

Council of Governors – held in public

Date: Thursday 18 July 2024

Time: 17:05-18:30

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	5.05pm
	2	Declaration of any conflicts of interest (verbal)	LP	-
	3	Minutes of the previous meeting held on 16 May 2024 (enclosure)	LP	-
	4	Matters arising (verbal) 4.1 External Audit tender & Governor responsibilities (enclosure)	LP Claire Risdon	5.05pm
	5	Action log (enclosure)	LP	-

Governor Feedback and Involvement

All	6	Issues and Questions from Communities (verbal)	Governors	5.20pm
All	7	Youth View (verbal)	LM	5.35pm

Strategy and partnerships

All	8	Chair's Report (enclosure)	LP	5.45pm
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<u>Best Quality Services & Best Use of Resources</u>				
BQS	9	Performance Report & Finance update (enclosure)	KB & Claire Risdon	5.50pm

Good Governance

GG	10	Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures) 10.1 Audit Committee held May & June 2024 10.2 Charity Funds Committee held May 2024 10.3 Finance and Performance Committee held May 2024 10.4 Mental Health Legislation Committee held May 2024 10.5 Quality and Safety Committee held on May & June 2024 10.6 People and Culture Committee held May 2024	CM MR MA SL AM	6.05pm
	11	Any other business (verbal)	MR LP	6.30pm
	12	Comments from public observers (verbal)	LP	-
	13	Meeting evaluation (verbal)	LP	-

Date of the Next Meeting: Thursday 21 November – 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

Name: Linda Patterson (Chair of the Trust)

Email: linda.patterson@bdct.nhs.uk

Expressions of interest to observe the meeting using Microsoft Teams:

Email: corporate.governance@bdct.nhs.uk

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 16 May 2024 at 5.00pm
Virtual meeting held on Microsoft Teams

**Agenda
item**

3.0

Present:	Simon Lewis	Deputy Chair, Non-Executive Director
	Maz Ahmed	Non-Executive Director
	Arshad Ali	Staff Governor: Clinical
	Mufeed Ansari	Public Governor: Bradford East
	Kelly Barker	Chief Operating Officer
	Connor Brett	Public Governor: Keighley
	Councillor Andy Brown	Appointed Governor: North Yorkshire Council
	Councillor Alison Coates	Appointed Governor: Bradford Council
	Bob Champion	Chief People Officer
	Sue Francis	Staff Governor: Non-Clinical
	Umar Ghafoor	Public Governor: Bradford South
	Terry Henry	Staff Governor: Non-Clinical
	Phillipa Hubbard	Director of Nursing, Care Standards & Professions & Deputy Chief Executive
	Paul Hodgson	Public Governor: Shipley
	Councillor Sabiya Khan	Appointed Governor: Bradford Council
	Mike Lodge	Public Governor: Rest of England
	Linzi Maybin	Staff Governor: Clinical (Interim Lead Governor)
	Alyson McGregor	Non-Executive Director
	Sally Napper	Associate Non-Executive Director
	Therese Patten	Chief Executive
	Trevor Ramsay	Public Governor: Bradford West
	Tim Rycroft	Chief Information Officer
	Emmerson Walgrove	Public Governor: Bradford West
	Mike Woodhead	Chief Finance Officer
In Attendance	Holly Close	Corporate Governance Officer
	Helen Farrar	Staff Engagement Manager (for agenda item 8)
	Rebecca Le-Hair	Interim Associate Director Quality & Governance (for agenda item 9)
	Paula Reilly	Head of Quality Governance (for agenda item 9)
	Fran Stead	Trust Secretary (Interim Secretariat)

MINUTES

Item	Discussion	Action
001	Welcome and Apologies for Absence (agenda item 1) The Deputy Chair, Simon Lewis, opened the hybrid meeting at 5.00pm. Apologies for absence had been received from: Joyce Thackwray, Public Governor; Jimmy Vaughan Public Governor: Keighley; Michael Frazer, Public Governor: Bradford East; Aurangzeb Khan, Public Governor: Bradford East; Imran Khan, Public Governor: Bradford West; Hannah Nutting, Public	

Item	Discussion	Action
	<p>Governor: Shipley; Tabaro Rwegema, Staff Governor: Clinical; Deborah Buxton, Appointed Governor: Barnados; Professor Zahir Irani, Appointed Governor: Bradford University.</p> <p>The following Board members had given apologies: Dr Linda Patterson FRCP OBE, Chair of the Trust; Dr David Sims, Medical Director; & Claire Risdon, Operational Director of Finance.</p> <p>The meeting was quorate.</p>	
002	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
003	<p>Minutes of the Council of Governors' meeting held on 2 February 2024 (agenda item 3)</p> <p>The minutes of the Council of Governors meeting held on 2 February 2024 would follow & be presented to Governors for approval.</p>	
004	<p>Matters Arising (agenda item 4)</p> <p>Matters Arising was not discussed due to the minutes having not been presented</p>	
005	<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. 	
006	<p>Issues and Questions from Communities (agenda item 6)</p> <p>T Ramsey shared feedback on challenges accessing mental health services, including My Wellbeing College. It had been reported that this was due to referral criteria, noting the importance of all individuals seamlessly accessing the support they require. The Chief Operating Officer said that transformation work was taking place in support of improving service access.</p> <p>T Ramsey noted the demand to access some mental health provision within the NHS, with Out of Area Placements (OAPs) utilised to deliver healthcare. K Barker updated Governors on the quality assurance & oversight framework the Trust maintains with any private provider OAPs.</p> <p>A Ali provided feedback from healthcare colleagues who had shared their concern on healthcare workers who had tragically died during the conflict in Palestine. The Chief Executive informed Governors of the Trust statement that</p>	

Item	Discussion	Action
	<p>had been made October 2023 with Bradford District & Craven Partners, & confirmed that the statement could be issued again with an emphasis on healthcare workers specifically that were involved with conflict situations.</p> <p>E Walgrove asked what support the Trust was providing on the homeless outreach support. K Barker confirmed that the Trust was commissioned to deliver the homeless new arrivals. The service worked alongside Bevin Healthcare who delivered the homeless outreach support.</p> <p>No further issues or questions from Communities were raised.</p>	
007	<p>Youth Views (agenda item 7)</p> <p>The Interim Lead Governor provided an update & highlighted:</p> <ul style="list-style-type: none"> - ongoing youth involvement work, including Young Dynamos; & Born in Bradford; this included creating opportunities for individuals to grow their skills & experiences in secure network - Stepping into the NHS event taking place October 2024, where a Governor stall would take place, Governors were invited to support the event. <p>T Ramsey referenced some involvement & engagement groups that had previously been run in partnership with the Trust & the value they had added. Governors recognised the importance of user-led experience & research, K Barker would consider this further with the Medical Director.</p> <p>The Council of Governors noted the verbal update.</p>	
008	<p>Staff Survey (agenda item 8)</p> <p>The Chief People Officer provided an update on the nationally mandated Staff Survey, which took place annually & had been in place for 20 years. The Staff Engagement Manager confirmed that over 100 questions were within the last survey, which provided an opportunity for the Trust to hear feedback from colleagues. H Farrar drew Governor's attention to:</p> <ul style="list-style-type: none"> - A bigger response rate, 10% increase, had been seen in the 2023 survey, which was 51% in total. - All theme areas were analysed against scores. - Three themes had seen an increase overall in the 2023 survey. - 'We are compassionate & inclusive employer' was the highest score. - 'We are always learning' was the lowest score which was comparable with other Trusts but was improving year on year. - How colleague perception & feedback allows the Trust to change service delivery. - A results roadshow was taking place within Trust services throughout May. <p>P Hodgson asked how a 51% response rate compared to similar Trusts. H Farrar confirmed that of the 51 comparable Trusts, a 51% response rate was comparable.</p>	

Item	Discussion	Action
	<p>Councillor Khan asked how else the Trust obtained feedback from colleagues. B Champion said that for the annual & quarterly staff surveys, anonymity of participants was guaranteed by using an independent provider, results were not drilled down any further than teams of ten. The Trust encouraged feedback & other ways colleagues could do that was through the Freedom to Speak Up mechanism, open access to T Patten via email, & weekly broadcasts which included a Q&A.</p> <p>M Lodge referenced the COVID-19 pandemic & wondered what the impact the pandemic had on the longer-term trajectories. H Farrar confirmed that it had, both in terms of understanding the context of the responses received during the pandemic, & any lower response rates.</p> <p>M Lodge noted the comments within the report regarding equality, diversity & inclusion colleagues exploring issues raised by colleagues with protected characteristics through the survey. Governors welcomed this approach.</p> <p>M Lodge enquired what the Trust approach was to international recruitment. B Champion confirmed that further work would take place on this area, which featured within the Trust's Belonging & Inclusion strategy.</p> <p>M Lodge noted that the Trust was part of Provider Collaborative models & wondered what learning opportunities were in place. B Champion confirmed that learning was proactively shared with partners.</p> <p>The Council of Governors noted the update provided.</p>	
009	<p>Quality Account (agenda item 9)</p> <p>The Interim Associate Director of Quality Governance & Risk presented an overview of the report, which included how it was mandated with the Trust following national guidelines for production. It had been co-produced with Trust services to showcase quality & safety activities that had taken place during 2023/24. As required, the current version had been shared with Trust stakeholders for consultation.</p> <p>S Francis welcomed reference to Trauma Informed Care within the report.</p> <p>The Council of Governors noted the content of the report.</p>	
010	<p>Operational & Financial Planning 2024/25 (agenda item 10)</p> <p>The Chief Finance Officer informed Governors that the Board had supported a break-even financial plan for 2024/25, which was focused on agreed efficiency programmes, many of which would support improved quality of care. M Woodhead confirmed that nationally, many Trust were reporting heightened financial risk.</p>	

Item	Discussion	Action
	<p>K Barker provided an overview of operational activity & performance targets for 2024/25 which included several efficiency programmes. Governors heard how the Board Committees received regular updates on the programmes, which included partnership working & working innovatively to ensure positive outcomes for service users.</p> <p>Councillor Khan asked if the Trust had a robust plan for managing agency spend. M Woodhead confirmed that progress had been made in reducing agency usage & transferring colleagues to Bank contracts. K Barker confirmed that effective workforce usage & modelling were key transformation priorities for 2024/25.</p> <p>A discussion took place on waiting list challenges, noting the dental waiting list issues. The issues were a result of challenges accessing acute providers general anaesthesia provision following repeat episodes of Industrial Action & backlog caused. L Maybin provided an update on innovations being delivered to individuals on the waiting list, & how the service was focusing on positive discharge changes.</p> <p>A discussion took place on workforce rostering & the use of temporary staffing, including a reduction in agency workers, & ongoing support for Bank workers. Governors recognised the importance of this area & maintained monitoring through the People & Culture Committee. P Hubbard referenced ongoing work taking place to ensure safer staffing environments were maintained noting the national challenges with workforce shortages. Governors heard how the Trust was continually support Bank workers.</p> <p>The Council noted the content of the report.</p>	
011	<p>Performance Report (agenda item 11)</p> <p>K Barker provided an update on the Trust's framework for strategic performance & assurance, noting the ongoing monitoring taking place at the Committee meetings.</p> <p>F Stead reminded Governors of the opportunity to observe the Board Committee meetings, to allow Governors to witness the Non-Executive Directors holding the Executive Directors to account for Trust performance. Governors were encouraged to contact Corporate Governance to express their interest.</p> <p>M Lodge referenced the importance of increasing social value & the role of Governors in representing members & the wider public. C Brett noted the importance of prevention & healthcare education. A discussion took place on partnership working & innovative thinking in support of empowering communities.</p> <p>The Council of Governors noted the content of the report.</p>	
012	<p>Chair's Report (agenda item 12)</p>	

Item	Discussion	Action
	<p>S Lewis presented the report & drew the Governors attention to:</p> <ul style="list-style-type: none"> - ongoing engagement activities that L Patterson undertook - Executive colleagues who were undertaking Bradford District & Craven Place leadership roles, as agreed by the Board - the outcome of the Governor elections - the Joint Committee meeting that had taken place April 2024. <p>The Council of Governors noted the update.</p>	
013	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Audit Committee held on 18 January 2024 (agenda item 13.1)</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Audit Committee held on 18 January 2024.</p>	
014	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Charitable Funds Committee held on 1 February 2024 (agenda item 13.2)</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Charitable Funds Committee held on 1 February 2024.</p>	
015	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Finance, Business and Investment Committee held on 25 January, 29 February, 28 March 2024 (agenda item 13.3)</p> <p>M Ahmed presented the report & drew the Governors attention to:</p> <ul style="list-style-type: none"> - the £1.2m surplus that that Trust had achieved at year end 2023/24. - Ongoing operational pressures & financial risks with OAPs & increasing waiting lists. The pressures had existed in 2023/24 but the cost had been offset by surplus. - For 2024/25, the efficiency programmes were expecting to delivery £14m savings, which were across a number of different areas. <p>P Hodgson asked what happens when the Trust achieves a surplus. M Woodhead confirmed that it had been largely generated through a national contribution which was to offset the financial position.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Finance, Business and Investment Committee held on 25 January, 29 February, 28 March 2024.</p>	
016	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Mental Health Legislation Committee held on 25 January & 28 March 2024 (agenda item 13.4)</p>	

Item	Discussion	Action
	The Council of Governors noted the contents of the AAA+D Report from the Mental Health Legislation Committee held on 25 January & 28 March 2024.	
017	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Quality and Safety Committees held on 15 February & 21 March 2024 (agenda item 13.5)</p> <p>A McGregor presented the report & drew the Governors attention to:</p> <ul style="list-style-type: none"> - the two strategic risks that had been identified, continued pressure relating to workforce gaps; continued high-demand & acuity across a number of clinical services. - Ongoing monitoring of OAPs, with a reduction noted in February. - Impact on service demand & recovery targets for dental surgery following the Industrial Action. - A watching brief the use of Sodium Valporate, following national guidelines. - National ADHD medication shortage & Trust plans around this. - Assurance received on the Trust's refreshed Smoke Free implementation. <p>Councillor Coates referenced the ADHD shortages & sought further detail. The Director of Nursing confirmed that national medication shortages had been reported which resulted in the Trust not able to prescribe any new prescriptions, & could only support ongoing existing prescriptions. The shortage had been resolved but a backlog had been noted nationally. E Walgrove enquired about the waiting list. P Hubbard confirmed that the waiting list had remained in place unless their condition had deteriorated during their time waiting.</p> <p>C Brett asked what waiting list pressures were being seen at the Trust. K Barker confirmed that the increasing demand & high acuity with some services, had been seen at the Trust, locally across West Yorkshire, & on a national level too. Innovative thinking was taking place to understand what services required & how individuals could be supported whilst they were on a waiting list to support their recovery.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Quality and Safety Committees held on 15 February & 21 March 2024.</p>	
018	<p>Alert, Advise, Assure & Decision (AAA+D) Report: People & Culture Committee held on 22 February 2024 (agenda item 13.6)</p> <p>The Council of Governors noted the contents of the AAA+D Report from the People & Culture Committee held on 22 February 2024.</p>	
019	<p>Any Other Business (agenda item 15)</p> <p>A Ali referenced a fundraising campaign that he was arranging to raise money for the Dementia Assessment Unit.</p>	

Item	Discussion	Action
	There were no other items of business raised.	
020	Comments from public observers (agenda item 16) None.	
021	Meeting Evaluation (agenda item 17) A discussion took place to evaluate the meeting in line with the commitment for continuous improvement within the Trust. The meeting closed at 6.33pm.	

Item 4.1

Appointing the External Auditor – Role of the Governors

Claire Risdon, Operational Director of Finance
Council of Governors
18 July 2024

Governing Law & Contract

- **National Health Service Act 2006**

- NHS Foundation Trust must have an External Auditor
- Appointed by the Council of Governors (CoG)
- Audit Committee support CoG in making their decision

- **Our current auditors are KPMG**

- Re-tendering of the external audit service will take effect from 1 April 2025. The tender will cover the provision of external audit services, covering the audit of the Trusts Annual Report, including the financial accounts.
- KPMG will externally audit the annual accounts, relating to the 2024/25 financial year.
- The Trust are required to re-tender for audit services (existing procurement frameworks are in place) and the Council of Governors will recommend a preferred provider

Role of Governor (CoG)

- CoG is supported by the Audit Committee in running the process to appoint the external auditor, but the CoG has ultimate oversight of the appointment process.
- Take the lead in agreeing with the Audit Committee the criteria for appointing, re-appointing and removing external auditors.
- At least two Governors will be required to join a selection panel, with support also provided from the Audit Committee.

Role of Governor (CoG)

- It is important that the appointed Governors can commit the appropriate time to this process including dedicated time for interviewing the prospective auditors, evaluation of the tenders received and meeting of the selection panel.
- In appointing and monitoring the external auditor, the CoG should ensure that the audit firm and audit engagement leader have an established and demonstrable standing within the healthcare sector and are able to show a high level of experience and expertise.
- The relevant finance and procurement staff will provide training to the members of the selection panel if needed.

Role of Governor (CoG)

To be considered for the selection panel (working group), the person specification of a Governor should have some of the following essentials;

- Accountant or have/had experience within the finance field
- Auditor or have/had experience within the auditing field
- Understanding of the role of the external auditor within the NHS
- Understanding of procurement tendering processes
- Understanding of the evaluation and scoring procurement processes

Selection Panel

Selection Panel members are to be agreed by the Audit Committee, requesting that the Council of Governors agree and appoint at least two governors to join the panel. The Selection Panel will include the following members;

- Governors (at least two)
- Procurement Lead – Deputy Head of Procurement or Senior Contracts Manager
- Finance Lead – Head of Financial Accounting & Capital or Senior Finance Manager
- Audit Committee Chair – Also Chair of the Selection Panel
- Executive Team Member or Operational Director

Timetable – Key Dates

KET DATES AND MEETINGS		
LEAD		DATE
CoG	COUNCIL OF GOVERNORS (CoG) - Briefing on process, role of the Governor, person specification and key dates	18 July 2024
Procurement	Issue an optional Capability Assessment to the external audit providers on the Framework (a summary of needs to gauge supplier interest)	by 26 July 2024
CoG	COUNCIL OF GOVERNORS (CoG) - (Virtual) Confirm the two named Governors for the Selection Panel - to be submitted to the Audit Committee Chair and Head of Financial Accounting & Capital	by 26 July 2024
Selection Panel	Appoint the Selection Panel - CoG Chair to inform the Governors (virtually) who will be on the working group	by 29 July 2024
Procurement/ Finance	Production of the draft specification document - initially written by Procurement and Finance Leads, to be shared with the Selection Panel	by 23 August 2024
Selection Panel	Review the draft specification produced by Procurement/Finance, making any necessary amendments. All change requests to go to Procurement and Finance Leads	by 4 September 2024
Audit Committee	AUDIT COMMITTEE (Private) - Present tender specification document, finalise specification and evaluation criteria. Recommend final specification document for approval by the CoG	11 September 2024
CoG	COUNCIL OF GOVERNORS (CoG) - (Virtual) CoG to approve the final specification document	by 13th September 2024
Trust Board	TRUST BOARD (Private) - Audit Committee Chair to update Trust Board on progress (verbal update)	25 September 2024

Timetable – Key Dates

KET DATES AND MEETINGS		
LEAD		DATE
Procurement	On behalf of the Selection Panel, Procurement will issue the formal INVITATION TO QUOTE for minimum of 4 weeks	27 September 2024
Selection Panel	Bidder Presentations - (if required) all Selection Panel members must be available to attend, if presentations are required	TBA (if required)
Bidders	Quote return deadline (4 weeks)	3 November 2024
Procurement	Procurement to receive the submitted bids and collate all the information provided in the required format to present to the Selection Panel	by 16 November 2024
Selection Panel	Evaluation meeting with selection panel - panel to receive Procurement analysis for all submissions from the bidders - complete evaluation by Selection Panel	by 31st December 2024
Audit Committee	AUDIT COMMITTEE (Private) - Selection Panel recommend to Audit Committee, on the decision on awarding the contract - Approve recommendation to CoG	15 January 2025
COG	COUNCIL OF GOVERNORS (either virtual or hold the CoG meeting in January 2025) - Approval required by CoG, presentation by the Governors of the Selection Panel	TBC - Between 16th - 27th January 2025
Trust Board	TRUST BOARD - Audit Committee (Chair) to inform Trust Board of Selection Panel recommendation.	29 January 2025
Procurement	Awarding of the contract	31 January 2025
STANDSTILL PERIOD		1 February - 31 March 2025
CONTRACT COMMENCES		1 April 2025

Action Log for the Council of Governors Public Meeting for May 2024

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	July September 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	July September 2024	
6. 01/02/2024	<u>Issues raised from Communities</u> An update on suicide prevention work at Bradford District and Craven Place and the role of the Trust within this to be presented.	Chris Dixon	July September 2024	
7. 01/02/2024	<u>Chair's Report</u> Go See update to be presented to Governors.	Fran Stead	July September 2024	A refresh of the Go See framework is currently taking place, an update will be scheduled for Governors in the coming months, including an overview of how Governors can get involved.

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
	None currently – May 2024			

Council of Governors – meeting held in public

18 July 2024

Paper title:	Chair of the Trust’s Report	Agenda Item 8.0
Presented by:	Dr Linda Patterson, Chair of the Trust	
Prepared by:	Corporate Governance team	
Committees where content has been discussed previously	Board of Directors – May and July 2024 Audit Committee – June Quality and Safety Committee – April and June	
Purpose of the paper Please check <u>ONE</u> box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" 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	X

Purpose of the report
Chair's Report to inform Governors on activities that have taken place over the last two months.

Executive Summary	
Chair's Report to inform Governors on relevant strategic developments, system and Well-Led governance developments, Integrated Care Partnership Working, external stakeholder engagement, activities with the Trust's Board of Directors, and internal staff engagement and Board visibility, including service visits.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this) <input checked="" type="checkbox"/> No

Recommendation(s)
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> note the continuing engagement that has taken place with external partners, internally at the Trust, and with the Board of Directors.

Links to the Strategic Organisational Risk register (SORR)	N/A
Care Quality Commission domains Please check <u>ALL</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led
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"> Well-Led Compliance NHS Code of Governance NHS Act Health and Social Care Act Health and Care Act Nolan Principles Provider Licence

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18 July 2024

Chair of the Trust Report

Partnerships and strategy

Over the last two months I continue to meet with various stakeholders to continue discussions on key issues. They include the following:

DATE	Meeting
5 June 2024	Introductory meeting with Sarah Jones Chair Bradford Teaching Hospital NHS Foundation Trust
6 June 2024	Attended Volunteer Celebration Afternoon Tea
11 June 2024	Councillor Susan Hinchcliffe monthly catch up
12 and 13 June 2024	NHS Confed Expo 2024 attendance
18 June 2024	Lead Governor/Deputy Governor Meeting
19 June 2024	West Yorkshire Health and Care Partnership Monthly Chairs Leaders and Non-Executive Director Forum
19 June 2024	West Yorkshire Chairs Forum Meeting
19 June 2024	Yorkshire and Humber Chairs Meeting
21 June 2024	Bradford District and Craven Partnership Board – Development session
27 June 2024	NHS Providers Chairs and Chief Executives Network Meeting
4 July 2024	Go See Visit Community Mental Health team
10 July 2024	Supporting Women in Leadership Forum
15 July 2024	West Yorkshire Community Health Services Provider Collaborative Quarterly Meeting
16 July 2024	West Yorkshire Partnership Board Meeting

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

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

We all work together to continue building the supporting governance framework for the partnerships, which evolves each month. Board members are encouraged to keep up to date with the partnership work using these links:

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

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

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

Each of the meetings are held in public, with Board colleagues, Governors, colleagues, and our members are encouraged to attend to observe the discussion and raise questions.

People

Chair and Non-Executive Director (NED) appraisal and objective setting

As reported in January, the Trust's annual process for delivering the appraisal and objective setting has now concluded. The process followed previous year's, supporting individual Board members to spend time reflecting on the past year as part of the appraisal discussion, including reviewing their objectives from the last year. It also included agreeing the next year's objectives and personal development plan. Simon Lewis, as Senior Independent Director, and Anne Scarborough as Lead Governor led the discussion for myself as Chair of the Trust. As required, we continue to work to the national NHS England appraisal framework for Chair's and NEDs, with the Trust demonstrating compliance with the national process in line with the mandated timescale for completion and evidence submission.

Lead Governor Report

Anne Scarborough was a public governor for Keighley, undertook the Lead Governor role until her term of office ended on 30 April 2024. Anne submitted the following report, which has been included within the Annual Report 2023/24:

On behalf of the Council of Governors I would like to thank all Governors for their continuing support, commitment and hard work in supporting and challenging the Trust to continue to deliver high quality services to our communities across Bradford and Craven. I especially want to recognise those Governors who have reached the end of their first or second term of office during 2023/24, and to thank them on behalf of the Trust's Council of Governors.

On behalf of the Governors, I would also like to thank Dr Linda Patterson OBE FRCP, the Chair of our Trust for her direction, guidance, tenacity and support for Governors both in and outside of Governors meetings. Linda has kept us focused on performance and finance this year and has ensured that Governors have received timely and meaningful reports. She has continued to ensure that the Trust's interests and views are represented at the Integrated Care Board for West Yorkshire and in the more local Place based Board. She has also maintained a working relationship with Bradford Council and Children's Trust to ensure quality and joined up services for Children and Young people in our area.

2023/24 has continued to be a time of consolidation after the pandemic and the development of integrated care. The Trust has maintained clear communication and engagement opportunities with Governors to support the continuation of the services delivered by the Trust. Governors have had opportunities to contribute the views of constituents and the wider public through their involvement in a variety of meetings and events. These activities enable Governors to develop their knowledge about the work of the Trust and provide them with opportunities to feedback on behalf the membership of the wider public.

It is unfortunate that the Council of Governors has not had the opportunity to meet in person and has continued to meet virtually. This has worked well but does not give Governors the opportunity to meet each other face to face. It is hoped that future meetings will enable a hybrid of virtual and face to face.

Governors have carried out their duties in many ways during 2023/24 these include; The strategic direction of the Trust, engaging with members and formally representing their constituents at the Council of Governors meetings, receiving the Annual Report and Accounts and Auditors Report at the Annual Members meeting, holding the Non-Executive Directors to account, contributing to the Chair 360 degree feedback process within the Annual Appraisal, agreeing re-numerate of Non-Executive Directors in line with NHS England Guidance and finally in engaging with their constituents and the wider public throughout the membership work stream.

Following the Lucy Letby conviction, the Trust reviewed internal processes on Freedom to Speak up, data monitoring of clinical care and Fit and Proper Persons Test. NHS England have circulated a letter and the Board received assurance on the Trust's work in this area.

Governors have had the opportunity to take part in national training for Governors and as Lead Governor I have kept abreast of NHS developments through the national Lead Governor network. There has also been the opportunity for Governors for to attend 'Go See' visits and observe Non-Executive Directors undertaking their role and statutory duties. Governors have also observed Board and Committee meetings. At the formal Council of Governors meetings Non-Executive Directors present a report from their Board reporting on areas of assurance and areas for further development or further scrutiny.

Engagement opportunities throughout 2023/24 have seen Governors attending the Annual Members Meeting, regional Governors and Non-Executive Directors event regarding the work of the West Yorkshire Integrated Care Board; West Yorkshire Mental Health Collaborative. Events have also been facilitated by NHS Providers. The Deputy Lead Governor and I have met regularly with the Chair of Governors over the past year. Governors have also maintained a focus on encouraging young people to take an interest in governance and our thanks go to Linzi Maybin, Deputy Lead Governor, for her continued activity and focus in this area.

Governors are encouraged to share and feedback their experiences. This is often shared on email to the wider Council or presented at the formal Council of Governors meetings. There has been no occasion during the year for the Council of Governors to contact either NHS England or CQC. The Council of Governors have been involved with a variety of activities and I hope that this report highlights how the Governors have been effectively carrying out their duties and how the Trust continues to benefit from their input.

This year I come to the end of my term both as Lead Governor and as elected Public Governor for Keighley. Reflecting on the last three-years is interesting. We have come through a pandemic which our Trust handled very well and vaccinated anything that moved. I met colleagues who were working in vaccine centres and was in awe of their professionalism and stamina.

Our colleagues are our most important resource, and we need to look after them. I was welcomed into the Trust by Cathy Elliott, former Chair, and Therese Patten, Chief Executive, whose energy, enthusiasm and passion for the Trust was inspiring. I was privileged to support the appointment of Linda and subsequently work closely with Linda through a time of extreme change and development for our Trust.

Linda has brought her professional expertise and stability to the Trust. Keeping an eye on performance and on finance so that our communities get the best possible services at the time they need them is going to be paramount in the future.

I have been involved in the appointment of Non-Executive Directors to ensure continuity, leadership and challenge for the Trust. I have been supported by Fran Stead, Trust Secretary, and her team in all aspects of my role. Administrators work hard in the background but without them we would be lost so my thanks. I would like to say a big thank you to my Deputy Lead Governor Linzi, who has provided energy, enthusiasm and passion and has been a joy to work with.

And lastly thanks to all my fellow Governors and to my community who gave me the opportunity to take on this role. I wish the Trust all the best for the future.
Anne Scarborough - Lead Governor until 30 April 2024

Lead Governor election – Autumn 2024

NHS England requires each foundation trust to have a Lead Governor. The last substantive Lead Governor was Anne Scarborough, with Linzi Maybin as the Deputy Lead Governor, both appointed through a competitive election process.

In recognition of Anne reaching the end of her term of office on 30 April 2024, the Council of Governors agreed in February 2024 that Linzi Maybin would become the Interim Lead Governor for up to one-year. This was in support of this nationally required role being filled once Anne retired as a Governor; noting that Linzi was already the Deputy Lead Governor; & acknowledging that new Governors would be joining the Council following the election campaign taking place Spring 2024.

The Lead Governor role description can be found at appendix 1, it has been updated by the Trust Secretary and is presented to the Council for approval.

The Corporate Governance team will facilitate the Lead Governor election taking place. The process for the election is as follows:

- 1) The nomination and appointment process outlined below will be followed when electing a new Lead Governor.
- 2) The Chair of the Trust (via the Trust Secretary, or Deputy Trust Secretary) will write to all governors inviting self-nominations for the position of Lead Governor.
- 3) Interested Governors will submit a short statement (300 words maximum) on how they are suited to the role (referencing the role description). This should be sent to the Trust Secretary or Deputy Trust Secretary for circulation to all Governors on the Council of Governors.
- 4) This will present an opportunity for nominated Governors to address the Council of Governors in respect of their nomination and the reasons why they wish to be elected.
- 5) An election will take place at the nominated formal meeting of the Council of Governors where all Governors present at that meeting will either by show of hands or secret ballot will elect the next Lead Governor.

- 6) The successfully elected new Lead Governor will fulfil the role from that date onwards for a period of two-years.
- 7) The Governor with the highest number of votes will be elected as Lead Governor and the Council will ratify any such outcome.

Governance and well led

Annual Members' Meeting

Work is currently taking place to agree the format for this year's Annual Members' Meeting, which will take place on Thursday 19 September 2024 (time to be confirmed). Governors will receive further details soon along-with an agreed proposal for the event & formal 'Notice of the Meeting'. This key statutory event is a chance for our Trust members, service users, carers, staff, Board and members of the public to come together to learn more about Trust services, achievements and future vision.

The Deputy Trust Secretary is the lead for the event, and will be finalising the events management strategy in the coming months, which includes oversight through a Task and Finish Group. A key part of the event will be a Care Trust marketplace, which will feature several stalls showcasing work taking place. As in previous years, there will be a Governor stall providing an opportunity for members and the public to meet Governors and find out more about the Governor role. If you would like to help plan and/or run the stall at the event, please contact corporate.governance@bdct.nhs.uk

Annual Report and Accounts 2023/24

At the Board meeting held in private on 26 June 2024, the Board adopted the Annual Report and Accounts for 2023/24. This was following assurance received by the Audit Committee on the production of the two documents; how they were compliant with national guidance; the internal process for delivery; receipt of the Head of Internal Audit Opinion; and the External Auditors findings. In line with national requirements, the document has been submitted to NHS England, and presented to Parliament for laying. Following confirmation that it has been laid in Parliament, the document will be presented to the Governors, the public, colleagues, partners and stakeholders at the Annual Members' Meeting on 19 September 2024.

Quality Account 2023/24

At the Board meeting held in private on 26 June 2024, the Board adopted the Quality Account for 2023/24. This was following assurance received by the Quality Committee on production of the document; how it was compliant with national guidance; and the internal process for delivery. In line with national requirements the document has been submitted to NHS England, and is presented here: [Trust annual report and accounts - BDCT](#)

Dr Linda Patterson OBE FRCP
Chair of the Trust
July 2024

Appendix 1

Lead Governor Role Description

Job Title	Lead Governor
Service area	Council of Governors
Accountable to	Chair of the Trust

1. Role Purpose:

To work with the Deputy Lead Governor and the Chair of the Trust to contribute to the efficient and effective running of the Trust's Council of Governors. This role represents the Governors as a collective and does not present any additional responsibility or powers on the individual Governor fulfilling the role. The Lead Governor will work closely with the Deputy Lead Governor and will inform the Deputy Lead Governor of the occasions when they cannot fulfil the Lead Governor role due to a conflict or unavailability.

2. Period of Appointment

The Lead Governor will be appointed by the Council of Governors for a period of two-years. Should the Governor undertaking the Lead Governor role reach the end of their term of office before the expected end date of the Lead Governor role the fulfilment of this role would cease with another election to fill the Lead Governor role would be scheduled by the Chair of the Trust.

3. Criteria for Eligibility

To be able to fulfil this role effectively the Lead Governor will:

- be appointed from amongst the elected Governors
- have at least six-months experience as a Governor
- be able to commit the time necessary to fulfil the role
- have the confidence of Governor colleagues
- can have undertaken the Lead Governor or Deputy Lead Governor role previously at the Trust, with the option of being re-elected to either role.

4. Skills Required

The skills required for this role are:

- have the ability to influence and negotiate; to listen and to hear
- be able to present a well-reasoned argument, and express views that may not be shared personally
- be committed to the success of the Trust and uphold its values
- be able to demonstrate confidence in chairing both large and small meetings effectively

5. Working Relationships

The Lead Governor will be elected by Governors and will have the normal working relationships of a Governor, however with specific reference to the role of Deputy Lead Governor the main working relationships will be with:

- Deputy Lead Governor
- Council of Governors
- Senior Independent Director (SID)
- Chair of the Trust
- Trust Secretary
- Deputy Trust Board Secretary.

6. Duties and Areas of Responsibilities

a) Responsibilities in respect of contact with NHS Improvement

NHS England requests that each foundation trust has a nominated lead governor to carry out the role as described in the NHS Code of Governance (please see appendix 2)

b) Other responsibilities of the Lead Governor (although not to the exclusion of any other Governor duties)

- ensure that any new governor is made to feel welcome in their initial period of being a governor and where possible attend governor induction sessions
- work to support the role of the Chair of the Trust which may mean meeting with the Chair periodically
- chair any agenda item taken at a Council of Governors' meeting where both the Chair and the Deputy Chair are either conflicted in the matter or not available to Chair the item
- provide one method of contact between an individual governor or group of governors and the Chair; or an individual governor or group of governors and the Senior Independent Director (SID) this does not preclude any governor contacting the Chair or SID directly
- take a lead in the presentation at the Annual Members' Meeting in respect of how the Council of Governors has carried out its role on behalf of members
- the Lead Governor, or the Deputy Lead Governor will be a member of the Council of Governors Nomination and Remuneration Committee that considers and makes recommendations in respect of the remuneration and allowances for Non-Executive Directors, and considers appointment of Non-Executive Directors
- supporting the annual performance appraisal process for the Non-Executive Directors (including the Chair of the Trust)
- Chair the shortlisting and interview panels on the occasion where the Chair of the Trust is being appointed
- work with the Trust membership function in the development and implementation of the membership strategy and supporting engagement events, including chairing the Membership Development Committee

- support the Chair of the Trust and Trust Secretary in any action to remove a Governor due to behaviour conflicting the Code of Conduct for Governors

Version Control:

Change details	By whom	Date requested	Approved by	Agreed date
Version 1 – document created	Corporate Governance Manager	October 2019	Council of Governors	26 February 2020
Version 2	Trust Secretary	July 2024	Council of Governors	18 July 2024

Appendix 2

NHS Trust Code of Governance: The role of the nominated lead governor

The lead governor has a role in facilitating direct communication between NHS England and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chair or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between NHS England and the council of governors in the ordinary course of business.

Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to NHS England, and then updated as required. Any of the governors may be the lead governor.

The main circumstances where NHS England will contact a lead governor are where we have concerns about the board leadership provided to an NHS foundation trust, and those concerns may in time lead to our use of our formal powers to remove the chair or non-executive directors. The council of governors appoints the chair and non-executive directors, and it will usually be the case that we will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand our concerns.

NHS England does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, we will often wish to have direct contact with the NHS foundation trust's governors, but quickly and through one established point of contact, the trust's nominated lead governor.

The lead governor should take steps to understand our role, the available guidance and the basis on which we may take regulatory action. The lead governor will then be able to communicate more widely with other governors. Similarly, where individual governors wish to contact us, this would be expected to be through the lead governor.

The other circumstance where NHS England may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chair or other members of the board, or elections for governors or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, while complying with the trust's constitution, may be inappropriate. In such circumstances, where the chair, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide us with a point of contact.

Council of Governors – Public Meeting

18 July 2024

Paper title:	Performance Report	Agenda Item 9.0
Presented by:	Kelly Barker, Chief Operating Officer	
Prepared by:	Cliff Springthorpe, Head of Business Support	
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 <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input checked="" 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	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.

May 2024 data has been presented for all workforce, operational performance, and quality and safety sections.

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)

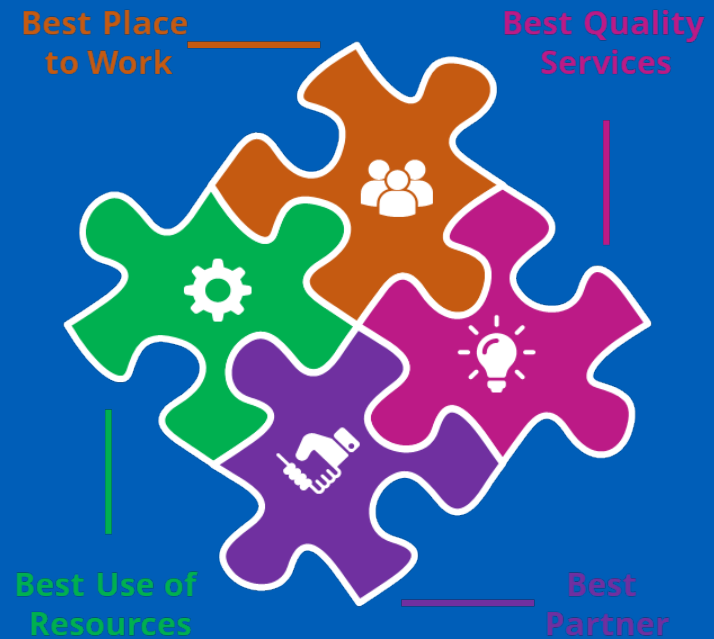
The Council of Governors is asked to:

- 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 18 July 2024 Meeting

Performance Data up to
May 2024

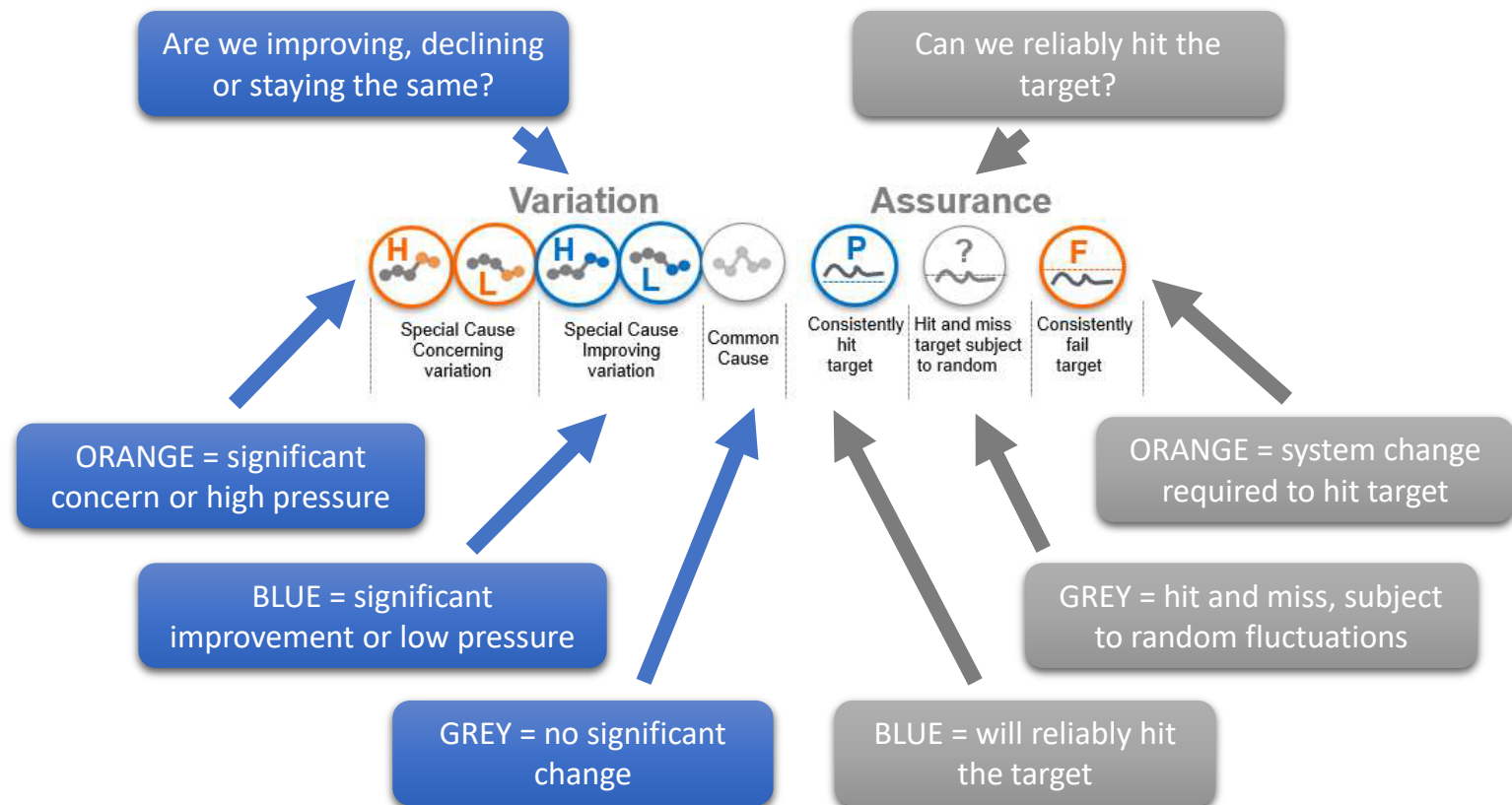


Good Governance; Accountability; Effective Oversight

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>2. Moderate</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	Reporting Month/Year	Performance	Target	SPC / trend																																				
Staff survey – engagement levels	Strategic	2023	7.03	7.4 (best)	Staff engagement score remains stable/reduced slightly at 7.03 (-0.05);																																				
Staff survey - % would recommend the Trust as a place to work	Strategic	2023	62.33%	63% (sector)	<table border="1"> <thead> <tr> <th></th><th>2019</th><th>2020</th><th>2021</th><th>2022</th><th>2023</th></tr> </thead> <tbody> <tr> <td>Your org</td><td>58.11%</td><td>66.35%</td><td>63.17%</td><td>64.03%</td><td>62.33%</td></tr> <tr> <td>Best result</td><td>75.13%</td><td>77.76%</td><td>73.58%</td><td>73.01%</td><td>75.43%</td></tr> <tr> <td>Average result</td><td>61.79%</td><td>67.83%</td><td>63.17%</td><td>62.74%</td><td>65.59%</td></tr> <tr> <td>Worst result</td><td>42.82%</td><td>49.09%</td><td>43.43%</td><td>39.56%</td><td>39.46%</td></tr> <tr> <td>Responses</td><td>1297</td><td>1269</td><td>1412</td><td>1329</td><td>1671</td></tr> </tbody> </table>		2019	2020	2021	2022	2023	Your org	58.11%	66.35%	63.17%	64.03%	62.33%	Best result	75.13%	77.76%	73.58%	73.01%	75.43%	Average result	61.79%	67.83%	63.17%	62.74%	65.59%	Worst result	42.82%	49.09%	43.43%	39.56%	39.46%	Responses	1297	1269	1412	1329	1671
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Worst result	42.82%	49.09%	43.43%	39.56%	39.46%																																				
Responses	1297	1269	1412	1329	1671																																				
Labour turnover	Strategic	May 24	13.53%	10%																																					
Sickness absence related to stress / anxiety	Strategic	May 24	2.5% of the 6.5% (43.53% of all absence)	N/a																																					

Key Performance Indicators

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

Metric	Type	Reporting Month/Year	Performance	Target	SPC / trend
WRES data (number areas improved out of 8)	Strategic	2023/24	5/8 improved	8/8	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored alongside the Trust's EDI programme.
WDES data (number areas improved out of 12)	Strategic	2023/24	8/12 improved	12/12	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored alongside the Trust's EDI programme.
Gender pay gap (number areas improved out of 2)	Strategic	2023/24	1/2 improved	2/2	The average (Mean) GPG in favour of males reduced from 2023. The median GPG increased however the increase was in favour of females.
Annual Appraisal Rates	Strategic	May 24	70.60%	80%	
No grievances involving discrimination	Strategic	May 24	0 Grievance	N/a	

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	May 24	87.16% 6.31% Agency 80.85% Bank 12.84% Unfilled	100%	An increase in both agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
% positive feedback re using digital technologies	Strategic				NEW METRIC TO BE ADDED
Vacancy rates	Strategic	May 24	10.5%	10%	Increase

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

No apprenticeships	Strategic	May 24	114	63	Reduction
No 'new' roles recruited to (inc NAs and ANPs)	Strategic	May 24	1	N/a	Increase
Bank & Agency Usage (WTE)	Strategic	May 24	29.99 Agency 616.51 Bank Ratio: 8.65% Agency 91.35% Bank	N/a	An increase in both agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity

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/Year	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Number of people with inpatient length of stay <=3 days	Strategic	May 24	4	TBC			3	
Number of people with inpatient length of stay > 60 days	Strategic	May 24	17	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	May 24	57.5%	92%			62.3%	
Inappropriate Out of area bed days	Strategic	May 24	413				602	

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	May 24	44.2%	50%																															
% of staff trained as a CTW Leader	Strategic	May 24	22.1%	20%																															
% of staff trained as a CTW Practitioner	Strategic	May 24	35.5%	3%																															
% of staff trained as a CTW Sensei	Strategic	May 24	75.8%	0.5%																															
No of patients offered and participating in research studies (YTD)	Strategic	May 24	16	589	<div><p>Total Number of Recruits per Month</p><table><thead><tr><th>Month</th><th>Recruits</th></tr></thead><tbody><tr><td>Apr-23</td><td>216</td></tr><tr><td>May-23</td><td>2</td></tr><tr><td>Jun-23</td><td>313</td></tr><tr><td>Jul-23</td><td>8</td></tr><tr><td>Aug-23</td><td>15</td></tr><tr><td>Sep-23</td><td>219</td></tr><tr><td>Oct-23</td><td>2</td></tr><tr><td>Nov-23</td><td>12</td></tr><tr><td>Dec-23</td><td>225</td></tr><tr><td>Jan-24</td><td>317</td></tr><tr><td>Feb-24</td><td>219</td></tr><tr><td>Mar-24</td><td>315</td></tr><tr><td>Apr-24</td><td>889</td></tr><tr><td>May-24</td><td>316</td></tr></tbody></table></div>	Month	Recruits	Apr-23	216	May-23	2	Jun-23	313	Jul-23	8	Aug-23	15	Sep-23	219	Oct-23	2	Nov-23	12	Dec-23	225	Jan-24	317	Feb-24	219	Mar-24	315	Apr-24	889	May-24	316
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Mar-24	315																																		
Apr-24	889																																		
May-24	316																																		

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	May 24	36	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	May 24	11	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	May 24	94%	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	May 24	50	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
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Escalation and Assurance Report (AAA+D)

Report from the: **Audit Committee**

Date of meeting: **08/05/24**

Report to the: **Council of Governors**

Agenda
Item

10.1.0

		Relevant operational high risks score 15+ identified in high risk report update (risk number & descriptor)
Significant Assurance (good)	Governance, accountability and effective oversight	There are currently no operational risks greater than 15.

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Failure to provide good governance, accountability and effective oversight around consultant job plans and the resultant additional payments that are made	Existing	High – following increase in assurance on job plans to limited from Low, with a plan to re-audit in place. Though recent audit of Appraisals has resulted in Limited assurance. Bob Champion to update at next full audit committee.

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Appraisal audit outcome was that of Limited Assurance.	Update to be provided at the next Audit Committee	BC	10/07/24
Advise:			
<ul style="list-style-type: none"> Due to absence the Audit Committee was not quorate at the time of meeting, though decisions and reports were confirmed and agreed virtually with the absentee. 			
Assure:			
<ul style="list-style-type: none"> Action log for the committee was reviewed with all actions having been completed. The following were collectively reviewed, Strategic Performance report, the supporting compliance report and High risk update and discussed in detail with the significant 			

levels of assurance being noted. Key items being outcome of audit of appraisals being Limited and the Job Plans output moving from low to limited, with a re-audit planned. It also noted the external governance review that had taken place and supported the further development work to be undertaken.

- The Review of Losses and Compensations report was received, noting the 49 losses totalling £37,062 for the period April 2023 – March 2024 and considered any further actions, learning or controls necessary.
- The committee noted there had been one waiver of standing orders and standing financial instructions since the last audit committee, which the committee were comfortable with.
- There was nothing to report on Proposed Write off of Outstanding debt
- The external annual Audit plan was reported and the committee noted the contents of the Audit Plan & the ongoing engagement that took place with the Trust.
- External Audit technical update was noted, and it was confirmed there had been no significant changes.
- The content of the Internal Audit 2024/25 was noted, and the committee welcomed the continued engagement & oversight on this work within the Trust. In addition, the re-audit of the three previous audits was supported as part of the plan.
- Internal Audit progress report was presented being 94% complete, given the outcome of the appraisal audit, F Stead agreed to provide an update to People & Culture Committee on 9 May in support of that Committee considering how it reviews its strategic performance & risk. It was also agreed the Chief People Officer would attend Audit Committee in July to provide an update. Overall, the content of the report and the next phase of work related to the 2024/25 plan & supporting activity was noted.
- Internal Audit: Follow up reports were received with the committee noting the progress in the implementation of internal audit recommendations.
- Local Counter Fraud Annual Plan and Progress reports were received, with the contents being noted with nothing significant to report.
- The Annual Information and Data assurance report was received. The committee discussed how future reports could provide assurance on data assurance & information governance performance. Though the committee were assured on the assurance of the systems & processes in place.
- Committee Annual Terms of Reference review 2024 was received, and the committee supported the further effectiveness work taking place, aligned to benchmarking. It was also noted that the Terms of Reference would be presented to the Board for ratification May 2024.
- Committee Annual Governance Report 2023/24 was received and approved noting the good work that had gone into it and noted the minor amendments that were required for it to be finalised.

Decisions / Recommendations:

- The committee recommends the board ratifies the Annual Governance report 2023/24, subject to the identified amendments being completed.

Report completed by: Christopher Malish – Chair of Audit Committee

Escalation and Assurance Report (AAA+D)

Report from the: **Audit Committee**

Date of meeting: **19/06/24**

Report to the: **Council of Governors**

Agenda
Item

10.1.1

		Relevant operational high risks score 15+ identified in high risk report update (risk number & descriptor)
Significant Assurance (good)	Governance, accountability and effective oversight	There are currently no operational risks greater than 15.

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Failure to provide good governance, accountability and effective oversight around consultant job plans and the resultant additional payments that are made	Existing	High – following increase in assurance on job plans to limited from Low, with a plan to re-audit in place. Though recent audit of Appraisals has resulted in Limited assurance. Bob Champion to update at next full audit committee. (no change from prior committee)

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
N/a			
Advise:			
<ul style="list-style-type: none"> The committee noted the content within the Annual Accounts 2023/24 and Trust's Annual report, with the committee being satisfied that they presented a true and fair view of the Trust's performance and were compliant with national guidance. The Internal Audit's opinion for 2023/24 was that of Significant Assurance for the Trust. 			
Assure:			

- The Annual Accounts for 2023/24 were thoroughly reviewed, with an informal meeting being held prior to the Audit committee to go through the draft accounts on the 16th of May. From this meeting and the formal audit committee the committee was assured on the process for delivering the accounts in compliance with national guidance. It was also noted the national submission dates for the Annual Report & Audited Accounts and that these would be presented to the Board on the 26 June.
- The committee received the following from the External Auditors: ISA 260, Audit Opinion of the Annual Accounts 2023/24; Auditors Report, including the Value for Money Assessment 2023/24; Letter of Representation, which were all noted. One key point was the national challenges for financial risk and that the Trust had achieved Going Concern.
- The Committee was also assured the External Audit was delivered independently.
- The internal Audit opinion for 2023/24 was presented, with the committee noting the full year of activity and the Trust receiving Significant Assurance. Especially noting the Trust had engaged and was responsive in relation to all actions.
- BDCFT Annual Report 2023/24 was received, noting its content and were assured on the process of developing and completing the report was compliant with national guidance. The submission dates for the report was noted.

Decisions / Recommendations:

- The committee approved the annual accounts and recommended their adoption by the Board of Directors on 26 June 2024
- The committee approved the Annual report 2023/24 and recommended it's adoption by the Board of Directors on 26 June 2024

Report completed by: Christopher Malish – Chair of Audit Committee

Escalation and Assurance Report (AAA+D)

Report from the: Charitable Funds Committee

Date of meeting: 16 May 2024

Report to the: Council of Governors

Agenda
Item

10.2

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Competition with other providers and the grant allocation process	Existing	High
Key person dependency	Existing	Medium

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
<ul style="list-style-type: none"> On- going dstaffing issues re changes in personnel which could impact on viability of work programme 	New staff due to commence in June 2024	CJ	June 2024
Advise:			
<ul style="list-style-type: none"> There is a challenge in relation to the bids of other local providers and the drive of grant providers to consider allocating funds on a wider geographical area identifying the need to continue to work on bids etc with other organisations. The end of year balance is higher than planned at £178k (planned £167k) Palliative Care team shared how they are working with the Charitable funds team to utilise funds to improve patient services which was a very positive insight into the benefits of the allocation of funds. There is a need to update the Customer Relationship Management database to enable a larger cohort of people to be registered. The team will progress the purchase of DonorFy Professional in line with purchasing procedures. The Charitable Fund is currently audited by KPMG but the team are considering alternative provides with more specialist charitable fund experience which may cost less than the current service. Any potential change will need to be signed off via the Board. 			

Assure:

The Committee Terms of Reference and Annual Report were reviewed.

Decisions / Recommendations:

- Change of Customer Relationship Management System to Donorfy Professional to be progressed.
-

Report completed by: Sally Napper

Escalation and Assurance Report (AAA+D)

Report from the: **Mental Health Legislation Committee**
Date of meeting: **09.05.24**
Report to the: **Council of Governors**

Agenda
Item
10.4

		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 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
I shall focus on four 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.	Existing	Significant
There is a risk that the safety and experience of service users and staff is materially compromised by the unjustified or sub-optimally-managed use of restraint/intervention on wards.	Existing	Significant
There is a risk of sub-optimal application of “best interests” principles.	Existing	Limited
There is a risk that the Trust may not act in a fully compliant / best practice way in relation to Associate Hospital Managers.	New	Limited

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
There is a question mark over the “employment status” of Associate Hospital Managers , following a recent ET/EAT legal case with another	Board to ensure correct people/teams	HR/Legal	24.05.24

NHS trust, which may have implications for the Trust, and which appropriate people/teams need to understand and take any appropriate action.	are adequately focused on the relevant issue/risks (including HR/ Legal in particular).		
<p>There is a risk that the Board will not be compliant with a recent government recommendation that “at least half” the Trust’s NEDs be “trained as hospital managers” under the MHA and “participate in hearings” (see recommendation 5):</p> <p>https://www.gov.uk/government/publications/rapid-review-into-data-on-mental-health-inpatient-settings-final-report-and-recommendations/rapid-review-into-data-on-mental-health-inpatient-settings-final-report-and-recommendations</p>	Board to ensure a level of compliance it is satisfied with.	Board, with input from Legal or others.	05.07.24

Advise:

1. The meeting of the Committee [“C”] was not quorate.
2. The **Associate Hospital Managers** representative informed C about a decision of the Employment Appeal Tribunal in relation to an appeal brought by a NHS trust against a decision by an Employment Tribunal about the “employment status” of AHMs in that trust. The ET had decided AHMs in that case had been “workers” for the purposes of the relevant employment legislation and, as such, be entitled to certain employment-related rights. The EAT agreed. C sought assurance that the appropriate people in the Trust were aware of and working on any relevant issues arising. HR and legal, among others, are said to be aware and focused on the matter.
3. C’s **involvement partners** each raised a query/concern about the First Response service in the context of bank holidays. One asked about response times; another about medication powers/responsibilities (e.g. depots). In addition, an involvement partner asked more generally about care leavers being over-represented in the mental health system and whether enough was being done to assist and support.
4. A response has now been provided to **CQC** following the recent visit/review at Najurally, including some assurances relating to the under 18.
5. C considered and noted the **Ligature Assessment** annual report. It looked both backwards, over the year, and forwards. Each year, on adult mental health wards, about 20-30 deaths occur nationally from hanging/strangulation from ligatures fixed to an anchor point. Such incidents are relatively rare in the Trust (4.47% of all ligature incidents; 26 out of 581) but increasing (76% year-on-year), mainly relating to Ashbrook and Heather. The significance of such incidents tends to be greater – hence the heightened scrutiny. In 2018-2019, CQC highlighted that significant improvements were required to risk assessment/management in this area in the Trust. Much work has been undertaken. There’s been a focus on bedroom doors. All ligature risk assessments have been completed using the new assessment

framework, with evidence recorded. Risk assessment and incidents continue to be reviewed regularly, including by the ligature environment risk safety group.

Assure:

6. The **AHM** representative indicated that the new decision forms/templates were proving useful and that this year's appraisals had gone well. She presented a highly informative insight into typical hearings/meetings for the benefit of C's members. C asked questions and developed a fuller understanding of the procedure and of the types of issue arising within and in relation to these hearings.
7. C considered the content of the Integrated Strategic **Performance Report**, the **High Risk Update Report**, and the (overlapping) update from the **Positive and Pro-active Group**. Among other things, C noted: key metrics relating to section reviews were above target; an increase in violence/aggression in March; an increase in full physical interventions and rapid tranquilisation in Feb/Mar 2024; one incident of longer-term segregation and prone restraint (with explanation/context provided); training compliance for unqualified support staff below, but getting close to, target (mitigations in place).
8. In addition: the P&PG reported that an audit of "**safety pods**" suggests not all wards have them and some may not have enough. This surprised C as it had previously understood the Trust thought that there were sufficient pods in place. C therefore requested an update at the next meeting on pods (the number of pods, which wards have them and how many; the use of such pods and any issues relating to the same; any relevant update regarding training and associated issues; what is planned next). The practical training unit lead will be invited to this session.
9. C was provided with some useful and helpful **training**, by Joanne Tiler, on MHA and Deprivation of Liberty Safeguards and the interaction between them. It was suggested that something useful be sent to involvement partners, to further enhance their contribution/effectiveness.
10. C considered and noted the **Mental Capacity Act** annual report, presented by Joanne Tiler, and ongoing efforts to embed MCA principles within clinical practice at the Trust. Among other things, it recorded: training compliance at 89% at April 2024; audit completed in Nov 2023 showed a decline in compliance but new processes/plans in place to improve.
11. C considered and noted the **annual report from the MHA Team**, including useful and granular information on Tribunals and AHM hearing activity/outcomes (with a 10-year perspective). Discharge rates, between the MHTs and AHM hearings, are broadly similar. There has continued to be use of s136 suites (over 70 times) to detain patients under s2 MHA when no bed can be found (meaning that, at such times, the s136 suite is not available for its intended purpose).
12. From Aug 2024, 53 doctors (a record high for the Trust) are anticipated to be "in training", with the aim that, by Aug 2026, there will no or low consultant vacancies. (That said, the same may introduce a quality risk in the short-to-medium term.)
13. C noted the **annual governance report for C**.

Decisions / Recommendations:

14. The minutes (of C's previous meeting) were approved.

15. The AHM's report was approved (subject to resolving quoracy issues).
16. The annual report from the MHA team was approved (subject to quoracy issues).
17. The ligature annual report was approved (subject to resolving quoracy issues).
18. Overall, and trying to step back to look at things in the round, C took the view that it had **significant assurance** (at this time) in relation to "Theme 3" (see above) in general; but, perhaps, on further reflection (in the Chair's judgment) it ought to be closer to "limited" given the further assurance/clarification required at the moment in relation to risks regarding "best interests" work and AHMs.

Report completed by: Simon Lewis (20.05.24)

Escalation and Assurance Report (AAA+D)

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

Date of meeting: **08 May 2024**

Report to the: **Council of Governors**

Agenda Item

10.5.0

		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"> Learning from your experience: Virtual Ward Service. Committee heard from the Virtual Ward Service who shared their next steps for the service. The Service would only have 50% of their funding for 2024/25 and a robust evaluation and support for this evaluation was needed for the service to continue. The Trust continued to see challenges to access and flow and demand into Acute Inpatient wards. 			

- Children's Community Mental Health Teams had seen demand increase rapidly but a recovery plan had been developed focusing on recruitment and retention.
- The list and demand for general anaesthetics for Dental continued to grow due to disruption because of Covid and junior doctor strikes. Work had been carried out alongside the Provider collaborative to focus on desensitisation.
- It was agreed that there would be a change to the way Patient Safety Incidents Information and Complaints would be received by Quality and Safety Committee and Board. Quality and Safety Committee would receive a more in depth report and discussion whereas Board would receive a highlight update with key points.
- Changes to how the Dementia Assessment Unit reviewed learning from deaths was highlighted; a structure judgement review would take place compared to a formal review.
- Two Quality Assurance Framework (QAF) Visits took place on Clover Ward and to the Unplanned Care Team following a number of concerns from both services. Findings and solutions that had been implemented were noted such as further senior leadership support to provide oversight and assurance of issues.
- The Committee was updated on the recent CQC rating of inadequate for Cygnet Wyke which was around governance and oversight. Although the Trust did not have any service users in beds at Cygnet Wyke, the Trust does utilise beds at other Cygnet sites.
- The Committee proposed having a specific Non-Executive Director for Learning from Deaths. This would be picked up with the Head of Patient Safety / Patient Safety Specialist and Trust Secretary.
- The AAAD+ Report for Clinical Board was received. An alert was raised which referred to a number of small teams having difficulties recruiting colleagues such as Occupational Therapists
- The AAAD+ Report for the Safer Staffing Group was shared. An alert was highlighted in relation to reduced uptake of banks shifts within inpatient units which had been identified due to IT system issues was also highlighted. A Business Continuity Plan had been implemented. The report also found that there had been a significant impact on the Najurally Centre due to acuity of service users and availability of qualified staff which had resulted in a review of observation levels for service users.

Assure:

- The Trust continued ongoing work around safe and effective and responsive care.
- An Equality Impact Assessment (EQIA) had been undertaken, although this was not a full review and rather a desktop review. It was then highlighted that the EQIA process would be further expanded to support colleagues with completion.
- Positive feedback was received in relation to improving access and flow focusing on the improvements to NHS Talking Therapies and the Early Intervention in Psychosis Service.
- The Bi-Annual Learning Annual Report was presented to the Committee which highlighted assurance around good quality, governance and patient safety.
- The Research & Development Annual Report was shared with the Committee which noted that there had been an issue with what had been conducted over the year but recruitment was ongoing.

- The Medicines Management Annual Report was shared with the Committee which focusing on the on the development of the pharmacy team to support the Community Mental Health Teams and District Nursing. The Trust had also locally restarted providing Attention Deficit Hyperactivity Disorder (ADHD) medication but the effects of the shortage of medication would still be seen.
- The Deputy Clinical Director of Pharmacy highlighted that there had been a series of depot errors where the wrong medication had been given to service users. Assurance was provided to the Committee that actions had been taken which included ensuring that stock would be segregated. The Trust would continue to monitor the actions to ensure that the incidents would not happen again.
- An update on the Smoke Free Implementation for the Trust was noted. The Trust would go smoke free on 1 October, linking in with the national 'Stoptober' campaign.
- The AAAD+ Report for the Patient Safety & Learning group was received noting the report would look different due to the remodelling of the group which would focus on areas such as oversight and improvements. The Terms of Reference for the group had also been refreshed to ensure that the right colleagues attend the group.
- The Committee was made aware of the outcome of the Special Educational Needs and Disabilities (SEND) inspection for North Yorkshire. The initial feedback was positive and five areas of improvement around the identification of their health assessment and care planning was needed.
- The Committee was notified that the Children's Trust was being inspected by Ofsted.
- The Committees Annual Terms of Reference and Annual Governance Report was presented to the Committee.

Decisions / Recommendations:

- 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.
- The Committee approved the following reports (subject to approval outside of meeting due to lack of quoracy):
 - Committee Annual Terms of Reference
 - Committee Annual Governance Report
 - Research and Knowledge Services Annual Report

Report completed by: Sally Napper

Acting Chair of the Quality & Safety Committee

May 2024

Escalation and Assurance Report (AAA+D)

Report from the: Quality and Safety Committee (QSC)

Date of meeting: 12 June 2024

Report to the: Council of Governors

Agenda
Item

10.5.1

Key escalation and discussion points from the meeting

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

Advise:

1. Our Involvement Partner raised that within the Community Mental Health Teams (CMHTs) colleagues did not understand what aftercare funding could be used for and how service users could apply. It was discussed that colleagues were looking at how this issue could be resolved in particular by using the advocacy service and sharing their information on the wards.
2. The AAA+D for Senior Leadership Team – Quality, Safety & Governance was presented to the Committee which explained that the procurement request for the new Friends and Family test had been signed.
3. The AAA+D for the system quality committee explained that Bradford Teaching Hospitals NHS Foundation Trust had had a CQC Visit.
4. The AAA+D for the Allied Health Professionals was shared which highlighted that there were current recruitment challenges for Band 6 Occupational Therapists.
5. The AAA+D for the Allied Health Professionals demonstrated that there were challenges in relation to receiving equipment from the local authority which had put pressure on the Trust to supply
6. The AAA+D for the Allied Health Professionals demonstrated that there were growing waiting lists within Learning Disabilities especially in relation to dieticians.

Assure:

1. Our Involvement Partner raised that positive feedback had been received in relation to First Response, in particular the response times had improved and that service users had felt more supported and that referrals to Safe Spaces had improved
2. Learning from your experience: A presentation in relation to the Personal Health Budget Pilot shared that the pilot had received 50 applications which had contributed to 50 bed days saved.
3. A progress update on the Intensive Outreach Team was received, showcasing that senior colleagues had continued to review cases and care responses to recall and management by the Trust and Local Authority. Training and support had also been offered to colleagues.

4. The Trusts Intensive Outreach Team referral criteria had been amended in response to national learning.
5. The Committees attention was drawn to the fact that an annual review against progress for SEND had taken place.
6. The Annual Risk Management Report was presented to the Committee. Attention was paid to the successful launch of the 'learning from patient safety events' tool
7. The final draft of the quality account was presented to the Committee before submission to the Board. Minor improvements were agreed.

Decisions / Recommendations:

Although the Committee was not quorate, the Committee approved the Risk Management Annual Report and Final Quality Account 2023/24 subject to virtual approval outside of the Committee.

Report completed by: Alyson McGregor

Chair of the Quality and Safety Committee