION 1
Trust to send nomination material and data to Returning Officer	Monday, 29 Jan 2024
Notice of Election / nomination open	Monday, 12 Feb 2024
Nominations deadline	Monday, 11 Mar 2024
Summary of valid nominated candidates published	Tuesday, 12 Mar 2024
Final date for candidate withdrawal	Thursday, 14 Mar 2024
Electoral data to be provided by Trust	Tuesday, 19 Mar 2024
Notice of Poll published	Wednesday, 3 Apr 2024
Voting packs despatched	Thursday, 4 Apr 2024
Close of election	Monday, 29 Apr 2024
Declaration of results	Tuesday, 30 Apr 2024

There are 13 seats within this election campaign, across the following categories:

- 4 seats currently vacant
Public Bradford East; Public Bradford South; Public Rest of England; Staff non-clinical.
- 2 seats 2nd term Governors who are not eligible to re-stand
Dr Sid Brown (public Shipley); Pamela Shaw (staff clinical).
- 7 seats 1st term Governors who are eligible to re-stand
Michael Frazer (public Bradford East); Mufeed Ansari (public Bradford East); Darren Beever (public Bradford South); Anne Graham (Public Bradford West); Katie Massey (Bradford West); Helen Barker (Public Craven); Anne Scarborough (public Keigley).

On behalf of the Governors, members, Board, and colleagues I would like to thank Dr Sid Brown, and Pamela Shaw for undertaking 2 terms of the Governor role. Noting they are not eligible to stand for any further terms of office.

I would also like to thank Michael Frazer, Mufeed Ansari, Darren Beever, Anne Graham, Katie Masey, Helen Barker, and Anne Scarborough who will all be reaching the end of their 1st term of office. All individuals are eligible to nominate themselves as part of this election campaign to undertake a 2nd term of office. Please contact Corporate Governance for further discussion.

The Company Secretary will be the Trust's coordinating officer working with the external Returning Officer to ensure the completion of the election in accordance with the Trust's internal timetable and the Trust Constitution.

Engagement and marketing of the campaign will commence February. It involves targeted invitations to eligible members; promotion amongst external stakeholders and partners; and working with the Communications Team to raise awareness of the opportunities through various media and online platforms. Governors are asked to continue to promote the vacancies to their networks and contacts and are thanked for their ongoing support.

Lead Governor and Deputy Lead Governor roles

Anne Scarborough is your elected Lead Governor, with Linzi Maybin your elected Deputy Lead Governor. Governors are asked to support the proposal for Linzi Maybin to undertake Interim Lead Governor responsibilities for 2024/25. This is in recognition of Anne Scarborough reaching the end of her 1st term of office on 30 April 2024, and ensuring that a Lead Governor is in place May 2024 onwards, which Governors are reminded is a regulatory requirement.

The Corporate Governance team will then support a Lead Governor, and Deputy Lead Governor election taking place during 2024/25, which will include a review of the role descriptions.

Effectiveness reviews

A series of effectiveness reviews will commence over the coming months, starting with the Board Committee meetings. This is in line with year-end close down work, good governance practices, and requirements of the NHS Code of Governance. The reviews will give meeting attendees and members the opportunity to reflect on past practice and performance over the last year, and consider any changes that should be enacted the following year.

Forward planning and Board development

As we complete our effectiveness reviews and improvement development plans, work will take place to finalise the next year's work plans for our formal business. This includes the Board and Committees, and the Council of Governors, each group will receive a suggested work plan to consider and formally approve. To support this work, analysis of the annual work plans from 2019 to 2023 has taken place to understand any changes made to business over that period.

Appraisals and objective setting – alignment to the NHS England Fit and Proper Person Requirements

The Board is asked to note that over the coming months work will take place for individual Board members to spend time reflecting with their line manager on the past year as part of the appraisal discussion, this will include reviewing their objectives from the last year and agreeing

the next year's objectives and personal development plan. As appropriate, the Senior Independent Director, and Lead Governor will be involved with the Chair of the Trust's appraisal and objective setting discussion. As required, we continue to work to the national NHS England appraisal framework for Chair's and NEDs. Further information on this annual process will be presented to the Board, and Council of Governors as appropriate. A new addition to this work is to demonstrate compliance with the NHS England Fit and Proper Person Requirements that came into force nationally 30 September 2023, which the Company Secretary is leading on implementing with our Trust.

Dr Linda Patterson OBE FRCP
Chair of the Trust
January 2024

Council of Governors – Public Meeting

1st February 2024

Paper title:	Performance Report	Agenda Item 09.0
Presented by:	Kelly Barker, Chief Operating Officer	
Prepared by:	Karthik Chinnasamy, Deputy Director of Performance and Planning	
Committees where content has been discussed previously	Board of Directors Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For discussion	
	<input checked="" type="checkbox"/> For information	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	x
	Belonging to our organisation	x
	New ways of working and delivering care	x
	Growing for the future	x
Delivering Best Quality Services	Improving Access and Flow	x
	Learning for Improvement	x
	Improving the experience of people who use our services	x
Making Best Use of Resources	Financial sustainability	x
	Our environment and workplace	x
	Giving back to our communities	x
Being the Best Partner	Partnership	x
Good governance	Governance, accountability & oversight	x

Purpose of the report

The purpose of the performance report is to assist the Council of Governors in seeking assurance against the Trust's performance and progress in delivery of a broad range of key targets and indicators.

Executive Summary

The contents of the report are aligned to the Trust's strategic priorities which are informed by nationally defined objectives for providers - the NHS Constitution, the NHS Long Term Plan, the Oversight Framework for Mental Health, Adult Social Care Outcomes Framework and Integrated Care Systems (ICS), as well as local contracting and partnership arrangements.

This report presents two types of information:

1. Performance data against a range of metrics (integrated performance report)

Performance is aligned to the strategic priorities, key themes and the strategic metrics which are defined in the trust's strategy, better lives, together.

2. Assurance levels (the Board Assurance Framework)

The performance overview also contains a section which uses a wide range of sources, including the performance data in this report, to describe how assured the Trust is that it is meeting the priorities and objectives described within the trust strategy, better lives, together and is operating safely and with good governance.

By combining the Board Assurance Framework and the performance report into one document, Committees and Board are better able to understand the breadth of evidence supporting the Trust's level of confidence in being able to achieve its objectives.

December 2023 data has been presented for all workforce and operational performance sections. For quality and safety sections, October 2023 data has been presented due to the timings of the committee.

The detail and decision regarding each committee's confirmed assurance level is included in each committee AAA+D reports.

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.

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"> • 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 • 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
Care Quality Commission domains Please check <u>ALL</u> that apply	<div> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring </div> <div> <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led </div> <div> <input checked="" type="checkbox"/> Responsive </div>
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 1st February 2024 Meeting

Performance Data up to
December 2023

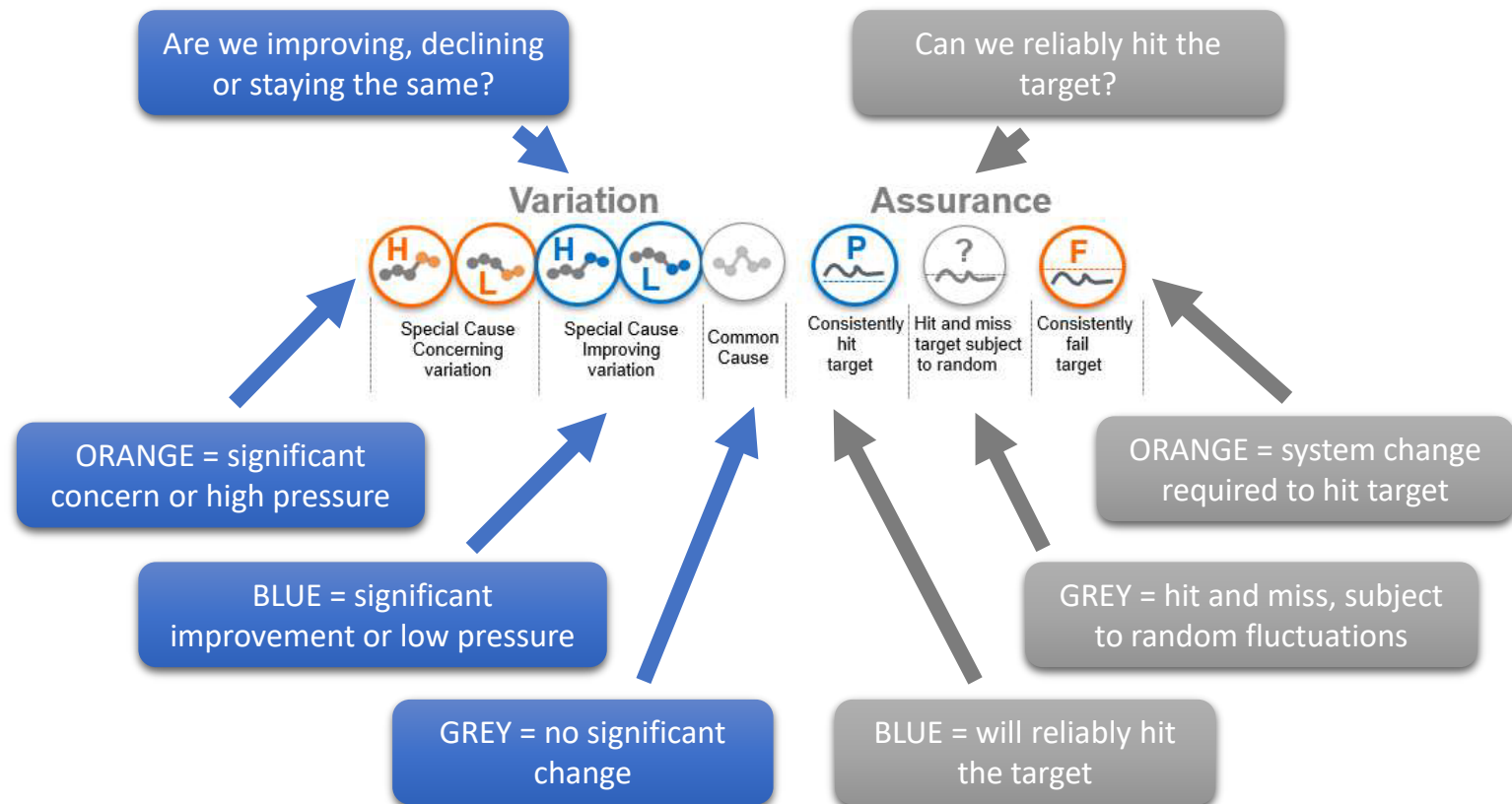


Good Governance; Accountability; Effective Oversight

A note on SPC charts

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.

The description of the meaning of the symbols (assurance icons) used throughout this document is explained below.



Delegated Strategic Priorities – Assurance Level

Being the Best Place to Work: We will continue to strive to be a Smarter Working organisation where we work together so that everyone is proud to work here, feels they belong and are valued.

<p>Theme 1: Looking after our people – we will</p> <ul style="list-style-type: none"> • Ensure our people have a voice that counts. • Strengthen the recognition and reward offers for our people. • Support our people to be active in improvement and innovation efforts inside and outside the organisation. • Embrace the principles of trauma informed practice across all of our services. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • We have increased engagement with the NHS staff survey, with a focus on teams we hear less from. • The staff survey and local surveys tell us our people feel valued. • Our people recognise that our people promise that reflects our commitment to them and ambition to be a supportive employer and is meaningful to them. 	<p>CONFIRMED Current Assurance Level:</p> <p>3. Significant</p>
<p>Theme 2: Belonging in our organisation – we will</p> <ul style="list-style-type: none"> • Continue to nurture compassionate, supportive and inclusive teams in our Trust. • Build on our collective learning to shape an increasingly diverse, culturally competent, flexible and inclusive workforce that represents our communities. • Continue to empower our staff networks, ensuring people can engage and act as a voice for the unheard voices. • Continue to measure and improve the experiences and progression of our staff from protected equality groups. • Encourage greater use of our comprehensive wellbeing offer so people are safe, healthy, thrive in their place of work and have a good work/life balance. • Organise all our leaders to lead by example and demonstrate values, behaviours and accountability in action 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • We can demonstrate that our workforce, including our senior leadership, is representative of the community it serves. • Our people tell us they feel supported and developed 	<p>CONFIRMED Current Assurance Level:</p> <p>3. Significant</p>

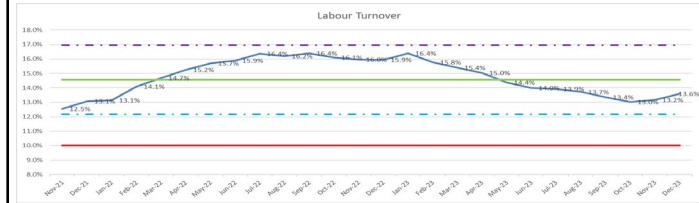
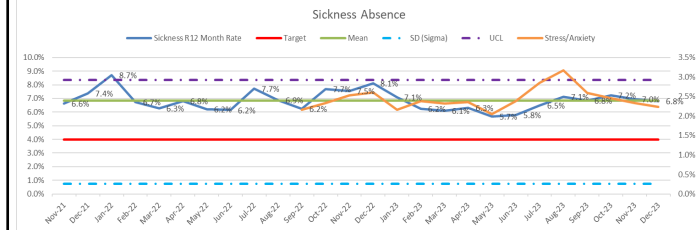
Delegated Strategic Priorities – Assurance Level

Being the Best Place to Work: We will continue to strive to be a Smarter Working organisation where we work together so that everyone is proud to work here, feels they belong and are valued.

<p>Theme 3: New Ways of Working and Delivering Care - we will</p> <ul style="list-style-type: none"> • Make sure that our physical places of work are accessible, well-resourced, high quality and maximise opportunities for new and integrated ways of working with our partner organisations. • Create a digitally enabled workforce through training, education and support, and embedding digital clinical leadership across the organisation. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • Our people are digitally confident, have consistently positive experiences using devices, applications and workspaces, that enable them to do their job effectively, supported by clinical digital leaders. • We have tested creative hybrid roles across community and mental health. • We have developed and implemented transformation programmes that change the way we deliver services and take a more creative approach to skill mix and developing the workforce. 	<p>CONFIRMED Current assurance level:</p> <p>3. Significant</p>
<p>Theme 4: Growing for the future – we will</p> <ul style="list-style-type: none"> • Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • Working with our education and training providers, we've developed pathways to increase the number and variety of roles that can be accessed through a vocational route. • A resourcing and recruitment programme, that recruits, trains and supports members of our local communities to become our future workforce. • Introduce 'earn while you learn' with student nurses from local Higher Education Institutes, by joining the Trust bank alongside their academic training, with the first cohort by April 2024 as a feasibility pilot, with the potential to widen to a Bradford District and Craven offer from 2024 onwards. 	<p>CONFIRMED Current Assurance Level:</p> <p>3. Significant</p>

Key Performance Indicators

Best Place to Work: Theme 1: Looking After our People

Metric	Type	Reportin g month	Performance	Target	SPC / trend
Staff survey – engagement levels	Strategic	2022	7.1	7.4 (best)	Staff engagement score remains stable at 7.1 (-0.02);
Staff survey - % would recommend the Trust as a place to work	Strategic	2022	64%	63% (sector)	
Labour turnover	Strategic	Dec 23	13.6%	10%	
Sickness absence related to stress / anxiety	Strategic	Dec 23	2.2%	N/a	

Key Performance Indicators

Best Place to Work: Theme 2: Belonging in our organisation

Metric	Type	Reporting month	Performance	Target	SPC / trend																																																						
WRES data (no areas improved out of 3)	Strategic	2022/23	3/3 improved	3/3																																																							
WDES data (no areas improved out of 2)	Strategic	2022/23	1/2 improved	2/2																																																							
Gender pay gap (no areas improved out of 2)	Strategic	2022/23	1/2 improved	2/2																																																							
Annual Appraisal Rates	Strategic	Dec 23	66.4%	80%	<div><p>Appraisal Rate</p><table><thead><tr><th>Month</th><th>Appraisal Rate (%)</th></tr></thead><tbody><tr><td>Nov-21</td><td>87.6%</td></tr><tr><td>Dec-21</td><td>87.6%</td></tr><tr><td>Jan-22</td><td>87.6%</td></tr><tr><td>Feb-22</td><td>87.6%</td></tr><tr><td>Mar-22</td><td>87.6%</td></tr><tr><td>Apr-22</td><td>87.6%</td></tr><tr><td>May-22</td><td>87.6%</td></tr><tr><td>Jun-22</td><td>87.6%</td></tr><tr><td>Jul-22</td><td>87.6%</td></tr><tr><td>Aug-22</td><td>67.4%</td></tr><tr><td>Sep-22</td><td>58.2%</td></tr><tr><td>Oct-22</td><td>58.2%</td></tr><tr><td>Nov-22</td><td>58.2%</td></tr><tr><td>Dec-22</td><td>58.2%</td></tr><tr><td>Jan-23</td><td>58.2%</td></tr><tr><td>Feb-23</td><td>58.2%</td></tr><tr><td>Mar-23</td><td>58.2%</td></tr><tr><td>Apr-23</td><td>58.2%</td></tr><tr><td>May-23</td><td>58.2%</td></tr><tr><td>Jun-23</td><td>58.2%</td></tr><tr><td>Jul-23</td><td>58.2%</td></tr><tr><td>Aug-23</td><td>58.2%</td></tr><tr><td>Sep-23</td><td>58.2%</td></tr><tr><td>Oct-23</td><td>58.2%</td></tr><tr><td>Nov-23</td><td>58.2%</td></tr><tr><td>Dec-23</td><td>66.4%</td></tr></tbody></table></div>	Month	Appraisal Rate (%)	Nov-21	87.6%	Dec-21	87.6%	Jan-22	87.6%	Feb-22	87.6%	Mar-22	87.6%	Apr-22	87.6%	May-22	87.6%	Jun-22	87.6%	Jul-22	87.6%	Aug-22	67.4%	Sep-22	58.2%	Oct-22	58.2%	Nov-22	58.2%	Dec-22	58.2%	Jan-23	58.2%	Feb-23	58.2%	Mar-23	58.2%	Apr-23	58.2%	May-23	58.2%	Jun-23	58.2%	Jul-23	58.2%	Aug-23	58.2%	Sep-23	58.2%	Oct-23	58.2%	Nov-23	58.2%	Dec-23	66.4%
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No grievances involving discrimination	Strategic	Dec 23	0	N/a	<div><p>Grievances</p><table><thead><tr><th>Month</th><th>Grievances</th></tr></thead><tbody><tr><td>Sep-23</td><td>0</td></tr><tr><td>Oct-23</td><td>0</td></tr><tr><td>Nov-23</td><td>0</td></tr><tr><td>Dec-23</td><td>0</td></tr><tr><td>Jan-24</td><td>0</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>0</td></tr><tr><td>Apr-24</td><td>0</td></tr><tr><td>May-24</td><td>0</td></tr></tbody></table></div>	Month	Grievances	Sep-23	0	Oct-23	0	Nov-23	0	Dec-23	0	Jan-24	0	Feb-24	0	Mar-24	0	Apr-24	0	May-24	0																																		
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Key Performance Indicators

Best Place to Work: Theme 3: New Ways of Working and Delivering Care

Metric	Type	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	Dec 23	89.67%	100%	Static
% positive feedback re using digital technologies	Strategic				NEW METRIC TO BE ADDED
Vacancy rates	Strategic	Dec 23	8.5%	10%	Reduction

Best Place to Work: Theme 4: Growing for the future

No apprenticeships	Strategic	Dec 23	106	63	Reduction
No 'new' roles recruited to (inc NAs and ANPs)	Strategic	Dec 23	-7	N/a	Reduction
Bank & Agency Usage (WTE)	Strategic	Dec 23	64.94 Agency 291.21 Bank	N/a	Agency usage increased slightly

Strategic Priorities – Assurance Level

Delivering Best Quality Services: We will consistently deliver good quality, safe and effective mental health and physical health services, making every contact count and meeting the needs of our communities, with a focus on reducing health inequalities.

Theme 1: Access & Flow – we will

- Implement 'right care, right place, right time' service delivery models to improve choice, access, reduce waiting times and enhance continuity in care, including working with our partners and those in our services, to identify where digitally enabled services will improve accessibility and experience.
- Enhance collaboration between mental, physical community health services, and social care and system partners for all services to 'make every contact count' and to bring new and innovative ways of working to our communities.
- Work collaboratively with partners in a locality-based model to reduce health inequalities by using data and evidence-based practices to maximise the impact and outcomes

We will know we have been successful when:

- We will have a coherent set of metrics to track performance and safety, highlight inequalities experienced by protected equality groups, identify improvements and consistently benchmark with others.
- We can demonstrate equitable access to all of our services.
- Use high quality information and analysis to drive predictive health interventions, clinical decision making and service planning to reduce health inequalities.
- Service users have the choice to access our services using safe and secure digital tools where appropriate, to stay as healthy as possible.

**Confirmed
Current
Assurance
Level (QSC –
quality
perspective):**

2. Limited

**Confirmed
Current
Assurance
Level (F&P –
performance
perspective):**

1. Low

Theme 2: Learning for improvement – we will

- Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families.
- Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste.

We will know we have been successful when:

- We consistently adopt a continuous improvement approach, share learning and creating opportunities for our people to develop their improvement and innovation skills.
- We have a vibrant portfolio of research that guides clinical and service decisions

**Confirmed
Current
Assurance
Level:**

3. Significant

Strategic Priorities – Assurance Level

Delivering Best Quality Services: We will consistently deliver good quality, safe and effective mental health and physical health services, making every contact count and meeting the needs of our communities, with a focus on reducing health inequalities.

Theme 3: Improving the experience of people who use our services – we will

- Embrace and apply the principles of trauma informed care in the way we offer services to people and their families consistently, underpinned by training and development for staff.
- Ensure the voices of people in our services help shape our continuous improvement journey.
- Enable better decision-making and choice on care provision and clinical practice through more active involvement of our service users, in particular those disproportionately represented in our services whose voices we don't hear

We will know we have been successful when:

- People who use our services are telling us that they have had a positive experience, including those who are waiting for treatment.
- We have embedded service user involvement throughout the organisation, including developing patient leadership roles.
- We have a coordinated approach to supporting children, young people, carers and their families that improves outcomes and experience.
- We have reduced the reliance on temporary staffing across services.
- We have implemented the Patient and Carer Race Equality Framework requirements.

**Confirmed
Current
Assurance
Level (QSC):**

2. Limited

**Confirmed
Current
Assurance
Level (MHLC –
restrictive
practices):**

2. Limited

Key Performance Indicators

Best Quality Services: Theme 1: Access & Flow

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Number of people with inpatient length of stay <=3 days	Strategic	Dec 23	4	TBC			3	
Number of people with inpatient length of stay > 60 days	Strategic	Dec 23	16	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Dec 23	60.4%	92%			68.1%	
Inappropriate Out of area bed days	Strategic	Dec 23	213					

Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Summary
% of staff trained as a CTW Champion	Strategic	Oct 23	46.8%	50%	
% of staff trained as a CTW Leader	Strategic	Oct 23	21.6%	20%	
% of staff trained as a CTW Practitioner	Strategic	Oct 23	35.9%	3%	
% of staff trained as a CTW Sensei	Strategic	Oct 23	65.3%	0.5%	
No of service users and carers involved in quality improvement projects (YTD)	Strategic	Oct 23	NA	NA	NEW METRIC – WORK IN PROGRESS
No of patients offered and participating in research studies (YTD)	Strategic	Oct 23	3	589	CHART IN PROGRESS

Key Performance Indicators

Best Quality Services: Theme 3: Improving the experience of people who use our services

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	Oct 23	30	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Oct 23	8	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Oct 23	97.0%	90%	N/A	N/A	95%	
No of patient safety incidents resulting in moderate or major harm	Strategic	Oct 23	75	0	N/A	N/A	N/A	

* defined by subcategories: Admission: Bed Shortage, Failure/Delay to access service, Cancellation of clinic/appointment, Cancelled therapeutic activity, Delay in referral, Treatment or procedure delay/failure

** defined by subcategories: Appointment Cancellations , Waiting For Appointment/Visit, Length Of Waiting List

Strategic Priorities – Assurance Summary

Making Best Use of Resources: We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do

Theme 1: Financial Sustainability – we will

- Ensure that all operational services and corporate functions optimise the use of resources, deliver best value and reduce waste within agreed budgets and with regard to environmental and social impacts

We will know we have been successful when:

- We are consistently delivering a financially balanced position at Trust and care group level.
- We can demonstrate the return on investment and value for money of investments in our physical and digital infrastructure

CONFIRMED
Current Assurance Level:

1. Low

Theme 2: Our environment and workspaces – we will

- Ensure that our people have opportunities to shape, test and implement digital solutions to stimulate innovation and creativity in service delivery.
- Co-design a revised green plan to embed sustainable healthcare models and to continually drive environmental improvements and innovation.
- Co-design spaces that meet the needs of our people and service users, are energy efficient and decarbonising and, where possible, use existing facilities in our neighbourhoods to reduce duplication and deliver care closer to home.
- Provide a robust, resilient and secure digital infrastructure that enables our people to do their job from anywhere, anytime

We will know we have been successful when:

- Services are co-located in shared health and care delivery spaces across Bradford and Craven, reducing our overall footprint.
- Sustainability and efficiency are embedded into all refurbishment and new build projects, using sustainability principles, completing sustainability impact assessments and taking account of NHS England's targets and guidance.
- We will have achieved the targets set out in our Trust's green plan by focusing on reducing waste, increasing recycling and reducing our carbon emissions.
- We have assessed our organisation as being digitally mature, including meeting/ exceeding all 10 standards within the data security protection toolkit

CONFIRMED
Current Assurance Level:

1. Low

Theme 3: Giving back to our communities – we will

- Contribute to the social, economic and cultural development of our place through social value led approaches, programmes and procurement

We will know we have been successful when:

- We can demonstrate that social value is built into all material investment and procurements.
- We have delivered the ambitions in our joint climate change adaptation plan, shared with Bradford Teaching Hospitals NHS Trust and Airedale NHS Foundation Trust.

CONFIRMED
Current Assurance Level:

2. Limited

Strategic Priorities – Assurance Summary

Good governance: Good governance, accountability and effective oversight

We will

Have in place good governance arrangements that ensure we make the best decisions

We will know we have been successful when:

We have well embedded governance processes that are clear and effective

CONFIRMED
Current
assurance
level:

3. Significant

Council of Governors – Public Meeting

1 February 2024

Paper title:	Overview of CQC engagement and enquiries	Agenda Item 10.0
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive, Director of Nursing and Quality for Bradford Healthcare Partnership (distributed leadership)	
Prepared by:	Rebecca Le-Hair, Head of Quality Assurance, Compliance & Patient Experience	
Committees where content has been discussed previously	Quality and Safety Committee	
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	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	x
	Improving the experience of people who use our services	x
Making Best Use of Resources	Financial sustainability	
	Our environment and workplace	
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	x

Purpose of the report

The purpose of this report is to provide the Council of Governors with information regarding the Trust's overall engagement with the CQC and related activity. This report covers the Quarter 3 reporting period (October – December 2023).

Executive Summary

As part of managing our relationship with the CQC, nominated members of the Trust's senior leadership team attend regular engagement meetings with its CQC Inspection Manager and Relationship Owner. The purpose of engagement meetings is to enable CQC to monitor provider performance and actions to support Trusts in their quality improvement plans. This allows the CQC to discharge its formal regulatory duty through informed discussion with providers.

This report provides a high-level summary of recent activity in relation to engagement with the CQC, Mental Health Visits, and enquiries received within 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 content of the report.
- Take assurance that the Trust continues to work to address the recommendations made by the Care Quality Commission through effective engagement and response to inspection activity.
- Take assurance that the Trust continues to effectively engage with the Care Quality Commission to provide timely response to enquiries received and learn from these to continuously improve our services.

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

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 | |

Compliance & regulatory implications

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

- Regulation 9, 12, 17 and 20

Council of Governors – Public Meeting

1 February 2024

Quarter 3 Overview of CQC engagement and activity

1 Purpose

The purpose of this report is to provide the Council of Governors with information regarding the Trust's overall engagement with the CQC and related activity. This report covers the Quarter 3 reporting period (October – December 2023).

2 Routine engagement activity

As part of managing its relationship with the CQC, nominated members of the Trust's senior leadership team attend regular engagement meetings with its CQC Inspection Manager and Relationship Owner. The purpose of engagement meetings is to enable CQC to monitor provider performance and actions to support Trusts in their quality improvement plans. This allows CQC to discharge its formal regulatory duty through informed discussion with providers.

In November 2023 informal monthly engagement meetings with our CQC inspection team were reinstated following the re-organisation within the CQC inspection team structure. There is no specific feedback to note from the November meeting, with no meeting being held in December. The next meeting is scheduled for 19 January 2024.

Formal notification of a reportable incident is made to the CQC as appropriate via the reporting portal/form, and notifications are reviewed for compliance at the Compliance and Risk Group chaired by the Chief Executive Officer.

3 Response to Formal Enquiries

This report provides a high-level summary of enquiries received between and including 1 October and 31 December 2023.

In addition to responding to formal enquiries, the nominated Senior Leadership Team continue to provide the CQC with early, informal notification of matters that might of CQC interest, by means of proactive engagement.

3.1 Enquiry activity

During Quarter 3, the Trust received a total of 16 CQC enquiries in total. This is a significant increase compared to the previous two quarters (Q1= 6, Q2=5).

All enquiries have been fully responded to within timescales agreed with the CQC.

The enquiries relate to the following service areas:

No.	Service /area
5	CMHT/Crisis FRS
2	CMHT
1	Integrated Outreach Team
2	Clover PICU
2	Oakburn – young person admission
1	Ashbrook
1	Airedale 136 Suite - young person admission to
1	ATU – young person admission
1	District Nursing – Unplanned
16	

3.2 Summary of Enquiries

3.2.1 CMHT/Crisis FRS (5)

All five enquiries relate to one patient who is in regular contact with the CQC and Patient Advice and Complaints Service. A management plan is in place for the handling of complaints from the patient. This also supports informing the patient's ongoing care and treatment plan. The management plan has been shared with the CQC.

3.2.2 CMHT (2)

- A patient raised concerns regarding a breach of personal information by the service. Assurances were given to the CQC regarding the process and policy with regards to information governance matters; and the governance arrangement for scrutiny and sharing of learning.
- The CQC received contact from patient regarding their symptoms and care; expressing also fears regarding their neighbours. A welfare check was undertaken, and the community psychiatric nurse (CPN) saw the patient regularly. Reassurance was given regarding the patient's care and welfare. Regular MDT meetings were taking place where the patient's ongoing care was discussed.

3.2.3 Integrated Outreach Team (IOT)

Concerns were raised with the CQC in quarter 2 in relation the IOT team. The CQC sought assurances regarding how this is being managed currently to ensure that patient safety is not compromised. A full response was provided in September 2023 (ref quarterly report to the Trust Board, Nov 2023). A further response was provided in December 2023.

The ongoing management of this matter remains a key agenda item for the Executive Management team and Executive oversight is being maintained through the clinical triumvirate of the Director of Operations, the Director of Nursing and the Medical Director.

3.2.4 Clover Ward PICU (2)

- An anonymous enquiry was received in relation to the culture and behaviours of staff on the ward. In this case the identity of the patient was not provided hence as full response as possible was provided to each of the concerns raised, within the limitations of this not being specific to the patient.

In view of the issues highlighted, an interim measure for a period on 6 months was agreed whereby a clinical manager was based on Clover Ward to support to strengthen and develop the ward leadership. The clinical manager led on formulating an improvement plan with the ward manager, consultant psychiatrist, lead occupational therapist and lead psychologist. A weekly ward leadership meeting was also implemented to update on the improvement plan and discuss any escalations.

This has been in place since October 2023. The positive impact is reflective in staff feedback, patient feedback and incident reporting. We are continuing to monitor the situation and repeat Quality Assurance Framework (QAF) visits will be planned to check on the embeddedness of the improvements in the coming months, sooner should intelligence arise that would indicate that this is not happening.

- An enquiry was originally received in April 2023: this was an anonymous mail received by the CQC in relation to Clover Ward regarding allegations of racism and bullying culture towards staff and service users. Further contact received from the CQC November 2023 requesting the response to the original enquiry.

A review of this case was therefore undertaken. The ward team was aware of concerns of a similar nature raised by a patient, directly with the Trust at around this time. The service manager, governance team (to triangulate the information shared with the CQC as part of this process) and BDCFT Safeguarding team fully reviewed the concerns identified under the BDCFT Safeguarding Staff Allegation process. This review found that the allegations of bullying and racist culture towards staff and patients were unsubstantiated.

The CQC were assured that as part of our oversight of such issues, we have support measures in place to monitor staff conduct and behaviour through appraisals, line management supervision, team meetings/briefings and through our Quality Assurance Framework (QAF). The CQC were aware that one of the outcomes of the QAF was the improvement plan that has been in place since October 2023.

Weekly staff allegation meetings provide organisational oversight of concerns raised about staff, ensuring processes are adhered to ensure the safety of patients and staff.

3.2.5 Oakburn (2)

Both enquiries relate to a young person admission to an adult ward following formal CQC notification.

Notification 1:

The young person was discharged back to the family home within 48 hours of admission with a support plan in place. Their family were involved throughout and actively collaborated with the clinical team to support the discharge.

Notification 2:

The young person was appropriately nursed in the annex attached to Oakburn Ward. They received visits from their mother during the admission and their mother was also involved in review meetings. The young person was advised of their right to an advocate which can be arranged by the CAMHS team and staff continued to offer advocacy support, to also be passed on with their transfer.

The young person was accepted at Red Kite View (CAMHS Inpatient Unit) and was transferred as planned.

3.2.6 Ashbrook

An enquiry was received following us proactively sharing information with the CQC to advise them of the serious incident. Whilst the incident did not strictly reach the criteria for STEIS reporting, due to the significance and potential opportunities for learning a report was submitted and a full patient safety investigation initiated. This is being managed and reviewed accordingly via the Patient Safety Executive Panel.

Assurances were given to the CQC regarding the above and ongoing process. The response included information regarding immediate actions and strengthening the process of risk assessment for ongoing use of the Trust site concerned as this was also a meeting space for patients and visitors. Monitoring of this was implemented.

Early learning showed the need to carefully consider the safety risks of using this space in its current open-access, and way. A review of relevant Standard Operating Procedures was commenced. These will be reviewed by the Clinical Board prior to implementation. The SI review is also ongoing.

3.2.7 Young person admission to Airedale 136 Suite

An enquiry was received following formal notification to CQC of young person admission to the Airedale 136 Suite. At the time of the enquiry a meeting was scheduled with the Social Care team to review the social care support with a view to discharging the patient home with a Trauma Informed Pathway Team consultation and Multi Agency Care Plan.

The young person was always receiving appropriate observation and engagement with staff. Daily visits from CAMHS staff were in place to ensure the care and treatment of the young person was maintained in line with their risk assessment and care plan; and to ensure this was adapted as necessary to reflect the young person's presentation and situation. The Family were engaged in the Young Person's care and treatment and involved in the decision making.

3.2.8 ATU – young person admission

This enquiry relates to liaison with the CQC to provide additional information and updates regarding a young person admitted to ATU. The care plan was shared with the CQC and service commissioners attended the site early to review the accommodation and ensure they were satisfied with the care being provided.

A further update was provided to the CQC on request, regarding frequency of reviews of the Long-Term Segregation (LTS), the frequency of which related to these being a trigger for the young person causing significant distress. This was reviewed in the weekly MDT to ensure a holistic view of care. The arrangements for the patient's care were also discussed with commissioners.

3.2.8 Unplanned Care: District Nursing

This enquiry relates to reduced staffing in the Unplanned Care Service impacting on patient care, in particular a case of delay in administration of palliative care medication during the night shift. There were also reports to the CQC of staff not receiving the correct breaks and being unable to book annual leave.

A full response was provided to the CQC in December 2023 pending the outcome of a timeline review and discussion of the individual patient incident referred to in the enquiry, at the Patient Safety Executive Panel (PSEP) on 28 December.

Following planned discussions at PSEP a final report was shared with the CQC to provide assurance with regards to the timeline and identified improvements as well as a response that advised of:

- regular meetings across PLACE to ensure that the aims and delivery model of these teams are aligned to place based objectives
- receipt of a deep dive at Quality and Safety Committee in November 2023 looking at the impact of the transformation on district nursing teams
- a PLACE-based table-top exercise reviewing the transformation scheduled for January 2024
- a requested further deep dive to be brought to a joint committee meeting (Quality & Safety Committee, Finance & Performance Committee and People and Culture Committee) in January 2024

4.0 **Inspection activity**

Two CQC Mental Health Act Visits took place during quarter 3. Following these visits, the CQC produce a Provide Action Statement for Trust response. This is completed by the service under the oversight of the operational and nursing executive team.

4.1 Oakburn: 20 November 2023

Provider Action statement and associated actions submitted to the CQC 19 December 2023.

4.2 Moorlands View Baildon: 29 November 2023

Provider Action Statement submitted to the CQC 16 January 2023.

5.0 Recommendations

The Council of Governors is asked to:

- Note the content of the report.
- Take assurance that the Trust continues to work to address the recommendations made by the Care Quality Commission through effective engagement and response to inspection and enquiry activity.

Rebecca Le-Hair

Head of Quality Assurance, Compliance and Patient Experience

17 January 2024

Escalation and Assurance Report (AAA+D)

Report from the: Charitable Funds Committee

Date of meeting: 19th October

Report to the: Board of Directors

Agenda
Item

11.1

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Sustainability of the Charity	Existing	High
Key person dependency	Existing	Low

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
<ul style="list-style-type: none"> Key person dependency. Helen Verity has decided to pursue opportunities outside of the organisation and leaves at the end of the year. Charity continues to perform well with Charity Ball raising 21k. 	<p>CJ looking at structure and roles to mitigate</p> <p>Learns for 2024</p>	<p>CJ</p> <p>CJ</p>	<p>ASAP</p> <p>Ongoing</p>
Advise:			
<ul style="list-style-type: none"> Strategy focus remains both fundraising and applying for grants. In the 7 months of this financial year we have received £75,596 in grants against a target for the full year of £100,000. Our fundraising has exceeded our target of £30,000. The Dragon Boat race, Golf day, Great North Run and Charity Ball significant contributors. The breadth of support in the local community continues to build with City of Culture 2025 and the National Trust new partners. The closing balance of the Charitable Fund at 30th September 2023 was £204,185.39. This is an increase in funds of £31,839.25 from the opening balance of £172,346.14 at 1st April 2023. Given the financial stability of the Charity the Committee were asked to move the supporting roles which are fixed term contracts to permanent which was approved subject to finance dept confirmation. 			
Assure:			

Better Lives Charity Annual Accounts 2022/23

Audited Annual Accounts and Annual Report for 2022/23 were reviewed. Some key findings from the external audit review for the annual accounts as follows;

- KPMG intend to issue an unqualified opinion on the accounts, once the Audit Committee have adopted them and signed the representation letter,
- No significant accounting issues arose during the audit,
- No material misstatements,
- No adjusted or unadjusted audit differences,
- No recommendations arising from the audit.

Final audit opinion and ISA260 will be issued by KPMG when the accounts have also been adopted and approved by the Audit Committee on 26th October 2023, and the Letter of Representation has also been signed on that date.

Decisions / Recommendations:

-

Report completed by: Mark Rawcliffe

Escalation and Assurance Report (AAA+D)

Report from the: Finance and Performance Committee

Date of meeting: 23 November 2023

Report to the: Board of Directors

Agenda
Item

11.2

		Relevant operational high risks score 15+ identified in high risk report update (risk number & descriptor)
Best Use of Resources	Theme 1: Financial sustainability	2609 (out of area placements) 2617 re-procurements of Bradford 0-19 contract)
	Theme 2: Our environment and workspaces	2672 (Lynfield Mount redevelopment), 2605 (redbox recording), 2708 Pipework at ACMH), 2564 (poor connectivity)
	Theme 3: Giving back to our communities	No risks scoring 15+ identified
Best Quality Services	Theme 1 - Access & flow (performance perspective)	2609 (out of area placements), 2611 (IAPT waiting sits), 2620 Increased demand in SALT), 2451 (Capacity for community psychological therapy), 2577 (staffing capacity for initial Health Assessments)

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
There is a maintained risk that the trust will be unable to maintain its financial sustainability in the medium to long term	Existing	Low – there are in year mitigations in place within the Trust, which is also contributed to by wider system pressures
There is a risk that ongoing lack of capital funding will mean we are unable to effectively address the short, medium and long term estates requirements at Lynfield Mount, impacting on the safety, experience and outcomes for patients and staff	Existing	Low – capital funding is out of the control of the Trust, alternative plans are being explored but require support from partners

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date

<p>Use of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds remains a significant risk. The Operational Plan is predicated on reducing out of area placement costs from £7.1m (costs in 2022/23) to £3.8m in 2023/24, by reducing out of area bed days from 8,411 in 2022/23 to 4,757 in 2023/24. The forecast for the year has increased to £10.2m, with 6740 out of area bed days forecast for the year.</p> <p>Cost Improvement Plan (CIP) performance is mainly impacted by elevated costs for out of area placements and temporary staffing spend as outlined above, with the year to date performance being £2.6m offtrack, and forecast £6.8m off track</p>			
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Advise:

- To meet the Agency Cap threshold costs were planned to reduce by £4m (from c£10m in 22/23 to £6m in 23/24). Agency costs remain over the NHS England cap by £2.6m, partly due to inpatient staffing vacancies during half 1 and ongoing locum costs. Plans to reduce nursing agency costs (qualified and unqualified) have been successful due to recruitment activities, increased bank roles (students and agency conversions) and a focus on retention, with run rate costs reducing in half 2.
- Medical Staffing conversations are taking place to move locums onto substantive contracts, with an aim to reduce locum costs in Quarter 4. Improved oversight and action monitoring to support improvement activity. Consideration being given to workforce modelling.
- The West Yorkshire System agreed to a breakeven plan, recognising that plans are still required to deliver further efficiencies of £25m (of which £6.2m is attributable to the Bradford Place). At Month 7 the Integrated Care Board is reporting an adverse variance against plan with a forecast risk of c£117m.
- Continuing performance pressures on dental waiting lists due to lack of access to general anaesthesia treatment provided by partners. Ongoing risk and quality implications continue to be flagged to West Yorkshire System.
- Report on digital activities and priorities provided an update to Committee on internal and external activity. Development taking place to improve oversight of digital projects / measures to support strategy deployment and operational activity. Committee noted importance of co-production with digital colleagues supporting agreed activity.
- Report on estates activity and priorities provided an update to Committee on underperformance against agreed CIP for 2023/24 but a recovery plan position for 2024/25. Trust estates strategy being aligned to West Yorkshire infrastructure strategy. Update on Lynfield Mount Hospital re-development reminded Committee of the enabling work taking place as agreed by the Board, with building work commencing January 2024. Ongoing lobbying and partnership discussions taking place on capital usage to fund agreed estates re-development, risk of not re-

developing LMH due to backlog maintenance costs, plus quality and safety concerns remained on Trust and System risk monitoring system.

Assure:

- Confidence was noted by Committee on the deep dive analysis undertaken on Out of Area Placements activity and recovery plans. Although the continuing financial pressures were reported, the start of an improving trajectory was noted which was supplemented by recovery activity and improved oversight monitoring. The learning will inform 2024/25 and 2025/26 planning.
- Improved oversight arrangements and recovery plan focus supporting improvement activity for recruitment risks, including a positive shift to 83% of temporary staffing roles filled by Bank staff for the 1st time at the Trust.
- Care Trust Way methodology being utilised to support co-production improvement activity through workshop discussion to support planning. Consideration being given to other areas of CIP and strategic priorities that could be supported by a deep dive.
- Committee were assured on an improved use of data to support oversight reporting and discussions within the Trust. Principles of Daily Lean Management, aligned to the Care Trust Way methodology, continue to be embedded successfully within the Trust. This includes the business partnering model maturing, to ensure a multi-disciplinary team approach to discussions and decision making. Consideration being given to visibility of verified data within services to support monitoring and improvement activity. Further work taking place to support improved oversight of data quality projects / measures to support strategy deployment and operational activity.
- Congratulations were noted to the Finance Service for achieving the Future Finance level 2 accreditation.

Decisions / Recommendations:

- Nothing reported.

Report completed by: Maz Ahmed, Chair of the Finance and Performance Committee, November 2023

Escalation and Assurance Report (AAA+D)

Report from the: **Mental Health Legislation Committee (“C”)**
Date of meeting: **30.11.23**
Report to the: **Board of Directors**

Agenda
Item
11.3

		Relevant operational high risks score 15+ identified in high risk report update (risk number & descriptor)
Best Quality Services	Theme 3 – Improving the experience of people using our services (specifically in relation to restrictive practices)	None.

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
I shall focus on two such risks in this report: There is a risk that the safety and experience of service users and staff is materially compromised by a limited ability of the trust to respond, in a sufficiently coherent and rapid way, to estates issues and/or innovations. There is a risk that the safety and experience of service users and staff is materially compromised by the unjustified or badly-managed use of restraint/intervention on the wards.	Existing Existing	Significant Significant

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
N/A			
Advise:			
1. There was a positive update on the two specific risks identified/escalated in C’s previous AAAD report: (1) a solution had been found in relation to the hearing room at the Airedale Centre for Mental Health – the estates team is progressing with procurement arrangements; (2) the Positive & Proactive Group is leading on the work relating to the use of safety pods – there <i>are</i> sufficient pods but there needs to be careful care planning in relation to individual service users. C will be provided with a further update, via the Positive & Proactive Group, at C’s next meeting.			

2. The **Mental Health Act Half Year Report** was noted and approved.
3. An update was provided regarding the **Mental Capacity Act action plan**. The November audit had just completed and would be shared with clinical board first and then C. There had been a dip in training compliance; but a plan was in place to restore compliance levels.
4. C was updated on the ongoing work at the Trust regarding the **searching of patients and property**. The procedure is being updated. Work to the section 136 suite should be completed within 6 weeks. New risk training had been rolled out. An increase in AWOLs had resulted in an increase in searches. Improvements to the reporting of AWOLs / the system had been made. There had been an increase in service users buying contraband online and (a small increase) in illicit substances. The relevant policy will be monitored and reviewed by the monthly inpatient oversight group. C asked for a further specific update in 12 months.
5. The Head of Safeguarding shared a draft report relating to provider standards for the Mental Capacity Act and **statutory safeguarding duties**. Of the 26 components, the Trust had been rated green on 22 and amber on 4.
6. The Head of Equality briefed C on the **Act Against Racism Programme**. C supported and endorsed the proposal for the Trust to sign up to the programme. C noted that the Trust was considered largely compliant already but there remained room for further improvement.
7. An involvement partner expressed a concern that the NHS has been said (generally) to be selling data to the US and raised the associated issue of patient consent. The medical director agreed to investigate and update.

Assure:

8. No new major concerns arose from the **integrated performance report**. However: (1) there had been a dip in the training metrics relating to healthcare support workers, though that was due to the significant increase in new colleagues joining the Trust and a recovery plan is in place; and (2) there had been an increase in incidents reported on certain wards (Heather, Najurally) in October, which C will continue to keep a close eye on.
9. Thabani Songo presented a detailed recent report from the Positive & Proactive Group. It provided further assurance of improvement (in terms of lowered interventions on the wards) over time (since May), albeit with an uptick in October. An **independent report**, by the lead nurse of another Trust (within the system), into the use of blanket restrictions on Heather ward had been completed, and the report should be ready to be shared with C at C's next meeting.
10. A researcher from the University of Oxford gave a presentation about some **innovative research** conducted with inpatients – in keeping with the principles of “co-production” which C considers to be important – about what it's actually like to be sectioned under the Mental Health Act etc. C challenged about whether a formal action plan could usefully be produced as a result of the interesting/ insightful research. The Medical Director agreed to consider and update C.
11. There had been no CQC Mental Health Act **monitoring review visits** since C's last meeting.

Decisions / Recommendations:

- Previous Minutes were approved.
- The Mental Health Act Half-Year Report was approved.
- Overall, and trying step back to look at things in the round, C took the view that it had **significant assurance** in relation to “Theme 3” (see above) in general.

Report completed by: Simon Lewis (03.01.24)

Escalation and Assurance Report (AAA+D)

Report from the: Quality and Safety Committee (QSC)

Date of meeting: 16 November 2023

Report to the: Board of Directors

Agenda
Item

11.4

Key escalation and discussion points from the meeting

Alert	Action (to be taken)	By Whom	Target Date
Nothing to alert.			

Advise:

1. The Trust's Emergency Preparation Response and Resilience arrangements were activated on 15.11.2023 due to threatening behaviour from a service user. The Trust's EPRR framework supported colleagues and partners to deal with the serious incident.
2. The Involvement Partner outlined ongoing engagement taking place with service users within the autism and BANDs service, following feedback received on the difficulties accessing support and challenges of sharing information during assessment.
3. QSC received a deep dive on the continuous improvement work taking place at the Integrated Outreach Team (IOT), which had been identified July 2023 following a Quality Assurance Framework (QAF) visit. Targeted work was taking place on the Trust's approach to Community Treatment Orders (CTO), and Structured Judgement Reviews (SJRs), with a focus on ensuring the least restrictive approach of support is delivered. Ongoing work taking place to provide continued leadership partnership support from the Trust and Local Authority, and agree an organisational development plan for the multi disciplinary team.
4. QSC received an update from the Speech and Language Therapy Service (SALT), following continued performance pressures reported through the year over the last two years impacted by a -4% workforce growth this year. The deep dive outlined feedback gathered from colleagues in the service and the findings from a Rapid Process Improvement Week to support continuous improvement which highlighted significant levels of low morale, challenges with increased demand, and a variance in locality within the workforce model. Areas of innovation and good practice had been seen, with the next steps outlined to support an options appraisal to support transformation by 8.1.24-
5. QSC received an update from the Community Nursing Transformation following concern reported over the year. The deep dive outlined an increase in demand, and planned changes to workforce modelling had resulted in lower colleague retention rates, higher unplanned absence raters, and an increase in incidents. A Rapid Process Improvement Week had supported identification of the refreshed service baseline to understand the new service model. Lack of clarity regarding freedom to recruit to vacant posts was highlighted along with the need to meet regularly with corporate colleagues about recruitment.

Assure:

1. Learning from your experience: Falls Prevention team. Outlined the assessment and training provided to service users, carers, and partners by this specialist service. This included higher and further education organisations to support student training on the importance of prevention. QSC noted the impact prevention and training has on reducing admissions and trauma caused through falls. The team continue to work with social care, charities, and GPs to support prevention.
2. The Involvement Partner provided positive feedback on continuous improvement work taking place within the Trust's Patient Experience, Carers and involvement team, including an increase in involvement opportunities, and a shared understanding of the new vision for the service aligned to a refresh of the involvement strategy in 2024.
3. The Involvement Partner outlined how service users felt reassured following a communication update from the Chief Pharmacist on the national ADHD medication shortage, and the work taking place to resolve the issue.
4. QSC received an update on the QAF, which included assurance on how the framework was becoming embedded and being used a tool to support thematic analysis and targeted review/intervention work. The QAF is linked to the Joint Nursing and Operations weekly call out meeting, and has been updated in line with the CQC's quality statements replacing the KLOE model.
5. Bi-Annual Report: Learning Report; Patient Safety Incidents Information and Complaints – Monthly Update; and Learning from Deaths and Patient Safety Incident Reports – Quarterly Report were received.
6. Medicine Management Annual Report outlined the level of assurance provided by this service across a significant breadth of specialisms, within the Trust and across the Place, System. The success of electronic prescribing; good governance within medicine management processes; and role skills mixing to support need was noted.
7. An update on the Trust's approach to becoming a smoke-free organisation was received, which included an overview of activity within this area over the last 7-years, creation of roles to support re-implementation, a continued engagement model with service users and services, and the key priorities within the project.
8. The Safer Staffing report outlined continuing work to support colleague retention, focusing on ensuring colleagues have the right skills and competencies, and ensuring a safely staffed ward environment remains in place. The NHS England inpatient guidance has been implemented, with the Trust continuing to operate a daily call out model to support collective discussion on workforce models to manage wards.
9. Clinical Board is monitoring the Trust's approach to the dispensing of Valporate.
10. Patient Safety and Learning Group monitoring the Trust's approach to anti-ligature.
11. System Quality Committee monitoring Place changes to Care Homes, including closures, and updated continuing professional development requirements.

Decisions / Recommendations:

None.

Report completed by: Alyson McGregor

Chair of the Quality and Safety Committee

Escalation and Assurance Report (AAA+D)

Report from the: **Quality & Safety Committee**

Date of meeting: **21 December 2023**

Report to the: **Board of Directors**

**Agenda
Item**

11.4

		Relevant operational high risks score 15+ identified in high-risk report update (risk number & descriptor)
Best Quality Services	Theme 1 - Access & flow (quality perspective)	2620 2611 2504 2451 2547
	Theme 2 – Learning for improvement	No risk scoring 15+
	Theme 3 – Improving the experience of people using our services	2621 2653 1661 1989 2102 2572

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
There is a risk that the continued pressure relating to gaps across our workforce will impact on the quality of care we are able to provide to patients	Existing	Limited assurance
There is a risk that the continued high demand and acuity in a number of services including acute inpatient, community MH, Children & Adults, Podiatry, LAC, will have a negative impact on patient experience and outcomes	Existing	Limited assurance

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Advise:			
<ul style="list-style-type: none"> Received an update from the Perinatal Mental Health Service – including work to increase awareness of red flags across the trust and the benefits of support and intervention to both the mother and baby, as well as the ripple effect in reducing longer term support requirements for both mother and baby. Opportunities for further development and limitations due to resourcing, including the national lack of trained psychiatrists, were identified. 			

- Our Involvement Partner member raised concerns about the inclusiveness of leaflets (language, accessibility for neurodivergent people) – there is guidance available for services but this will be re-visited as the Involvement Strategy is reviewed next year.
- Whilst overall out of area placements remain high, this is starting to reduce as a result of work happening around access and flow. It is hoped that this will continue to improve although system finances and winter pressures may impact on this.
- Dental anaesthetic activity continues to be impacted by the junior doctor strikes due to cancellation of theatre time to keep it free for emergency activity.
- ADHD – waits continue as do the challenges in relation to ADHD medication.
- Noted that we are seeing a spike in children and YP in distress being admitted to acute (physical health) environments or to our 136 / CAMHS annex areas. CAMHS have put in place support packages into physical health wards and Red Kite view are evidencing more flexibility and it is hoped that this will help in managing the issue. The national and West Yorkshire situation was discussed.
- Ongoing concerns around the culture in the Intensive Outreach team were highlighted. Plans for managing both the cultural issues and to ensure the safety of patients were discussed.
- Concerns around challenges in community nursing were discussed, including a recent CQC enquiry as a result of concerns raised by them relating to a specific incident. Work is ongoing to work with the senior leadership and with partners across Bradford to continue to address this.
- Concerns continue the organisations ability to recruit into vacant posts. Progress has been made to support the recruitment to model roster 3, however key areas of concern remain in community nursing and learning disabilities. This could impact on the Trusts ability to fulfil its transformation programme and delivery of safe effective care.
- AAA+D reports were received from the Clinical Board, Involvement and Participation Strategic Group, Patient Safety & Learning Group, Safer Staffin Group, AHPs, Senior Leadership Team and System Quality Committee. Items for alert included work that is ongoing to properly record AWOLs and AWOL attempts to enable better understanding and risk assessment on these; constraints in clinical and professional leadership for AHPs across adult mental health leaving staff feeling unsupported and reduced capacity for dysphagia assessments from the SALT team due to vacancies.

Assure:

- Closed Culture visits to our inpatient wards continue under the Quality Assurance Framework.
- EMT continues to monitor the use of agency locum consultants with progress being made with individual locums to bring them into the Trust.
- Our research teams continue to work with a range of partners, notably in Dementia and Children and Young People alongside Born in Bradford. The Age of Wonder collaboration has recently received a NIHR grant in regard to work on mental health support through schools. Discussion with University of Bradford is leading to development of potential joint posts as part of their bid for developing a mental health research theme supported by new central funding.

- Work has been ongoing to review the trust's use of valproate in light of emerging research of affects on children when this is prescribed to males. Assurance was provided that we have been prescribing in line with guidance and are moving ahead of guidance changes to further change our prescribing practices in light of the emerging research.
- The issue with student nurses raised in a previous committee relating to late notification of not passing exams has now been resolved. All but one of these students have now passed their resit exams so can qualify.

Decisions / Recommendations:

To note – all decisions are provisional (pending virtual approval) as the meeting was not quorate

- The Terms of Reference for the Infection, Prevention and Control Committee were ratified
- The Committee agreed to support the proposal for the Trust to sign up to the Act Against Racism Programme
- The Committee agreed with the assurance levels proposed by the Executive team relating to Theme 1: Access and Flow (Limited assurance); Theme 2: Learning for Improvement (Significant assurance) and Theme 3: Improving Patient Experience (Limited assurance)
- The Committee agreed that the two strategic risks identified in October remained relevant, as did the mitigation levels. No significant changes have been identified.
-

Report completed by: Sally Napper

Council of Governors – Public Meeting

25.01.24

Paper title:	Trust Approach Zero Tolerance to Racial Abuse	Agenda Item XX
Presented by:	Lisa Wright, Head of Equality, Diversity and Inclusion	
Prepared by:	Lisa Wright, Head of Equality, Diversity and Inclusion	
Committees where content has been discussed previously	People and Culture Committee Quality and Safety Committee Mental Health Legislation Committee	
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	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	√
	Belonging to our organisation	√
	New ways of working and delivering care	√
	Growing for the future	√
Delivering Best Quality Services	Improving Access and Flow	√
	Learning for Improvement	√
	Improving the experience of people who use our services	√
Making Best Use of Resources	Financial sustainability	√
	Our environment and workplace	√
	Giving back to our communities	√
Being the Best Partner	Partnership	√
Good governance	Governance, accountability & oversight	√

Purpose of the report
This report sets out the Trusts approach to tackling racial and other types of abuse, the governance and accountability in place to monitor incidents, staff and patient experiences

and the engagement structures that ensure the Trust has an accurate and up to date picture of the situation.

Executive Summary

The Trust has a framework for addressing racial and other types of abuse. This includes a range of policy, procedure, support and training mechanisms. Data is monitored regularly to identify performance and hotspot areas. There is a governance and accountability mechanism where this information is reported. There is a mechanism for engagement with staff affected abuse and with leadership responsibility for implementing the framework to ensure that we have real time feedback on this issue.

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 framework for managing racial and other types of abuse.
- Note the governance and accountability structures in place to oversee the performance around this metric.
- Note the engagement structures in place to ensure the voice of staff affected by abuse is heard in real time.

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:

-
-

Care Quality Commission domains

Please check **ALL** that apply

☒ Safe

☒ Caring

☒ Effective

☒ Well-Led

☒ Responsive

Compliance & regulatory implications

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

- Equality Act 2010
- NHS Workforce Race Equality Standard

Council of Governors – Public Meeting

01.02.24

1 Purpose



This paper provides information about the Trusts approach to managing racial and other types of abuse within the organisation. The paper outlines the governance and accountability structures in place and the engagement mechanisms established to support real time feedback on these issues.

2 Proposed Outcome

The Trust has a responsibility under the [Equality Act 2010 \(legislation.gov.uk\)](https://legislation.gov.uk) to further the general duties to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity for staff and people using our services with protected characteristics and to foster good community relations between groups.

NHS England launched the [NHS equality, diversity and inclusion \(EDI\) improvement plan](#) in June 2023. One of the six high impact actions outlined within that plan is ‘to create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur’. The Trust has embedded this into our Framework and [NHS England » NHS Workforce Race Equality Standard](#).

The NHS Workforce Race and Disability Equality Standards have nine metrics that measure the experience of Bradford District Care Foundation Trust staff annually. A cluster of four of those metrics relate to experiences of harassment, bullying, and abuse and discrimination. The Trusts 2023 results taken from the 2023 staff survey are as follows:

<div>  Bradford District Care NHS Foundation Trust </div>				
NHS Workforce Race Equality Standard 2023				
Indicator	2022		2021	2020
	BME	White	BME	BME
5. % of staff experiencing harassment, bullying or abuse from patients, service users, their relatives, or the public in the last 12 months.	29% (32%)	22%	30%	30%
6. % of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	21% (23%)	18%	23%	25%
8. In the last 12 months have you personally experienced discrimination from any of the following: Manager/Team Leader or other colleagues.	13% (14%)	6%	17%	19%
2022 BME median baseline (*)				
<div>  EQUALITY DIVERSITY INCLUSION better lives, together </div>				
W: www.bdct.nhs.uk			T: @BDCFT	

Although there have been improvements within the staff survey data on all three of the metrics relating to abuse it still shows that a significant proportion of staff experience abuse of some description and when looking at minority groups that rate of experience is higher.

This means that this continues to be a key priority to the Trust in reaching the aspirations to be the Best Place to Work for everyone.

3 Options

The Trust has worked hard over the last ten years to ensure that there are clear policies, frameworks and processes for reporting and addressing abuse but also supporting the people affected. These include;

For patient to staff abuse:

1. A Framework for Managing Racial and Other Types of Abuse. This document is included in **appendix 1** for further information. It guides the work with six key elements to be in place to ensure effective responses to abuse. There is a suite of resources available linked to this framework including posters, flow charts, a support pack for staff affected by abuse, a senior managers responsibilities chart and staff network leaflets and posters.
2. A Policy for Managing Racial and Other Types of Abuse from Patients, Carers and the Public.
3. A training module offered to all staff monthly to understand the policy, how to implement it and what support is available.
4. The [Act Against Racism | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/act-against-racism) which the Trust signed up for in October 2024.
5. Incident reporting includes a category for racial abuse, physical violence, verbal abuse which is monitored weekly.
6. Critical incident debriefs are available for staff affected by incidents.
7. The Mental Health Care Group have an interactive partnership with West Yorkshire Police developing responses to abuse within Mental Health Inpatient Services with a dedicated pathway currently underway to ensure all reported incidents are reviewed by a dedicated policing lead.

For staff to staff abuse:

1. The Trust has a Dignity and Respect Policy which covers issues of bullying, harassment and discrimination.
2. The Kind Life project and materials includes e-learning and face to face workshops to support inclusive teams and ways of working. There are six resolution guide workbooks available to support staff in addressing abuse, bullying and harassment in the first instance using the 'BUILD' model right through to support for formal processes within the Dignity and Respect Policy.

Support for staff affected by abuse

The Trust has a comprehensive wellbeing@work offer available to staff. A run down of what is available is included in **appendix 2**. A support pack is available with a summary of specific

support available relating to abuse, this is included in **appendix 3** for information. This includes a wellbeing support for diverse staff section. Within the framework and policies it is advised that wellbeing check ins are carried out regularly around abuse, when abuse occurs management and clinical supervision offers are increased.

Governance and Accountability

1. The Aspiring Cultures Staff Network, Beacon Network and Rainbow Alliance provide a safe space and collective voice for staff to share their experiences of abuse. These are linked directly into the Trust Senior Leadership Team via the Strategic EDI Staff Partnership Group. Union representatives also have places on this partnership to talk about issues they are hearing within the workplace.
2. There are regular agenda items about the NHS Workforce Equality Standards at the People and Culture Committee and the Quality and Safety Committee.
3. The requirements are captured within the Trusts Belonging and Inclusion Plan and Equality Objectives.
4. The Trust publishes the results and action plan linked to the NHS Workforce Standards annually on the BDCFT website.
5. The Care Groups monitor incident levels in for example Communications Cells, Positive and Proactive Groups and Quality and Safety Groups.

The Trust has independent mechanisms for staff to raise concerns and gain support around issues of bullying, harassment, discrimination and abuse. These include the Freedom to Speak Up Guardian and Champions, trained Bullying and Harassment Support Officers, the staff networks and union representation. Staff are encouraged to report incidents via the Hate Crime Reporting Centres.

In addition to these processes the Trust is a member of a regional group with other Mental Health Trusts who work together to share good practice, resources and benchmark against each other.

4 Risk and Implications

Despite having clear and robust strategic commitments and a plethora of resources and guidance in place abuse is still a major factor for staff within the Trust. Supporting mental health patients does mean that abuse levels can be higher due to mental capacity and potential distress of those in our care. Analysis of the last 3 months rates of abuse is included in **appendix 4**. The key message we want to get across to staff is that 'it is not ok'. We want to ensure there is the understanding and expectation that abuse will always be responded to, minimised with the aim of eliminating it and staff experiencing abuse will always be supported. In some areas where abuse rates are high there is a risk that the threshold of what staff will endure is higher. Again, the message is that we want to be clear 'this is not ok'.

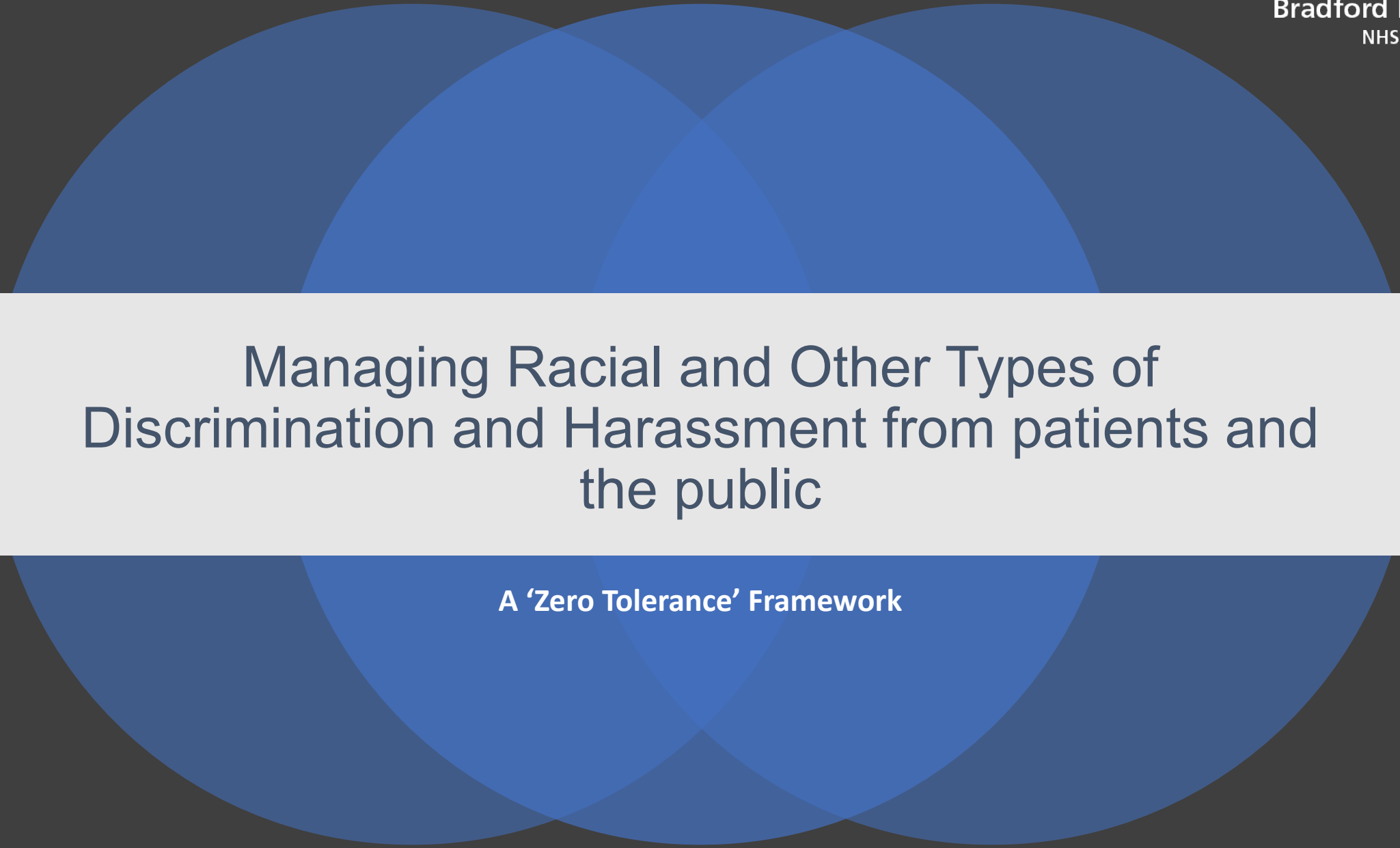
Where we are not acting upon abuse with the aim of reducing or eliminating it and we do not offer support to our staff we are at risk of breaching the Equality Act 2010 General Duties. This has legal, financial and reputational implications. It can affect our chances of meeting

out strategic aims to be the best place to work, reduce staff turnover, increase retention and sickness levels. There is also a potential knock on affect to the quality of patient care.

5 Results

Progress and information about these issues are reported to the People and Culture Committee, Quality and Safety Committee, Strategic Staff EDI Partnership, Senior Leadership Team and staff networks. Summaries are published on the Trust website for compliance.

Lisa Wright
Head of EDI
25.01.24

Three overlapping circles in shades of blue, creating a Venn diagram-like pattern. The top circle is a medium blue, the bottom-left is a darker blue, and the bottom-right is a lighter blue. They overlap in the center and on the sides.

Managing Racial and Other Types of Discrimination and Harassment from patients and the public

A 'Zero Tolerance' Framework

Strategic Context

- Equality Act 2010 General Duties
 - Eliminate unlawful discrimination, harassment and victimisation.
- Potential enhancement of the Equality Act – 'Worker Protection Bill'.
- NHS Workforce Race Equality Standard
 - Metric 5 Percentage of staff experiencing harassment, bullying and abuse from patients, relatives or the public in the last 12 months.
- NHS England EDI Improvement Plan
 - High Impact Action 'eliminate conditions and environment in which bullying, harassment and physical harassment occurs'.

A strategic framework

Aims:

- To be clear about our zero-tolerance approach and expectations.
- To create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.
- Ensure we have a consistent response and support offer for all staff.

1. Policy and Process

- We have an effective policy which is applied consistently.
- Teams have an agreed and understood way of responding to abuse which fits within the policy framework.

2. Oversight and Accountability

- We know where abuse is happening within the organisation in real time.
- We each know our responsibilities in responding to and reducing abuse and supporting staff who have experienced abuse.

3. Performance and Governance

- We have set targets relating to metric 5 and we monitor progress against these regularly.
- Levels of abuse, its impact and the support offer is monitored regularly to provide assurance.

4. Training and awareness

- We have a comprehensive offer of training that support all staff in meeting our aims.
- We have an awareness campaign that runs throughout the year.

5. Confidence and Consistency

- We will increase staffs confidence to speak out, report and tackle abuse.
- We will ensure consistency across the Trust in how abuse is addressed and staff are supported.

6. Communication

- We will speak openly and regularly about abuse and its impacts.
- We will talk about the challenges and solutions in implementing our policy.
- We will share our experiences and learning for growth around this agenda.

1. Policy and Process

- *We have an effective policy which is applied consistently.*
- *Teams have an agreed and understood way of responding to abuse which fits within the policy framework.*

- **Abuse is prevented.** This means:
 - Teams have discussed the policy and Trusts approach; team members understand what the team do when abuse is occurring. This has been documented and the policy checklist is used.
 - Abuse and wellbeing is discussed at every team meeting and supervisions.
- **Abuse is stopped.** This means:
 - The perpetrator is asked to STOP and reminded of our Trust policy. The letter within the policy is used to reiterate this message to the perpetrator. Continued abuse is escalated to a senior manager to be addressed within the policy process.
 - The incident is consistently reported, themes and trends are monitored and responded to.
 - A review of clinical care is undertaken in response to the incident.
- **Staff are supported.** This means:
 - All staff know about the wellbeing offer, it is discussed at team meetings and supervisions.
 - After an incident wellbeing check ins occur and increase. Staff are supported to access the wellbeing offer.
 - Future risk is managed in discussion with the victims and witnesses.

2. Oversight and Accountability

- *We know where abuse is happening within the organisation in real time.*
- *We each know our responsibilities in responding to and reducing abuse and supporting staff who have experienced abuse.*

- Weekly summary reports are available.
- Reports are looked at and discussed in huddles weekly and appropriate actions for those present agreed. These could be:
 - Escalation to a senior manager, general manager, deputy director for support, advice and action.
 - Discussion about clinical care review or environmental factors with appropriate teams.
 - Inclusion on the risk register.
 - Additional wellbeing time provided to teams.
 - Increased walk abouts, communication with the team and those affected, wellbeing checks, drop ins, review of clinical care and environmental factors.
 - Contact with the EDI Team and staff networks for advice.
- Responsibilities are agreed within teams.

3. Performance and Governance

- *We have set targets relating to metric 5 and we monitor progress against these regularly.*
- *Levels of abuse, its impact and the support offer is monitored regularly to provide assurance.*

- A baseline is established with targets for reduction put in place.
- This information is considered throughout the organisation in huddles and QUOPS. Progress and overview is reported to the Workforce and Equality Committee.
- A RAG rating system and threshold for escalation is agreed within each team and triggered via risk reporting.
- Take up of wellbeing support is monitored to see if it correlates with teams and groups experiencing high levels of abuse.
- Intelligence from Risk Reports, FTSU, HR Ops, Staff Side and EDI is triangulated to identify hotspots and instigate interventions.

4. Training and Awareness

- *We have a comprehensive offer of training that support all staff in meeting our aims.*
 - *We have an awareness campaign that runs throughout the year.*
- EDI training offer is available to all staff and includes programme and masterclasses linked to the policy.
 - E-learning about the policy is available to all staff to undertake as required.
 - Training linked to managing abuse includes key messages relating to the policy for example:
 - Risk training, induction, local induction, leadership and management development processes, MAV training.
 - An ongoing awareness campaign is delivered using a variety of mediums to ensure the message is consistent and strong.

5. Confidence and Consistency

- *We will increase staffs confidence to speak out, report and tackle abuse.*
- *We will ensure consistency across the Trust in how abuse is addressed and staff are supported.*

- Ensure staff understand that the Trust has a zero-tolerance approach and policy.
- Provide regular information on how to report concerns about abuse, the way abuse is handled and prolonged or increased abuse.
- You said, we did updates to share learning widely circulated to increase confidence.
- Evaluation of our response fielding feedback from those affected.
- Looking outside to our neighbours and partners for good practice to enhance our approach and ensure consistency across the NHS.

6. Communication

- *We will speak openly and regularly about abuse and its impacts.*
- *We will talk about the challenges and solutions in implementing our policy.*
- *We will share our experiences and learning for growth around this agenda.*

- Providing opportunities to discuss staffs experiences:
 - Walk abouts, drop ins, wellbeing checks, forums and networks.
- Regular consistent communication at all levels about this policy and framework.
 - Executive engagement, e-update and yammer, notice boards, poster campaign, leaflets.
- Lessons learnt updates shared regularly at appropriate forums;
 - Safety meetings, huddles, QUOPS, team meetings, governance structures, staff networks.
- EDI at FTSU contacts for independent advice, concerns and support.

Who do we need to be involved?

- **Everyone** 😊
- Risk Management,
- Health, Safety and Security,
- HR Ops
- HR Workforce Development Team
- Clinical leads
- Service Leads
- EDI and FTSU
- Corporate Governance
- Safeguarding, patient safety
- Staff Networks and Staff Side representatives
- Trauma informed Care
- Staff Support and Therapy Service
- Who else?

Next Steps

- **QUICK CHANGES** – posters, flow chart, responsibility charts and admissions text on zero tolerance.

And;

- Socialisation of the framework
- Feedback from those stakeholders
- Development of an accompany action plan
- Governance and accountability

Discussion

- What are your thoughts on what is covered?
 - Is there anything missing?
 - Anything we need to think through further?
 - Who else needs to be involved?
-
- How can you support with this?

Staff Benefits

- Salary sacrifice schemes including cycle to work, home electronics and lease car
- Metro card
- Staff discounts including gyms, fitness activities, UK attractions and retail
- Staff gym
- Pre-retirement and midlife financial planning events
- Financial support and education
- Salary Finance affordable loans & savings
- Sovereign Health Care
- Reward and recognition schemes
- Wellbeing challenges

Health & Wellbeing Support

- Building psychological resilience
- Managing stress
- Mental Health First Aiders (MHFA)
- Free wellbeing apps
- Mediation
- Menopause support
- Free fitness and weight management offers
- Fitness & weight loss challenges
- Smoking and substance support
- On-site massage
- Reasonable adjustments
- Domestic abuse support
- Wellbeing events



Childcare Support

- Virtual maternity/paternity workshop
- Virtual peer support groups
- Baby Massage
- Workplace nurseries
- Finding & funding childcare advice
- School holiday provision
- Childcare voucher scheme (for existing members)
- Breastfeeding support and provisions
- Infant loss support
- Discounted family activities

Visit: www.childcarebenefits.bdct.nhs.uk
Email: childcare.coordinator@bdct.nhs.uk



Health Assured

Employee Assistance Programme (EAP):
Around the clock, free confidential and independent resource.

EAP provides information, referrals and counselling on any issue that matters to you.

Website: www.healthassuredeap.co.uk

Login using username: wellbeing
password: yardhomessight

Free 24 hour confidential helpline

0800 028 0199

App: Wisdom

To download the free app select Wisdom from the app list and then enter the code MHA242780.

Occupational Health & Wellbeing

The Occupational Health Team specialise in the relationship between work and health. They are a confidential, impartial, advisory service. They provide advice to individuals and managers on work related health problems and health problems that can affect work.

Tel: 01924 316031

Email: occupationalhealth.lypft@nhs.net

Staff Support and Therapy Service

Offers anonymous and confidential support and therapy to all BDCFT staff, who can access the service for quick advice, signposting, a range of workshops or to access psychological therapy. The workshops and peer support groups cover a range of topics including menopause, sleep, stress, neurodiversity, managing loss, anxiety and resilience, as well as much more.

Contact the team on 01274 251909 or psychologicalstaffsupport@bdct.nhs.uk or visit SharePoint for further details.

Physiotherapy

The Trust offers a dedicated, full time physiotherapy service providing information and advice on self help as well as offering treatment if required.

Tel: 0113 229 1300 Ask for Kerry



Staff Wellbeing Room

Moorlands View reception, Lynfield Mount Hospital, BD9 6DP.

Open 7 days a week 06:30am until 20:00pm.

Some key features of the room include:

- A variety of drop in sessions with specialists such as Wellbeing @ Work, Childcare Support Service, Occupational Health, Staff Support and Therapy Service and more
- Pre-bookable massage and Health MOT monthly sessions
- Equipment to check and monitor your BMI and blood pressure
- A range of health and wellbeing resources
- Expressing facilities for NHS working parents

Please see SharePoint for the full timetable or contact Wellbeing.Work@bdct.nhs.uk

Email: wellbeing.work@bdct.nhs.uk
Intranet: Click on Wellbeing@Work on home page of SharePoint
Tel: 07825 853548

SUPPORT AFTER RACIAL OR OTHER TYPES OF ABUSE FROM PATIENTS

The Trust takes abuse to staff very seriously. Please report it and tell your manager.

Bullying and Harassment Support Officers:

These staff are trained to offer support in talking through what is happening and the options for addressing and resolving the situation. The officers can be contacted here.

[Bullying and Harassment Support Officers](#)
([sharepoint.com](#))

Employee Assistance Programme – Workplace options:

The service provides support and advice on a wide range of issues. The service is available 24/7 every day of the year. The website also contains a range of useful information and fact sheets.

Freephone: 0800 243 458

Email: assistance@workplaceoptions.com
workplaceoptions.com - username: bradford
password: employee

The Racial Discrimination or Other Forms of Harassment from Patients, Service Users, Carers, or the Public Policy

The key points of the policy are:

- The Trust has a legal and ethical responsibility to ensure employees are not subject to abusive behaviour.
- The Trust is committed to preventing and addressing incidents of discrimination and harassment.
- The Trust is committed to supporting staff to have their voices heard via staff networks as well as via the range of wider initiatives to recruit, develop and retain a diverse workforce.
- Flow charts setting out the expectations of staff and managers when experiencing and addressing an incident.

Union Support

If you are a member of a union, you can make contact with them for support

[Union Contacts - Home \(sharepoint.com\)](#)

Wellbeing @ Work offer

The Trust has a range of wellbeing support options available to all staff. This includes the staff wellbeing room at Lynfield Mount Hospital, Occupational Health, the Staff Support and Therapy Service, Physical and Mental Wellbeing support, Wellbeing for Diverse Colleagues including references to Black Minds Matter and the Lateef Project.

[Wellbeing at work - Home \(sharepoint.com\)](#) or call 07825 853548.

Join the Trust Staff Networks.

Aspiring Cultures Staff Network -

aspiring.cultures@bdct.nhs.uk

The Rainbow Alliance Rainbow@bdct.nhs.uk

Beacon Network beaconnetwork@bdct.nhs.uk

Contact EDI@bdct.nhs.uk or [Freedom to Speak Up](#) for support if you feel your concerns are not heard

Staff Support and Wellbeing Service

is a confidential offer for all BDCFT staff. The service can be contacted via email

psychologicalstaffsupport@bdct.nhs.uk or telephone
01274 251909.

One to one support, workshops and reflective spaces

Report the Hate Incident or Hate Crime

You can report the incident or crime via West Yorkshire Police or Bradford Hate Crime Alliance. You can access support from Victim Support by calling 0300 303 1971. This support is available to all affected by the incident or crime.

[Homepage - Bradford Hate Crime Alliance](#) and [Hate Crime / Hate Incidents | West Yorkshire Police](#) | call 101

Incident reports Quarter 3 2023/24

Category	All services	Mental Health	% Mental Health
Physical Violence and Aggression – staff affected	353	349	98.8%
Physical Violence and Aggression – service user affected	72	60	83.3%
Verbal Abuse – staff affected	21	19	90.4%
Verbal Abuse – service user affected	15	15	100%
Racial Abuse – staff affected	21	21	100%
Racial Abuse – service user affected	2	1	50%
TOTAL	484	465	96.07%

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	Corp Gov	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	✓	✓		✓	✓
- People and Culture 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