Bradford District Care
NHS Foundation Trust

Board of Directors – held in public

Date: Thursday 14 March 2024

Time: 9.00am until 12.00pm

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 Board of Directors. 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	9.00
	2	**Declaration of any conflicts of interest** (enclosure)	LP	-
BQS	3	**Learning from your experience IPS Service user story** (verbal)	AS/JB	9.05
GG	4	**Questions received** (verbal)	LP	-
	5	**Minutes of the previous meeting held on 11 January 2024** (enclosure)	LP	
	6	**Matters arising** (verbal)	LP	-
	7	**Action log** (enclosure)	LP	

Strategy and partnerships

All	8	**Chair's Report** (enclosure)	LP	9.35
All	9	**Chief Executive's Report** (enclosure)	TP	9.45
All	10	**Strategic Assurance and Performance Report** (enclosure) **10.1 Strategic Risk Report** (enclosure)	KB FS	10.05

Break (10:35am – 10:40am)

Quality and Safety

BQS	11	**Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held on 25 January 2024** (enclosure)	**SL**	**10.40**
	12	**Alert, Advise, Assure and Decision Report: Quality and Safety Committee held on 18 January 2024 and 15 February 2024** (enclosure)	**AM**	**10.50**

People and Culture

BPTW	13	**Staff Survey Update** (verbal)	**BC**	**11.10**
	14	**Gender Pay Gap Annual Report** (enclosure)	**BC**	**11.20**
	15	**Equality Objectives 2024-2028** (enclosure)	**LW**	**11.30**
	16	**Alert, Advise, Assure and Decision Report: People and Culture Committee held on 22 February 2024** (to follow)	**MR**	**11.40**

Finance and Sustainability

BUOR	17	**Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on 25 January 2024** (enclosure)	**MA**	**11.50**
	18	**Alert, Advise, Assure and Decision Report: Audit Committee held on 18 January 2024** (enclosure)	**CM**	
	19	**Alert, Advise, Assure and Decision Report: Chairty Funds Committee held on 1 February 2024** (enclosure)	**MR**	

Governance and well led

GG	20	**Alert, Advise, Assure and Decision Report: West Yorkshire Community Health Services Provider Collaborative – 15 January 2024** (enclosure)	**For Information**	**-**
	21	**Alert, Advise, Assure and Decision Report: West Yorkshire Mental Health, Learning Disability & Autism Committee – 31 January 2024** (enclosure)	**For Information**	**-**
	22	**Board of Directors public meeting work plan** (enclosure)	**For Information**	**-**
	23	**Any other business** (verbal)	**LP**	
	24	**Comments from public observers** (verbal)	**LP**	**-**
	25	**Meeting evaluation** (verbal)	**LP**	**12.00**

Date of the Next Meeting: Thursday 29 May 2024 – final details to be confirmed by Corporate Governance Team

Questions for the Board of Directors can be submitted to:
Name: Fran Stead (Trust Secretary)
Email: fran.stead@bdct.nhs.uk
Phone: 01274 228308

Name: Linda Patterson (Chair of the Trust)
Email: linda.patterson@bdct.nhs.uk
Phone: 01274 363484

Expressions of interest to observe the meeting using Microsoft Teams:
Email: corporate.governance@bdct.nhs.uk
Phone: 01274 251313

Strategic Priorities (Key)

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

Agenda Item
02.0

NHS
Bradford District Care
NHS Foundation Trust

Register of Interests – Board of Directors – March 2024

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Non-Executive Directors								
Maz Ahmed	M&M Property (Stoke) Ltd: Director Advantage Advisory Ltd: Director Director of following subsidiaries of Wm Morrison Supermarkets PLC: • Wm Morrison Produce Ltd • Lowlands Nurseries Ltd • Falfish Limited • Falfish (Holdings) Limited • Farmers Boy Limited • Farmers Boy (Deeside) Limited • International Seafoods Limited • Neerock Limited • Rathbone Kear Limited	Nil	Nil	Nil	Nil	NHS Professionals Ltd: Non-Executive Director Bradford District & Craven (BdC) System Finance Committee	Operations Director: Wm Morrison Supermarkets PLC	Nil

	• Safeway Wholesale Limited • Wm Morrison At Source Limited							
Chris Malish	Bradford College: Vice Principal Finance & Corporate Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Simon Lewis	Nil	Nil	Nil	ASDA Foundation: trustee/non-Executive Director	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities). This also includes acting on behalf of the General Medical Council.	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities) ASDA Foundation: trustee/non-executive director.	Independent Member of the ACAS Council (i.e. the Advisory, Conciliation and Arbitration Service: a non-departmental public body of the Department for Business, Energy and Industrial Strategy (BEIS)). Board member of the Bar Standards Board (i.e. the regulatory body for barristers and some others in the legal services market). Fee-paid Deputy District Judge (including private family law cases, which can involve input from CAFASS, local authorities, NHS organisations, etc). Newly-appointed fee-paid Tribunal Judge (mental health tribunal). Clearly: I would not sit on cases involving applications from service users at BDCT. Court Examiner.	Burley Oaks Primary School: employee

							Junior Counsel to the Crown. England and Wales Cricket Board: chair of national safeguarding panel. The Football Association: independent chair of disciplinary/regulatory panels. British Cycling: independent chair of disciplinary/regulatory panels. England Boxing: independent chair/member of disciplinary panel. ACCA (the global accountancy body): independent member of disciplinary/regulatory panels. General Optical Council: independent statutory case examiner in fitness to practise (or similar) cases. Phone-Paid Standards Authority: Independent Chair of Code Adjudication Panel University of Bradford – Lay Member of Council Premier League Independent Oversight Panel	
Alyson McGregor	Nil	Nil	Nil	Altogether Better (NHS	Nil	Nil	Nil	Nil

				hosted organisation): Director Health Foundation Common Ambition Programme Advisory Group: Expert Advisor				
Mark Rawcliffe	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sally Napper	Nil	Nil	Nil	Nil	Consultancy work within Hospice Sector	Bradford District & Craven (BdC) Quality Committee	Nil	Nil
Linda Patterson	Nil	Nil	Nil	Nil	Nil	Nil	Independent Governor London Metropolitan University Trustee Royal Society of Medicine Fellow of Royal College of Physicians of Edinburgh and London Registered with General Medical Council	Nil
Executive Directors								
Therese Patten	Nil	Nil	Nil	NHS Providers: Trustee	Nil	Nil	Nil	North Yorkshire County Council: Practice Supervisor (Family Assessment

								and Support Team)
Phil Hubbard	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven (BdC) Quality Committee	Place based lead as part of the Place based system (BdC) as Director of Nursing and Quality distributed leadership team	Langtry Langtons: Employee
Iain MacBeath	Nil	Nil	Nil	Nil	Nil	Bradford District Council	Nil	Nil
Tim Rycroft	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
David Sims	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven (BdC) Quality Committee	Nil	Nil
Mike Woodhead	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven (BdC) Finance Committee	Place based lead as part of the Place based system (BdC) as Director of Finance	Nil
Kelly Barker	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven (BdC) Quality Committee Bradford District & Craven (BdC) Finance Committee	Nil	Nil
Bob Champion	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven (BdC) People Committee	Nil	Nil

Agenda item 5.0

Board of Directors Meeting in Public
On Thursday 11 January 2024 at 9:00am
Hybrid meeting held on Microsoft Teams and in person at New Mill, Saltaire

Present in person:	Simon Lewis (Deputy Chair)	Non-Executive Director, Senior Independent Director, and Deputy Chair
	Kelly Barker	Chief Operating Officer
	Phil Hubbard	Director of Nursing, Professions & Care Standards and Deputy Chief Executive
	Sally Napper	Non-Executive Director
	Therese Patten	Chief Executive Officer
	Dr David Sims	Medical Director
	Mike Woodhead	Chief Finance Officer
Present via	Bob Champion	Chief People Officer
	Iain MacBeath	Director of Integration
Teams:	Alyson McGregor MBE	Non-Executive Director
	Mark Rawcliffe	Non-Executive Director
	Tim Rycroft	Chief Information Officer

In Attendance:	Faleeha Arobi	Observer – Student shadowing Alyson McGregor
	Tracey Barningham	Community Matron - Member of staff *(for agenda item 3)*
	Dr Anita Brewin	Deputy Director for Professions/Chief Psychological Therapies Officer*(for agenda item 11)*
	Tina Butler	Governor – Bradford Assembly
	Dr Bev Fearnley	Deputy Director of Patient Safety, Compliance and Risk
	Susan Francis	TIC Workforce Development Lead *(for agenda item 11)*
	Kirsten McEwan	Patient Experience and Communications Officer *(for agenda item 3)*
	Nicole Rowan	Clinician *(for agenda item 3)*
	Donna Smalley	Physiotherapy Professional Lead - Member of staff *(for agenda item 3)*
	Fran Stead	Trust Secretary
	Peri Thomas	Observer – Gatenby Sanderson Insight programme
	Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary (Secretariat)
	Heather Wilson	Clinician *(for agenda item 3)*

MINUTES

Item	Discussion	Action
113	**Welcome and Apologies for Absence** (agenda item 1) The Deputy Chair, Mr Simon Lewis, opened the hybrid meeting at 9.00am. Apologies for absence had been received from Dr Linda Patterson OBE FRCP, Chair, Maz Ahmed, Non-Executive Director, and Chris Malish, Non-Executive Director. The Board of Directors was quorate.	
114	**Declarations of Interest** (agenda item 2) No declarations of interest were made.	
115	**Service User – Respiratory pathway – Patient Story** (agenda item 3) The Director of Nursing, Professions and Care Standards introduced Tracey Barningham, Community Matron and Donna Smalley, Physiotherapy Professional Lead from the Learning Disability Mental Health team. Two Clinicians Nicole Rowan and Heather Wilson also joined the meeting for this item. The Community Matron provided context about a patient's experience being supported through the respiratory pathway, and highlighted health inequalities for people with learning disabilities. She discussed the development of the pathway and its role in improving respiratory health for people with learning difficulties. The Physiotherapy Professional Lead provided background on a patient ("the Patient") and the Patient's father ("Dad"), detailing the Patient's health challenges and the interventions implemented by the multidisciplinary team (MDT) to address his respiratory issues. She mentioned the positive impact of these interventions, including a significant reduction in hospital admissions and subsequent cost reductions. A video was shared on the patient experience, presented by Dad. Dad talked about caring for his son, who had complex health needs. He explained the challenges faced, the loss of his wife and experience during the pandemic, and numerous hospital visits. During April 2021 and April 2022, the Patient was admitted to hospital on 15 occasions and spent a total of 59 days in hospital, with an estimated cost of around £57,000. Despite these difficulties, Dad expressed gratitude for the support of the healthcare staff and discussed the treatments that have helped the Patient. Following a suction machine being provided at home, he had not been	

Item	Discussion	Action
	admitted to hospital over the nine month period and estimated it had prevented at least six hospital visits. Dad was asked whether anything could be changed to support him further and he expressed his desire for more training to be able to provide further medical support at home and a longer tube to create deeper suction, but understood due to health and safety and lack of medical training this was probably not a possibility. **It was agreed the video of this agenda item would be shared with acute colleagues.** **A letter of thanks would be sent to Dad and the Patient to provide feedback and to thank them for sharing their story.** Ms Patten questioned whether any further support could be provided to Dad, and asked whether the acutes had the skills and connections on the Patient's care when he was admitted. It was confirmed they do communicate with the team when he is on the ward and prepare for his discharge together. It was explained that it was difficult for Dad to relinquish control given his expertise on his son's condition, but the team continued to try and support him further. It was also explained that sometimes the requirement for hospital to carry out the deeper suction was more appropriate, but they would look into this with the team. **It was agreed this would be taken forward by the team.** The Deputy Chair thanked the team and the Patient and Dad for providing such moving and insightful feedback into the work in the service and the impact of this support. **<u>Secretary's note:</u>** After the Dad and Patient viewed the recording of Board, the clinicians shared the following information on behalf of the Patient and the Dad in response to the Board having asked questions around what could be done to support the Dad. The team would like to share some of the outstanding difficulties that the family have: 1. As Dad shared in the story, he really is the expert in his son, he would like to explore the possibility of carrying out further health interventions such as deeper suction for Patient at home when needed. We plan to discuss this as a team with the team at the acute Trust who support Patient and Dad. 2. Dad shared how difficult he finds it to relinquish control or share any of the caring responsibilities that he has to others. This is	**CG Team** **Patient experience Team** **DS**

Item	Discussion	Action
	because Patient's health needs are complex, and his health has been so precarious in recent years that he has almost lost him on a number of occasions. Thankfully, the Patient has an excellent GP who he trusts and refers to her in his story. This GP has known the Patient and the family since the Patient was a child and understands the complex needs that they present with. For this reason, when the family moved house from Keighley to Queensbury around 6 years ago, they did not change GPs although they knew they really should. Since then, the Patient's health needs have only increased and Dad is even more anxious about changing GPs. This has created some issues. For example, the district nurses who are attached to the GP practice are not able to travel to see the Patient as he is outside of their area. These issues have been overcome with some difficulty when needed, however this just adds to the risk for the Patient and stress on Dad. Changing GP is not something that Dad will discuss or contemplate, and it is felt, by the professionals involved, that to pursue this suggestion with him would risk losing the trusting relationships that he currently has with the LD team. In such circumstances is there any flexibility for our district nursing teams? He currently has no issues requiring regular district nursing visits but that is not to say that he won't in the future. 3. Finally, Dad came to the UK from United States in 2012 and we understand that he has lost his right to remain in the country due reasons that we do not fully understand but related to the fact that he let his passport lapse. Dad has shared that he did not realise that this was a requirement and after his wife passed away this was not felt to be a priority since he and Patient were not likely to be travelling. As such, he is now being pursued by the home office and has real fears that he will be deported, and his son (stepson) will be put into care as this is what home office officials have told him could potentially happen. The stress that this has added to this family is immense, the view that is shared by the health team involved is that without Dad, Patient's emotional and physical health would undoubtedly be severely adversely affected. This has also put a huge financial burden on the family due to the costs involved in legal representation and application fees. Again, not sure if this is anything that the Trust has any ideas about or influence over as this is outside of our scope of expertise, but you asked if there was anything that could be done to support this family and so we are sharing this further information with you, with Dad's permission.	
116	**Questions Received** (agenda item 4) No questions for the Board had been received.	

Item	Discussion	Action
117	**Minutes of the previous public Board meeting held on 9 November 2023** (agenda item 5) The minutes of the public Board of Directors' meeting held on 9 November 2023 were agreed as a true and accurate summary record.	
118	**Matters Arising** (agenda item 6) There were no matters arising.	
119	**Action Log** (agenda item 7) It was confirmed that action 4, the sharing of the recording of the Mental Health Legislation Committee to Board members had been completed. **The Board:** • **noted the contents of the action log;** • **agreed to close the actions listed as complete;** • **and noted that no further actions were required on any actions listed.**	
120	**Chair's Report** (agenda item 8) Mr Lewis presented the Chair's Report which covered a variety of topics and highlighted the Chair's continued work meeting with partners in Local Authorities and Partnership Boards. Mr Lewis advised that following discussions it had been agreed not to proceed with the new Associate Non-Executive Director position as detailed in the report. The Trust Secretary explained that work would be undertaken facilitated by the Care Trust Way team, to undertake the effectiveness reviews during February and March. Appraisals would be undertaken over the next few months, and the Chief Executive explained that following updated guidance from NHS England these would be completed in May for submission by June. **The Board noted the continuing engagement that had taken place with external partners, internally at the Trust, and with the Council of Governors.**	
121	**Chief Executive's Report** (agenda item 9) Ms Patten provided a report on strategic, operational and systems issues and highlighted Freedom to Speak Up, Equality, Diversity and Inclusion (EDI), and regulatory matters.	

Item	Discussion	Action
	Ms Patten invited Mrs Hubbard to provide an update on Freedom to Speak Up, and noted the board development session held on 14 December. The discussion focused on the critical importance of an open culture where staff feel safe to speak up about any concerns, and the importance of a robust system for reporting issues and the emphasis on continuous improvement. Mrs Hubbard reminded the Board to encourage people to speak up, such as when carrying out GoSee visits and ensuring staff feel encouraged and supported to voice their concerns. Mr Lewis reflected that it was not just care and safety concerns that could be raised, but any issue that affected the provision of care including those relating to workforce issues. Ms Patten then invited the Chief People Officer to provide an update on EDI work. Mr Champion explained the investment in resource for a Band 3 and a Band 5 post to support the EDI agenda, emphasising the effectiveness of the current team in meeting its statutory and regulatory obligations, supporting staff networks and delivering against our improvement plans. He reassured the Board on the team's efficiency and impact. Mrs McGregor, Non-Executive Director praised the EDI's teams work but challenged the Trust to do more and to go beyond merely meeting legal requirements and to strive for a greater impact. Mr Champion responded by highlighting ongoing efforts to improve beyond compliance, explaining initiatives such as the disability equity schemes and cultural humility programme to enhance understanding and communication with diverse groups and stressed a commitment to continuous improvement. Mrs Patten then invited the Chief Finance Officer to provide an update on the operational planning guidance. Mr Woodhead explained that they received partial guidance before Christmas which primarily focused on technical updates related to contracting processes, with full guidance expected by the end of January. The Trust had received some clarity on funding allocations, which enabled them to progress with planning. Mr Woodhead highlighted a funding gap of around £23 million, with plans being undertaken to address this focusing on reducing length of stay, avoiding unnecessary placements and addressing staffing challenges. Conversations were being held with Bradford Council and the wider system to work collaboratively and mitigate risks where appropriate. Recent improvements were being seen on performance and the financial position following tactical strategic operational actions that had been undertaken in year. Mr Lewis sought assurance in relation to two "absent without leave" incidents. Mrs Barker clarified that they were flagged with the CQC as notifiable incidents due to them occurring within the low secure services which must be reported if they break their conditions. It was confirmed that	

Item	Discussion	Action
	the two individuals had been returned safely and no notable ongoing issues had been encountered. A structured judgement review had been carried out. It showed that systems and processes were in place. It provided assurance that appropriate checks and balances were in place. **The Board noted the Chief Executive's report.**	
122	**Strategic Assurance and Performance Report** (agenda item 10) The Board was provided with an update on the performance of the Trust against its strategic priorities based on the latest information available and reporting on actions being taken to address any issues and concerns with progress to date. Mrs Barker explained that the report provided context on the level of assurance in delivering against strategic objectives and priorities. The inclusion of the AAAD reports on the agenda provided context for assurance levels and performance data. It was highlighted that whilst overall performance was relatively good there were significant risks in inpatients services, impacting access, finances and the workforce. Mrs Hubbard discussed the assurance level and noted that they remained similar to those seen at the last Board meeting, and highlighted ongoing work aimed at improving targets. Mrs Hubbard explained the challenges related to access and flow due to increased demand, junior doctor strikes and an increased demand for services. She noted they had significant assurance in systems and processes related to learning for improvement and the best place to work. Mr Woodhead, reflected on the scoring of financial sustainability and acknowledged the impact on improvements to buildings and environmental efficiency. He noted efforts to include social value in investment procurement procedures. Mr Champion assured the Board that the Trust was doing the right things to become the best place to work, and highlighted positive trends in labour turnover, management of vacancies and absences. He mentioned concerns over appraisal activity but expressed overall confidence in the direction of travel. Mr Lewis questioned the predictability of the trend in labour turnover continuing. Mr Champion did not have sufficient data to provide this assurance but highlighted the impact of the induction for new starters and ongoing efforts to improve health and wellbeing resources and management practices, and the focus on providing a supportive employment experience. Mrs Stead confirmed a facilitated session led by an external governance specialist would be held with the Board in February to look at governance	

Item	Discussion	Action
	improvement work undertaken over the last 18 months, to assess the effectiveness and any further adjustments for the next years cycle of business. Deep dive work was being conducted to scrutinise work plans to ensure effective delivery and outcomes. Mrs Napper, Non-Executive Director raised a question from the last Quality and Safety Committee regarding medical staffing and the need to integrate information about consultant vacancies, patient safety impacts and recruitment and retention efforts. Mr Champion acknowledged the concerns and outlined plans to address locum usage in senior medical roles with substantive contracts or move to a different operating model and had enlisted an interim Medical Staffing Project Lead to improve management practices. Mrs McGregor, Non-Executive Director commented that significant assurance was provided across all four themes related to being the best place to work and highlighted concerns from Quality and Safety Committee regarding retention and morale particularly in speech and language therapy services and emphasised the importance of continued attention in this area. Mr Champion said that they were aware of this and were focusing efforts to address this. Mrs Patten highlighted concerns about complaints related to neurodiversity waiting times and acknowledged impact of these delays, and suggested further detail be presented to EMT. They acknowledged the complexities involved and noted the backlog due to Covid. **Mrs Hubbard agreed to bring a more detailed update on trends and implications of complaints to the next meeting.** **The Board of Directors:** • **noted the data and associated narrative and triangulation as discussed within each delegated Committee, detailed within the AAA+D, and** • **accepted the BAF Assurance levels as confirmed within each delegated Committee, detailed within the report and in the AAA+D.**	**PH**
123	**Trauma Informed Care Programme update** (agenda item 11) Dr Anita Brewin, Deputy Director for Professions/Chief Psychological Therapies Officer and Susan Francis, TIC Workforce Development Lead provided a presentation on activity undertaken in Trauma Informed Care. Dr Brewin provided an update on trauma-informed care efforts, emphasising the importance of understanding its principles beyond just using the term. She outlined the six key principles of trauma-informed care	

Item	Discussion	Action
	and stressed that it's everyone's responsibility, not just those directly working with trauma. The principles include ensuring individuals feel safe, have a sense of choice, feel involved, trust one another, feel empowered, and experience a welcoming and inclusive culture. Ms Francis provided an overview of the Trauma-Informed Care Framework within the context of the program. The framework encourages staff to consider their own needs alongside those of service users and colleagues, emphasising the importance of safe, supportive relationships. The framework serves as a tool to integrate e-learning into practical applications. It comprises two main components: relationship domains of trauma-informed resilience and trauma-informed care principles. An implementation tool was provided to assist staff in tracking and addressing their needs, promoting ongoing self-awareness and engagement with others. Feedback from training evaluations highlighted the effectiveness of the framework in improving staff understanding and practice of trauma-informed care. Dr Brewin explained that the West Yorkshire Adversity, Trauma, and Resilience Forum had developed a charter and was urging organisations to sign up to it. Dr Brewin and Ms Francis had signed up and confirmed they were confident the Trust met its requirements. They requested the Board to review the link and sign up to the Charter if they were in agreement. **Mrs Hubbard agreed to sign up to the Charter on behalf of the Board.** The Board approved this. Ms Pattern explained that at the officers meeting of the Bradford Health and Wellbeing Board a presentation was provided on the trauma and resilience strategy and noted the team were commended for their work. The key message in the training was to put the patient or colleague at the centre in order to ensure their needs have been met. With person centred care and ensuring they ask for help from others, and that support is given in a non-judgemental way. **Ms Francis offered to run a training session with Board members.** **The Board were asked and agreed to sign up to the WY ATR charter.**	**PH** **CG Team**
124	**Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held on 23 November 2023** (agenda item 12)	

Item	Discussion	Action
	Mr Lewis presented the report to the Committee and highlighted the content of the report. Mr Lewis explained that the two main strategic risks considered by the committee had related to the impact on service users and staff arising from a potentially limited ability to respond to issues or to innovate sufficiently rapidly: (1) in relation to the best use of "safety pods"; and (2) in relation to estates issues regarding the hearing/meeting room at Airedale. Positive updates had been noted in finding a solution to the hearing room at Airedale and in confirming the sufficient availability of safety pods. The Committee expressed significant confidence, more generally, in the management of risks relevant to the committee's focus. **The Board noted the contents of the AAA+D Report from the Mental Health Legislation Committee.**	
125	**Alert, Advise, Assure and Decision Report: Quality and Safety Committee held on 16 November and 21 December 2023** (agenda item 13) Mrs McGregor presented the report to the Committee and highlighted the content of the report. Mrs McGregor provided an update from the November meeting that covered: emergency preparedness testing in response to a threatening service user incident, feedback on engagement with autism and service users, a deep dive into continuous improvement work at the integrated outreach team, challenges in speech and language therapy service due to increased demand and low morale, updates on community nursing transformation work, concerns over recruitment to vacant posts, and assurance regarding implemented changes. Mrs McGregor expressed confidence in the committee's work. Mrs Napper stood in as committee chair for the December meeting and provided an update noting duplication in topics covered related to: medical staffing levels, updates from the perinatal mental health team, issues with dental surgery and junior doctor's strikes, and ongoing challenges in community nursing. Ms Patten raised concerns about the inclusiveness of leaflets for neurodiversity and suggested looking into this further. Dr Fearnley acknowledged the existing policy but agreed the process needed strengthening as part of a broader engagement strategy review. **The Board noted the contents of the AAA+D Report from the Quality and Safety Committee.**	

Item	Discussion	Action
126	**NHS England Compliance: Emergency Planning, Preparedness and Resilience – update on Trust Position** (agenda item 14) Mrs Barker provided an update on NHS England Compliance regarding emergency planning and updates. The Trust had historically been required to declare compliance but following the roll out of new core standards introduced by NHS England that required significant level of documentation to provide assurance they had been identified as non-compliant. Despite being classed as non-compliant, it was explained that this reflected the assessment process rather than the Trust's deficiencies. A comprehensive work plan had been put in place to address these challenges, with internal audits providing substantial assurance. **The Board of Directors:** • **noted the findings of this report.** • **noted the assessment of compliance as non-compliant as agreed at Private Board in December 2023.**	
127	**Staff Survey Update** (agenda item 15) Mr Champion presented an update on the Staff Survey results and highlighted the response rate had increased by 10% from the previous year, achieving a 51% completion rate and the highest response rate in six years. Further details would be provided in the private board meeting. Mr Champion explained that roadshows and prizes had been offered to encourage participation. It was highlighted that 10 areas had scored over 80% response rates and noted significant improvements in response across some areas including children services and mental health services. It was the first time the survey had been completed by Bank colleagues and received a response rate of 24%. It was hoped the responses would identify areas for improvement for Bank workers experiences going forward. It was explained that they were awaiting the detail in terms of the free text comments and the national reports would be available in March. **The Board noted the update.**	
128	**Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on 23 November 2023** (agenda item 16) Mr Rawcliffe presented the report on behalf of the committee chair, Mr Ahmed and highlighted the content of the report. Mr Rawcliffe highlighted two main strategic risks facing the Trust that related to the Trust's financial sustainability in the medium to long term, with short term mitigations but uncertainly about longer-term solutions,	

Item	Discussion	Action
	noting efforts being made to improve efficiency programmes. Secondly the lack of capital funding to address infrastructure requirements. Mr Rawcliffe also covered the cost improvement plan being off track largely due to temporary staff expenses, with efforts being made to recruit more permanent staff. In addition, discussions on the financial position of the West Yorkshire system and recovery plans for Lynfield Mount. Noting the importance of improved oversight and actions to address challenges, emphasising the importance of accountability and ongoing monitoring. **The Board noted the contents of the AAA+D Report from the Finance and Performance Committee.**	
129	**NHS Improvement Quarterly Submissions** (agenda item 17) Mr Woodhead presented the quarterly report on NHS Improvement and asked for approval of the submission. **The Board of Directors** **• approved the quarterly submission made to NHSI on 23rd January 2024.**	
130	**Alert, Advise, Assure and Decision Report: West Yorkshire Community Health Services Provider Collaborative held on 16 October 2023** (agenda item 18) **The Board noted the contents of the AAA+D Report from the West Yorkshire Community Health Services Provider Collaborative.**	
131	**Alert, Advise, Assure and Decision Report: West Yorkshire Mental Health, Learning Disability & Autism Committee held on 25 October 2023** (agenda item 19) **The Board noted the contents of the AAA+D Report from the West Yorkshire Mental Health, Learning Disability & Autism Committee.**	
132	**Board of Directors Public Meeting Work Plan** (agenda item 20) **The Board noted the content of the Public Board Work Plan for 2023/24.**	
133	**Any Other Business** (agenda item 21) No other business was raised.	
134	**Comments from Public Observers** (agenda item 22) No comments were made.	

Item	Discussion	Action
135	**Meeting Evaluation** (agenda item 26) The Chair thanked all colleagues for their contributions to the meeting. The Board discussed the meeting and reviewed its effectiveness as part of the Trust's commitment to good governance and continuous improvement. The meeting was closed at 11.17am.	

Action Log for the Public Board of Directors' Meeting

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**
115. 11/01/2024	Service user – respiratory pathway – patient story It was agreed the video of this agenda item would be shared with acute colleagues. A letter of thanks would be sent to Dad and the Patient to provide feedback and to thank them for sharing their story. The dad expressed his desire for more training to be able to provide further medical support at home and a longer tube to create deeper suction	Corp gov team Patient experience team David Sims		**Complete: the Board is asked to consider this action closed.** **Ongoing:** to be confirmed if this has been sent **Complete: the Board is asked to consider this action closed.** Donna Smalley confirmed this would be discussed with the team at the acute Trust who support the Patient and Dad. **Update:** an update has been provided within section 115 of the minutes from the Clinicians on behalf of the Dad in response. Member are asked to review this and confirm if any further support could be provided.

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**
122. 11/01/2024	Strategic Assurance and Performance Report Mrs Hubbard agreed to bring a more detailed update on trends and implications of complaints to the next meeting.	Phil Hubbard	~~March 2024~~ April 2024	**Ongoing:** to be brought to April Board
123. 11/01/2024	Trauma Informed Care Programme update Mrs Hubbard agreed to sign up to the WY ATR Charter on behalf of the Board	Phil Hubbard	March 2024	**Complete: the Board is asked to consider this action closed.**
123. 11/01/2024	Trauma Informed Care Programme update Ms Francis offered to run a training session with Board members.	Corp gov team	Summer 2024	**Ongoing:** To be scheduled for a future Board session

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**
11/05/23	Chair's Report The Chief Executive to bring a presentation to the September meeting on the work undertaken to date by the Mental Health Collaborative.	Therese Patten	September 2023	Complete: The programme director has been invited to public board in September and will present an update on the work.
13/07/23	Chief Executive's Report The Chief People Office & The Director of Finance, Contracting & Estates to present a report on the financial impact of industrial action, including information on quality of services, missed appointments and the impact on length of stay.	Mike Woodhead/Bob Champion	September 2023	Complete: Verbal feedback to be provided at the meeting.
13/07/23	Board Assurance Framework The Chief People Officer to share an audit trail of the changes to the refreshed SO2 with members.	Bob Champion	September 2023	Complete: Feedback to be provided within the update relating to the updated BAF.
13/07/23	NHS England Equality, Diversity and Inclusion Improvement Plan Briefing The Head of Equality to ensure that an annual report on the plan's implementation would be added to the Board workplan.	Lisa Wright	September November 2023	Complete: The Head of Equality has noted the annual requirement date and is scheduled on the workplan for September 2024.

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**
14/09/2023	Learning from Your Experience – Bradford and Airedale Neurodevelopmental Service The Chief Operating Officer to investigate and feedback to the Patient Experience and Communications Officer why service user ER had not been seen by BANDS after four months.	Kelly Barker	November 2023	Complete: This is being reviewed with relevant people in the Patient and Carer Experience and Involvement team.
14/09/2023	Winter Planning The Chief Operating Officer to discuss with the Head of Volunteering whether volunteers support staff as well as service users.	Kelly Barker	November 2023	Complete: This has been discussed and confirmed that volunteers support via the Wellbeing Network, and that they will continue to develop roles and opportunities through the volunteer strategy.
14/09/2023	Winter Planning The Chief Operating Officer to discuss how the associated risks for the winter months could be added to the risk register.	Kelly Barker	November 2023	Complete: Organisational risk overarching service risk through winter being added next week as part of official start of Winter. An update has been provided within the Winter plan update on the agenda.
14/09/2023	Winter Planning The Chief Operating Officer to build clearer alignment to the winter plan in the next financial update presentation.	Kelly Barker	November 2023	Complete: This has been incorporated within the Winter Plan update on the agenda.
14/09/2023	Winter Planning Director of Nursing, Professions & Care Standards and Deputy Chief Executive to add	Phil Hubbard	November 2023	Complete: This is being incorporated in the risk register rather than individual services regarding winter pressures.

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**
	the risks associated with the Community Nursing team to the risk register.			
14/09/2023	Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on 29 June and 27 July 2023 The Chief Finance Officer to provide an update on Model Roster 3 at Finance and Performance Committee.	Mike Woodhead	November 2023	Complete: This item has been added to the Finance and Performance Committee action log to be scheduled at a future meeting.
14/09/2023	Meeting Evaluation The Patient Experience Officer to add both the name of the service user and involvement partner to videos for the Learning from Your Experience Item.	Kirsten McEwan	November 2023	Complete.
1. 13/07/23	Chief Executive's Report The Head of Psychological Therapies to provide a progress update on the Trauma Informed Care Programme in six months' time.	Anita Brewin	December 2023 January 2023	Complete: The Board is asked to consider this action closed. On the Public Board agenda for 11 January 2024
11. 09/11/2023	Action log Simon Lewis additional role to be added to Declaration of Interest register.	Corporate Governance	December 2023	Complete: The Board is asked to consider this action closed.
12.	Chief Executives Report	Fran Stead	January 2024	Complete: The Board is asked to consider this action closed.

Actions closed at the last meeting				
Action Log Reference	**Action (including the title of the paper that generated the action)**	**Person who will complete the action**	**Meeting to be brought back to / Date to be completed by**	**Update report - comments**
09/11/2023	The Board approved the proposed working of the EDI Objective for all Board members, to be reflected in personal objectives from 2024, which would be included within the objective documentation.			
13. 09/11/2023	Alert, Advise, Assure and Decision Report: Charitable Funds Committee held on 19 October 2023 The Chair noted congratulations to the success and acknowledged thanks to Helen Verity for her work for the Charity.	Mike Woodhead	December 2023	Complete: The Board is asked to consider this action closed.
14. 09/11/2023	Alert, Advise, Assure and Decision Report: Charitable Funds Committee held on 19 October 2023 It was agreed to circulate the Charity Ball video to Board members.	Fran Stead	November 2023	Complete: The Board is asked to consider this action closed.
4. 14/09/2023	Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held on 27 July 2023 Corporate Governance to share the recording of the Mental Health Legislation Committee – 27 July 2023 with Board Members.	Corporate Governance	November 2023	Members have been contacted by email for agreement for the recording to be shared. Also agreed with members at Mental Health Legislation Committee in November 2023. Issue sharing the recording –with IT to address.

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**
				Complete: The Board was asked to consider this action closed at the meeting held on 11 January 2024.

Bradford District Care
NHS Foundation Trust

Board of Directors – meeting held in public

14 March 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	Council of Governors meeting held in private – February 2024	
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ 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 Board members on activities that have taken place over the last two months.

Executive Summary	
Chair's Report to inform Board members on relevant strategic developments, system and Well-Led governance developments, Integrated Care partnership Working, external stakeholder engagement, activities with the Trust's Council of Governors, 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?	☐ **Yes** (please set out in your paper what action has been taken to address this) ☒ **No**

Recommendation(s)
The Board is asked to: • note the continuing engagement that has taken place with external partners, internally at the Trust, and with the Council of Governors.

Links to the Strategic Organisational Risk register (SORR)	N/A
Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Effective ☐ Responsive ☐ Caring ☒ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Well-Led Compliance • NHS Code of Governance • NHS Act • Health and Social Care Act • Health and Care Act • Nolan Principles • Provider Licence

Board of Directors – meeting held in public

14 March 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:

24 Jan	Cllr Susan Hinchcliffe
30 Jan	Cathy Elliott, Chair West Yorkshire Integrated Care Board
31 Jan	West Yorkshire Mental Health, Learning Disability, Autism Committee in Common
1 Feb	Council of Governors
2 Feb	Chairs Interviews Bradford Teaching Hospital NHS Foundation Trust
5 Feb	NHS Confederation Chair's Group
6 Feb	Leading Better Lives together by example as we deliver together
7 Feb	West Yorkshire Chairs Forum
7 Feb	Yorkshire and Humber Chairs Meeting
8 Feb	Board Development Session
13 Feb	Trust Welcome day
14 Feb	Advisory Appointments Committee Panel Consultant in Child and Adolescent Psychiatry Interview
16 Feb	Bradford District and Craven Partnership Board Development Session
22 Feb	Meeting with Peri Thomas, Insight Programme
26 Feb	West Yorkshire Health and Care Partnership meeting
28 Feb	NHS Integrated Care Board and Trust Chairs event London
29 Feb	Lead Governor and Deputy Lead Governor meeting
5 March	West Yorkshire Chairs, Non-Executive Directors, Associate Non-Executive Director peer networking session
5 March	West Yorkshire Partnership Board meeting
7 March	Bradford Proactive Care – Ministerial Visit
8 March	Bradford District and Craven Partnership Board
12 March	Trust Welcome Day
12 March	Trust site visit at Lynfield Mount Hospital - Julian Smith MP

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)
West Yorkshire Health & Care Partnership Board - Partnership Board papers :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)
West Yorkshire Integrated Care Board - Integrated Care Board :: West Yorkshire Health & Care Partnership (icb.nhs.uk)

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

West Yorkshire Partnership Board meeting
On 5 March I attended the Partnership Board for our System, the Board is an important group for West Yorkshire, brining together elected members, Non-Executives, and lay members into the decision-making process.

Papers for this meeting can be found here: West Yorkshire Health and Care Partnership Board meeting - Tuesday 5 March 2024 :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)

I would draw the Board's attention in particular to the following items:
- Fair Work Charter
- Keep It Local
- Creative Health System
- Climate Change Strategy.

People

NHS England Leadership Competency Framework
NHS England (NHSE) has published a new Leadership Competency Framework (LCF) for NHS Board members, as well as a revised Chair Appraisal Framework (CAF). Both documents form part of the NHSE suite of management and leadership development frameworks, tools and resources. The LCF sets out aspirational competencies to support leadership and management development, recognising that not all leaders will meet all competencies at all times, and responds to the recommendations made by Sir Tom Kark in the 2019 Kark Review of the Fit and Proper Person Test (FPPT). The Review included a recommendation for the design of a set of specific core elements of competence, which all Board members should meet and be assessed against.

The framework has been built around six domains which inform a series of competencies. NHSE have designed it to:
- Support the appointment of diverse, skilled and proficient leaders.
- Support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and workforce.
- Help organisations to develop and appraise all Board members.
- Support individual Board members to self-assess against the six competency domains and identify development needs.

The LCF aims to support Board members in their role as part of a Unitary Board. Differences between NED and Executive/Associate roles, and between different portfolios, are recognised but the LCF does not set out role-specific competencies. The six competency domains are:

- Driving high quality and sustainable outcomes.
- Setting strategy and delivering long-term transformation.
- Promoting equality and inclusion, and reducing health and workforce inequalities.
- Providing robust governance and assurance.
- Creating a compassionate, just and positive culture.
- Building a trusted relationship with partners and communities.

For each domain there is a description of what good looks like. 'Core' Board member competencies are set across the six domains, formulated as 'I' statements to indicate personal actions and behaviours that Board members will demonstrate in undertaking their roles. The LCF and CAF will be used to support the 2024 Board member appraisals.

Appointment of the Senior Independent Director
The Board is asked to approve the appointment of Sally Napper as Senior Independent Director (SID) from 1 May 2024. This proposal has been supported by the Council of Governors and is in support of two different individuals undertaking the SID role, and Deputy Chair role, to avoid conflicts of interest. The Board is asked to thank Simon Lewis for undertaking the SID role, noting that Simon will continue as Deputy Chair.

Skills Matrix
The annual review of the Board Skills Matrix has taken place, with the updated document presented at appendix 1. This key document allows the Board to visually capture the skills, experience, and duties associated with each individual member, as well as outlining the Committee membership. The Matrix will be used to support succession planning.

Board Committee Non-Executive Director (NED) membership
As a learning organisation, work has taken place to review the NED membership at the Board Committee's. This is in recognition of the role of a NED having evolved over recent years, to include additional duties such as external facing membership through Place and Systems meetings. Previously, the Trust had three NED members per Committee, other than Nomination and Remuneration where all NEDs are members. The update, which is outlined within the Skills Matrix, outlines that two NEDs will be formal members of the other Committee's. The Board is reminded that any Board member, other than the Chair of the Trust, can be a member of any Board Committee (other than the Nominations and Remuneration Committee; and Audit Committee). Thank you to the NEDs for their flexibility and support with these changes.

Governance and well led

Forward planning
The 2024/25 Board and Committee meeting schedule is attached at appendix 2. As agreed, following the governance review exercise that took place during 2023/24, key changes to the Trust's meeting cycle will commence from 1 April 2024. This is in support of an improved flow of information being reported to the strategic assurance and performance focused Committee's, then onto the Board held in public, to further strengthen the Board's oversight.

Joint Committee meetings
As part of the governance development actions, work is taking place to consider and agree how Joint Committee meetings can take place. These meetings will bring together representatives from each of the strategic assurance and performance Committee's (Finance and Performance Committee; Mental Health Legislation Committee; People and Culture Committee; Quality and Safety Committee). The Joint Committee meetings will take place throughout the year, on pre-agreed key strategic topics. By bringing together the different Committee's it will allow for a rounded discussion to take place through a deep dive approach.

Strategy deployment
Following the re-fresh of the Trust's Better Lives, Together strategy, which was approved July 2023. Work is taking place on the oversight and strategy deployment framework, to refresh the Trust's approach. This is building on the work that took place quarter 3 2023/24 to refresh the strategic measures aligned to the performance and assurance framework.

Council of Governors

Recent Council of Governors Meetings
Therese Patten, the Chief Executive and I continue to have regular meetings with the Lead and Deputy Lead Governor, offering the Senior Independent Director the opportunity to attend, as previously has taken place.

Dr Linda Patterson OBE FRCP
Chair of the Trust
March 2024

Board of Directors - Skills Matrix (March 2024

	Executive and Associate Directors								Non-Executive Directors including the Chair						
	Therese Patten	Kelly Barker	Bob Champion	Phillipa Hubbard	Iain MacBeath	Tim Rycroft	David Sims	Mike Woodhead	Linda Patterson	Maz Ahmed	Simon Lewis	Chris Malish	Alyson McGregor	Sally Napper	Mark Rawcliffe
Term of Office (NED including the Chair)									30/06/25 (1)	28/04/26 (2)	18/11/24 (2)	01/01/23 (1)	28/02/25 (1)	31/08/2026 (1)	28/02/25 (1)
Number of years on BDCFT Board	Three	One	Two	Five	One	Six	Five	Three	Two	Four	Five	One	Two	One	Two
Board sub-committee membership*															
Audit								Attendee			Vice Chair	Chair			
Charitable Funds		Member						Member						Member	Chair
Finance & Performance	Attendee	Member	Member	Member		Member	Member	Member		Chair					Vice Chair
Mental Health Legislation		Member		Member			Member				Chair		Vice Chair		
Nomination & Remuneration Committee	Attendee		Attendee						Chair	Member	Vice Chair	Member	Member	Member	Member
Quality and Safety		Member	Member	Member			Member						Chair	Vice Chair	
People & Culture	Attendee	Member	Member	Member		Member	Member	Member						Vice Chair	Chair
Industry knowledge and experience															
NHS experience															
Knowledge of NHS															
Local public sector (not NHS)															
Business development															
Private sector and commercial ventures															
Property estates management and infastructure															
Workforce development and human resources															
Research and innovation															
Public policy															
National government															
Partnerships and stakeholder management															
Knowledge of broad public policy direction															
Understanding of government legislation / legislative process															
Social Care experience															
Technical skills and experience															
Accounting															
Finance															
Law															
Branding and marketing															
Digital															
Public relations and lobbying															
Experience in developing and implementing risk management															
Human resource management															
Chief Executive or senior management experience															
Strategy deployment and implementation															
Voluntary and community sector / Charities															
Change management															
Clinical experience															

Page two	Executive and Associate Directors								Non-Executive Directors including the Chair						
	Therese Patten	Kelly Barker	Bob Champion	Phillipa Hubbard	Iain MacBeath	Tim Rycroft	David Sims	Mike Woodhead	Linda Patterson	Maz Ahmed	Simon Lewis	Chris Malish	Alyson McGregor	Sally Napper	Mark Rawcliffe
Governance competencies															
Director - medium organisation (10-99 employees)															
Director - large organisation (100+ employees)															
Financial literacy															
Strategic thinking and planning from a governance perspective															
Executive performance management of the Chief Executive or equivalent															
Governance related risk management															
Compliance focus															
Profile and reputation															
Champions and Dedicated Roles															
West Yorkshire Partnership Board	Member								Member						
West Yorkshire Committees in Common	Member								Member						
Bradford District & Craven Leadership Executive	Member								Member						
Bradford District & Craven Place Committee's		Member	Member	Member			Member	Member		Member				Member	
BDCFT Deputy Chair											NHS - required				
BDCFT Senior Independent Director														NHS - required	
BDCFT Chair of the Audit Committee												NHS - required			
Continuous Improvement: Care Trust Way													Local priority		
Complaints														NHS - required	
Freedom to Speak Up/Whistleblowing											NHS - required				
Health and safety										NHS - required					
Leadership and management development											Local priority				
Medical revalidation														NHS - required	
Patient Safety Incident Response Framework & Learning from Deaths													NHS - required	NHS - required	
Procurement										NHS - required					
Resuscitation														NHS - required	
Research and development													Local priority		
Safeguarding														Local priority	
Staff education											Local priority				
Staff Network: Aspiring Cultures			Local priority - reserve	Local priority - lead							Local priority				
Staff Network: Beacon						Local priority - reserve	Local priority - lead						Local priority		
Staff Network: Rainbow Alliance		Local priority - lead						Local priority - reserve				Local priority			
Sustainability development								NHS - required							
Wellbeing Guardian															NHS - required

Corporate Governance meetings 2024-25

Meeting key:

- Annual Members' Meeting
- Audit Committee
- Pub / Pri — Board held in public / Board held in private
- Board Development Session
- Charitable Funds Committee
- Council of Governors
- Finance & Performance Committee
- Mental Health Legislation Committee
- Quality & Safety Committee
- People & Culture Committee

Key

Bank Holidays	School holidays	A=additional meeting	=extra-ordinary meeting	#=scheduled changed (b.hols/ compl)	9.30-11.30am; 12.30-2.30pm; 2.45-4.45pm

2024		Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	2024
Apr	am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30								Apr
	pm										A														Pri														
	pm/eve																																						
May	am			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					May
	pm																													Pub								
	pm/eve																													Pri								
Jun	am						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			Jun
	pm																	A							*							Pri #							
	pm/eve																	*														#							
Jul	am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							Jul
	pm																	Pub																					
	pm/eve																	Pri																					
Aug	am				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				Aug
	pm																																						
	pm/eve																																						
Sep	am							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		Sep
	pm																															Pub							
	pm/eve																															Pri							
Oct	am		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						Oct
	pm										A														Pri													
	pm/eve																																						
Nov	am					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				Nov
	pm																													Pub								
	pm/eve																													Pri								
Dec	am							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Dec
	pm																	A							Pri #													
	pm/eve																								#													
2025																																						2025
Jan	am			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					Jan
	pm																	#	#													Pub							
	pm/eve																	#	#													Pri							
																			#																				
Feb	am						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28					Feb
	pm																	A													Pri							
	pm/eve																								*													
Mar	am						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		Mar
	pm																															Pub							
	pm/eve																	37														Pri							
		Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	

Board of Directors – Meeting held in Public

14 March 2024

Paper title:	Chief Executive's Report	**Agenda Item** **9.0**
Presented by:	Therese Patten, Chief Executive	
Prepared by:	Therese Patten, Chief Executive	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check **ONE** box only:	☐ For approval ☒ For discussion ☒ For information	

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

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

Executive Summary	
The areas covered in this report are: ▪ Triangle of Care ▪ Research Team update ▪ Governance Development work ▪ Patient-led assessments of the care environment (PLACE) ▪ Awards and Recognition ▪ Supporting our People ▪ Regulatory Matters and Visits ▪ Media coverage	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	☐ **Yes** (please set out in your paper what action has been taken to address this) ☒ **No**

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

Links to the Strategic Organisational Risk register (SORR)	N/A	
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Effective ☒ Responsive	☒ Caring ☒ Well-Led
Compliance & regulatory implications	N/A	

Board of Directors – Meeting held in Public
14 March 2024

Chief Executive's Report

1 Purpose

The Chief Executive report provides an overview of news, events and significant issues that have occurred during the month that require Trust Board to be aware of and/or to discuss.

2 Trust News

Triangle of Care

The Triangle of Care is a partnership between professionals, the person being cared for, and their carers. It sets out how everyone should work together to support recovery, promote safety and maintain wellbeing. There are the six standards of the Triangle of Care, including:

- Carers and the essential role they play are identified at first contact or as soon as possible thereafter
- Staff are 'carer aware' and trained in carer engagement strategies
- Policy and practice protocols regarding confidentiality and sharing information, are in place
- A range of carer support services is available

We recently submitted our Annual Report to the Carers Trust describing how we are embedding the Triangle of Care in our work. We are delighted that this resulted in the successful retention of the Triangle of Care Stages One and Two (Appendix 1). The assessor said they are really looking forward to supporting the Trust as it moves to Stage Three, which only a handful of Trusts have achieved since the beginning of the Triangle of Care programme.

Research Team Update

Our research team continue to be busy under the leadership of Mark Dawson our new Head of Research and Knowledge Services. The following are highlights from their work programme:

- The team have been working with York University to co-design and sponsor the "Diamonds - Improving Diabetes Self-Management for People with Severe Mental Illness" project. Out of 30 NHS Trusts we are the highest recruiting site for the Randomised Control Trial.

- The Research Delivery Team have been selected to present their work on "Enhancing Ethnically Diverse Community Participation in Clinical Research" at the national Research and Development Forum, to be held in May this year.

This project identified barriers and outlined actionable strategies, emphasising the fundamental role of community involvement in shaping the landscape of clinical research participation among ethnically diverse populations in Bradford District and Craven.

- Helen Haylor, Service Evaluation Lead, Gerry Armitage, Research Advisor and Melanie Dawson-Jones, Knowledge Manager - have successfully published their article in the British Journal of Psychiatry on 'The Process and Perspective of Serious Incident Investigations in Adult Community Mental Health Services: Integrative Review and Synthesis'.

The research team are now busy planning to deliver the Trusts CLEAR 24, "Collaborative Learning through Evidence and Research" conference, which will be held on the 27 June at the Great Victoria Hotel, Bradford. The theme this year is Health Equity in Research.

Governance Development Work

At our private meeting on the 8 February, Trust Board received an external report reviewing the progress made in our governance improvement journey over the past 12 months. Overall, the report found that the organisation has undergone a significant evolution in its' governance and strategic processes. It noted that the strategy refresh was pivotal in enabling us to make a step-change in our governance, and that the revised strategy demonstrates an evidence-based, well-articulated approach, which despite some areas remaining for refinement, lays out clear measurement criteria for each priority.

The report provided strong assurance as to the safety of the process in moving from the old governance structures to the new model which is aligned to the Trust's refreshed strategic priorities. The review goes on to talk about the Trust's demonstrable commitment to transparency and effectiveness and notes that we are on a transformative journey toward more focused, strategic, and insightful governance.

Areas for further improvement include improving the strategic focus of meetings, strengthening our strategic planning and a continued focus on how we streamline and improve our governance structures and processes. Trust Board welcomed the feedback and will be using the insights provided to inform our board development plan for the next 12 months.

PLACE

On the 23 February we had fantastic news that again, the Trust has exceeded the national average in the latest PLACE reviews. Patient-led assessments of the care environment happen every year and involve local teams, including patient assessors and relatives, going into hospitals to assess how the environment supports the provision of clinical care.

The teams look at things including privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia or with a disability. We did really well overall, but exceptionally

well in two areas cleanliness and privacy, dignity and wellbeing – where we scored just above 99%.

The purpose of PLACE is to provide members of the public with a voice to improve NHS Services and although we are very happy with the results there are Patient Assessor recommendations that the Trust will progress. In line with PLACE requirements an action plan detailing these improvements has been produced.

A huge thanks to all those who work so hard every day to ensure our hospital environments support patient experience and recovery. We have had consistently high scores over a number of years now which is down to the commitment and hard work of everyone involved.

3 Awards and Recognition

Living our Values Awards

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

	Winners
December 2023	▪ Dawn McCann, Clinical Systems Specialist for Childrens Services ▪ Jamie Egan District Nurse ▪ Matthew Barrans, Community Nurse
January 2024	▪ Sam Boohene Mental Health Nurse ▪ Danielle Levy Recruitment Advisor ▪ Cecile Rogawski, Service Coordinator

Thanks a Bunch Nominations

We continue to see lots of interest thanking staff and individuals, and I am pleased that as with previous months we continue to see nominations coming from across the Trust.

Month	Nominations	Awards	Single nominations	Team nominations	Grouped nominations	Single award	Team award	Group award
Oct-23	23	10	21	1	1	9	0	1
Nov-23	18	10	15	2	1	10	0	0
Dec-23	13	9	12	1	0	8	1	0
Jan-24	14	5	14	0	0	5	0	0

4 Supporting our People

Since 1st January 2024, 64 new starters, Bank and substantive, have attended the corporate welcome "New In". Feedback from participants remains very positive.

Our internally provided health and wellbeing offers continue to expand and our very first health and wellbeing evening roadshow took place in January at Airedale Centre for Mental Health, which was to promote the holistic wellbeing offer to staff, particularly night workers. This was very well attended by 23 colleagues, four of whom signed up to become wellbeing champions.

New pension workshops started up in February and are being offered to colleagues by a provider called Affinity. There are three workshops on offer which are:

- Planning for retirement
- Financial wellbeing
- Understanding your pension

To date these have been well attended and we continue to receive very positive feedback.

5 Regulatory Matters and Visits

Quarterly reporting on these matters continues to the Quality and Safety Committee with intermittent briefings being made where incidences of significant concern have been raised, or where these might be of interest to the Committee and/or Board.

Mental Health Act visits

During the reporting period there was one Mental Health Act (MHA) visit undertaken by the Care Quality Commission (CQC) at the Najurally Centre 22.02.24. The associated CQC Action statement is awaited following this visit.

CQC Notifiable incidents

Number by category	Detail
2 AWOL	Baildon – returned by police the following morning
3 YP Admissions	136 suite – transferred to Red Kite View 2 x Oakburn – transferred to Red Kite View
1 Death of service use under section 3	Patient died on a ward at BRI

CQC Engagement and Enquiries

The team continue to respond to these according to requests via the Director of Nursing, Professions and Care Standards, DIPC. A quarterly report detailing all engagement and enquiry activity is prepared for the Quality and Safety Committee.

Inquests

Twelve inquests were concluded during this period in which BDCFT had provided some level of evidence to the Coroner. Of those, BDCFT staff were only called by the Coroner to give oral evidence in two, and written statements were provided in all but one case. There was no criticism made of the Trust by the Coroner in any of the cases and no Prevention of Future Death reports were made. The coroner's conclusions were as follows:

- 3 x drug related
- 1 x drug and alcohol related
- 5 x suicide
- 2 x accidental
- 1 x natural causes

Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported and five new Patient Safety Incidents have been reported, four suspected suicide and one suspected attempted suicide.

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

6 Media Coverage

Media and news highlights since the last Board meeting included:

Area / dates	Details
Nominations open for Governor elections – 13 Feb	Bradford District Care is encouraging local people to nominate themselves in their Governor elections. The nominations are an opportunity for members of the public and staff to put themselves forward for a seat on the Care Trust's Council of Governors.
Improved recreational hall at Lynfield Mount – 12 Feb	Patients at Lynfield Mount Hospital are benefiting from new gym facilities to support their recovery and wellbeing, thanks to funding from Sport England and the Trust Charity.
Australian parenting programme comes to Yorkshire – 5 Feb	Local families with young children are to benefit from a preventative, therapeutic parenting programme developed in Australia. The Maternal Early Childhood Sustained Home-visiting (MECSH) programme supports parents in four key areas – communication, relationships, nutrition and exercise, and oral health.
Care Trust encourages young people to find their voice – 31 Jan	Bradford District Care is backing Children's Mental Health Week – 5-11 February 2024. This year's theme is 'My Voice Matters' to empower, equip and give a voice to all children and young people in the UK.
Hospital patients benefit from sensory and edible garden at NHS Trust – 25 Jan	People from Bradford, Airedale, Wharfedale and Craven, who are struggling with their mental health, are benefitting from a sensory and edible garden to boost mood and wellbeing, reduce stress and improve physical health.

ENDS

Bradford and District Care Foundation Trust.

Triangle of Care, Submission Response.

Thank you for submitting your annual report for Triangle of Care. It was useful to see from your report where you saw the key areas of progress and to see how they align with the Triangle of Care standards. We note that you have begun to embed Triangle of Care into stage 3 services.

The report is comprehensive and covers the areas of the Triangle of Care standards including how the framework sits within high level quality assurance which includes carers and those using the services within the group accountability meetings; Senior Leadership meetings; steering groups and the Board Quality and Safety Committee.

It is also good to see how the work aligns with the refreshed strategy (Creating Better Lives, Together) and the Involvement Strategy (Your Voice Matters) and that these are available on the Trust's website.

You have highlighted the strengthening of the Carer Champions and the development of carer drop-ins for support and feedback, carers meeting with the carer champions through a network and the co-designed feedback surveys and a carer subgroup coordinating the implementation of the Triangle of Care.

The report highlights the continued monitoring of Triangle of Care implementation through the self-assessments and despite staff turnover and operational pressures The Patient and Carer Experience and Involvement Team (PCEI) has continued to support the roll out and audit of the teams' self-assessments. There are two areas where we hope the rating will improve in CAMHS (Fieldhead and Airewharfe).

The carer awareness training being mandatory for new starters is welcome and developing the different options of delivery from face to face, online and hybrid is useful to ensure that Standard 2 is met. The roll out of Carers Champions is going well (58 across services) and this can only support and strengthen your work. We liked the range of activities undertaken by Carers Champions: Acting as a voice for

© Carers Trust. Carers Trust is a registered charity in England and Wales (1145181) and in Scotland (SC042870). Registered as a company limited by guarantee in England and Wales No. 7697170. Registered office: Carers Trust, 10 Regent Place, Rugby, CV21 2PN

carers, coordinating resources; pushing for change and working closely with the PCEI supported further by wider Trust activities with the Well Together Hub.

There are two areas we would like to have more information in future reports and at Stage 3 of Triangle of Care:

- Links to external carer support organisations (Standard 6), and
- Data from the Carer Feedback Surveys, with some carer testimony.

It's clear that the Patient and Carer Experience and Involvement Team, Carer Champions and carer and patient representatives have worked together to support Bradford and District Care Foundation Trust vision of a better partnership between unpaid carers, patients and the staff teams.

I can confirm that Bradford and District Care Foundation Trust retain the Triangle of Care Star 1 & 2.

Sharon Spurling, Triangle of Care Programme Lead. January 22, 2024.

© Carers Trust. Carers Trust is a registered charity in England and Wales (1145181) and in Scotland (SC042870). Registered as a company limited by guarantee in England and Wales No. 7697170. Registered office: Carers Trust, 10 Regent Place, Rugby, CV21 2PN

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting Held in Public

14 March 2024

Paper title:	Board Integrated Performance Report – Dec 23/Jan 24 Data	**Agenda Item** **10.0**
Presented by:	Phil Hubbard, Director of Nursing, Professions & Care Standards Fran Stead, Trust Secretary	
Prepared by:	Kelly Barker, Chief Operating Officer Karthik Chinnasamy, Deputy Director of Performance and Planning	
Committees where content has been discussed previously	Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee Audit Committee	
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ 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

Bradford District Care NHS Foundation Trust's Integrated Strategic Performance Report is aimed at providing a monthly update on the performance of the Trust against its strategic priorities based on the latest information available and reporting on actions being taken to address any issues and concerns with progress to date.

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.

Where performance is identified as within target ranges for a period of greater than 6 months, these indicators are not escalated for the attention of the Board/ committee.

A performance overview of key points is included in the beginning of each section.

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 safety 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.

January 2024 data has been presented for all workforce performance sections. For operational performance and quality and safety sections, December 2023 data has been presented due to the timings of the committee.

The summary position as confirmed across the delegated committees is noted below.

Being the Best Place to Work

- Theme 1 – Looking after our People - Confirmed assurance level by delegated Committee – **Limited**
- Theme 2 – Belonging to our Organisation - Confirmed assurance level by delegated Committee – **Limited**
- Theme 3 – New Ways of Working and Delivering Care - Confirmed assurance level by delegated Committee – **Significant**
- Theme 4 – Growing for the Futures - Confirmed assurance level by delegated Committee – **Limited**

Delivering Best Quality Services

- Theme 1 – Access & Flow – Confirmed assurance level by QSC - **Limited**
  - Confirmed assurance level by F&P - **Low**
- Theme 2 – Learning for Improvement - Confirmed assurance level by delegated Committee - **Significant**
- Theme 3 – Improving the experience of people who use our services - Confirmed assurance level by both delegated Committees - **Limited**

Making Best use of resources

- Theme 1 – Financial Sustainability - Confirmed assurance level by delegated Committee – **Low**
- Theme 2 – Our Environment & Workspaces - Confirmed assurance level by delegated Committee – **Low**
- Theme 3 – Giving back to our communities - Confirmed assurance level by delegated Committee – **Limited**

Best Partner – measures & metrics to be agreed

Good Governance
Confirmed assurance level - **Significant**

The detail and decision regarding each committees 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 Board of Directors is asked to:

- Note the data and associated narrative and triangulation as discussed within each delegated committee, detailed within the AAA+D
- Accept the BAF Assurance levels as confirmed within each delegated committee, detailed within the report and in the AAA+D

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR: • 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 • 2672: Lynfield Mount Hospital – Estate condition, associated impacts & redevelopment requirements
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Effective ☒ Responsive ☒ Caring ☒ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • 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.

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors
Integrated Strategic Performance Report and Board Assurance Framework

14th March 2024

Introduction

Bradford District Care NHS Foundation Trust

Bradford District Care NHS Foundation Trust's Integrated Strategic Performance Report is aimed at providing a monthly update on the performance of the Trust against its strategic priorities based on the latest information available and reporting on actions being taken to address any issues and concerns with progress to date.

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.

Where performance is identified as within target ranges for a period of greater than 6 months, these indicators are not escalated for the attention of the Board/ committee.

A performance overview of key points is included in the beginning of each section.

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 safety and with good governance.

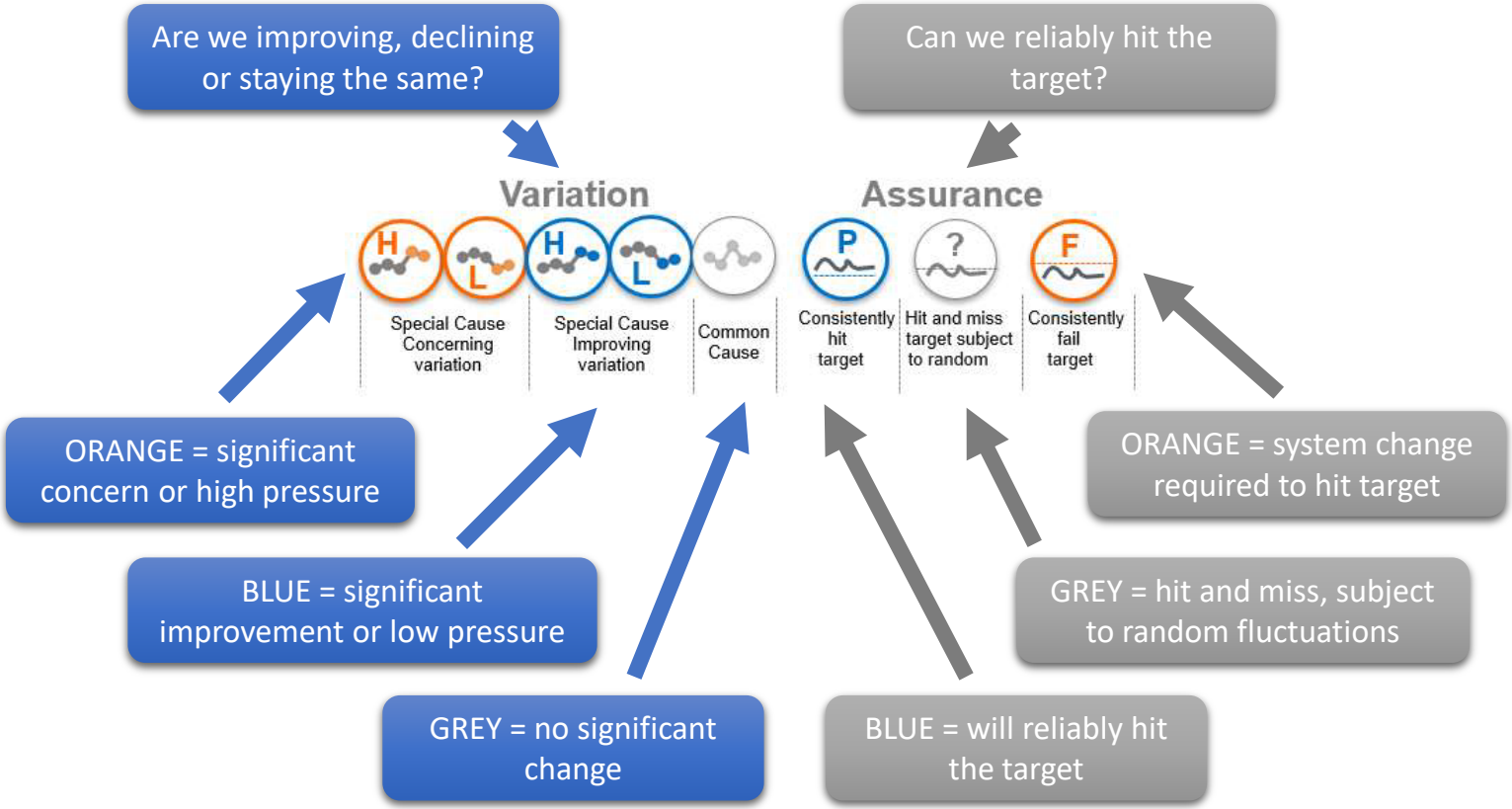
By combining the Board Assurance Framework and the performance report into one document, Committees and Board are better able to understand the breadth of evidence supporting the Trust's level of confidence in being able to achieve its objectives.

A note on SPC charts

Bradford District Care
NHS Foundation Trust

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

Bradford District Care
NHS Foundation Trust

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.

Theme 1: Looking after our people – we will • 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.	**We will know we have been successful when:** • 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.	**PROPOSED Current Assurance Level:** **2. Limited**
Theme 2: Belonging in our organisation – we will • 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	**We will know we have been successful when:** • 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	**PROPOSED Current Assurance Level:** **2. Limited**

Delegated Strategic Priorities – Assurance Level

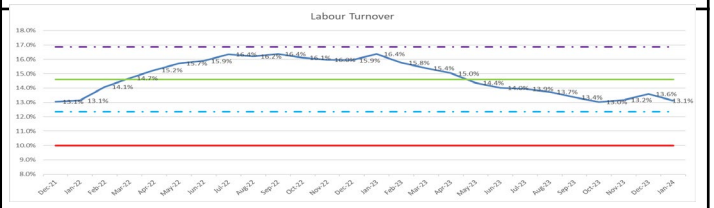
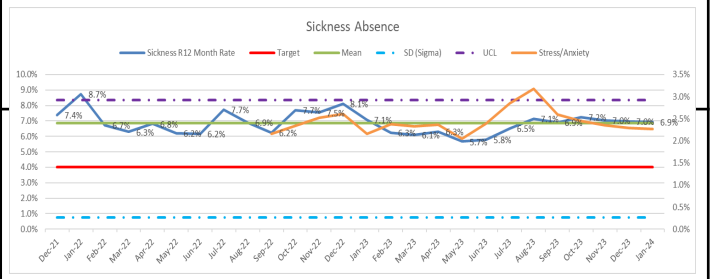
Bradford District Care
NHS Foundation Trust

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.		
Theme 3: New Ways of Working and Delivering Care - we will • 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.	**We will know we have been successful when:** • 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.	**PROPOSED Current assurance level:** 3. Significant
Theme 4: Growing for the future – we will • Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities.	**We will know we have been successful when:** • 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.	**PROPOSED Current Assurance Level:** **2. Limited**

Key Performance Indicators

NHS
Bradford District Care
NHS Foundation Trust

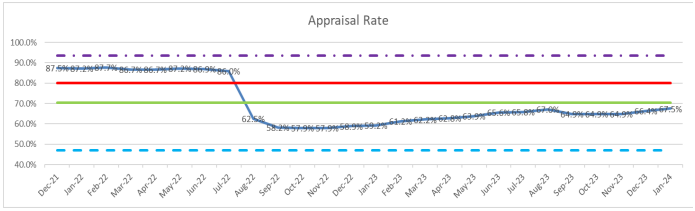
Best Place to Work: Theme 1: Looking After our People

Metric	Type	Reporting month	Performance	Target	SPC / trend
Staff survey – engagement levels	Strategic	2022	7.1	7.4 (best)	Staff engagement score remains stable at 7.1 (-0.02);
Staff survey - % would recommend the Trust as a place to work	Strategic	2022	64%	63% (sector)	
Labour turnover	Strategic	Jan 24	13.13%	10%	
Sickness absence related to stress / anxiety	Strategic	Jan 24	2.3%	N/a	
Sickness absence (Overall)	Supporting	Jan 24	6.9%	4.0%	

Key Performance Indicators

Bradford District Care
NHS Foundation Trust

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

Metric	Type	Reporting month	Performance	Target	SPC / trend
WRES data (no areas improved out of 3)	Strategic	2022/23	3/3 improved	3/3	
WDES data (no areas improved out of 2)	Strategic	2022/23	1/2 improved	2/2	
Gender pay gap (no areas improved out of 2)	Strategic	2022/23	1/2 improved	2/2	
Annual Appraisal Rates	Strategic	Jan 24	67.5%	80%	
No grievances involving discrimination	Strategic	Jan 24	0	N/a	

Key Performance Indicators

Bradford District Care
NHS Foundation Trust

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	Jan 24	90.26%	100%	Static
Vacancy rates	Strategic	Jan 24	7.4%	10%	Reduction

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

No apprenticeships	Strategic	Jan 24	110	63	Increase
No 'new' roles recruited to (inc NAs and ANPs)	Strategic	Jan 24	1	N/a	Increase
Bank & Agency Usage (WTE)	Strategic	Jan 24	46.61 Agency 308.70 Bank	N/a	Agency usage increased slightly

Strategic Priorities – Assurance Level

Bradford District Care
NHS Foundation Trust

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 (Finance and & 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

Bradford District Care
NHS Foundation Trust

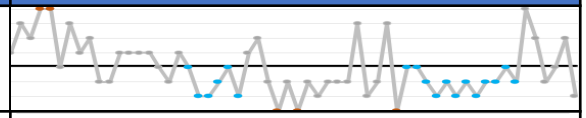
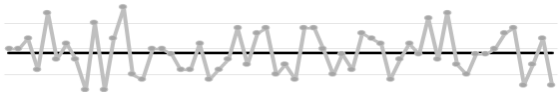
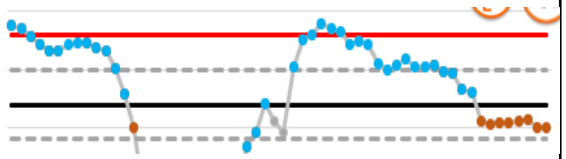
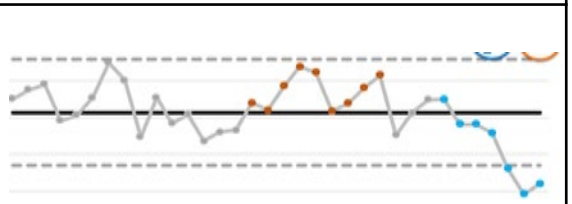
Delivering Best Quality Services: We will consistently deliver good quality, safe and effective mental health and physical health services, making every contact count and meeting the needs of our communities, with a focus on reducing health inequalities.

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

NHS
Bradford District Care
NHS Foundation Trust

Best Quality Services: Theme 1: Access & Flow

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

Key Performance Indicators

NHS
Bradford District Care
NHS Foundation Trust

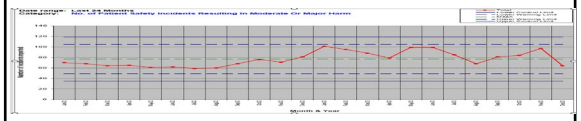
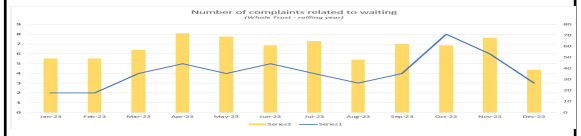
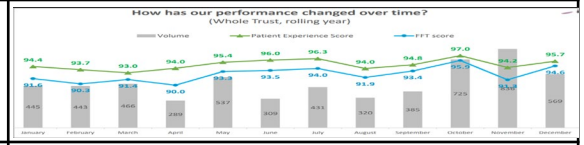
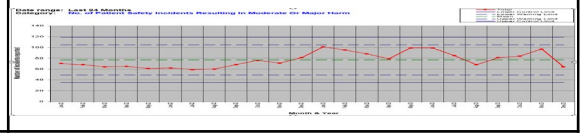
Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Charts
% of staff trained as a CTW Champion	Strategic	Dec 23	43.3%	50%	
% of staff trained as a CTW Leader	Strategic	Dec 23	20.6%	20%	
% of staff trained as a CTW Practitioner	Strategic	Dec 23	34.7%	3%	
% of staff trained as a CTW Sensei	Strategic	Dec 23	74.3%	0.5%	
No of patients offered and participating in research studies (YTD)	Strategic	Dec 23	23	589	CHART IN PROGRESS

Key Performance Indicators

NHS
Bradford District Care
NHS Foundation Trust

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	Dec 23	26	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Dec 23	3	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Dec 23	95.7%	90%	N/A	N/A	95%	
No of patient safety incidents resulting in moderate or major harm	Strategic	Dec 23	64	0	N/A	N/A	N/A	

Delegated Strategic Priorities – Assurance Levels

NHS
Bradford District Care
NHS Foundation Trust

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	**PROPOSED 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	**PROPOSED 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.	**PROPOSED Current Assurance Level:** **2. Limited**

Strategic Priorities – Assurance Summary

Bradford District Care
NHS Foundation Trust

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

Board of Directors- Public

14 March 2024

Paper title:	Committee Alert, Advise, Assure + Decision (AAA+D) – strategic risk summary	**Agenda Item** **10.1**
Presented by:	Fran Stead, Trust Secretary	
Prepared by:	Fran Stead, Trust Secretary	
Committees where content has been discussed previously	Mental Health Legislation Committee; Quality & Safety Committee; Finance & Performance Committee, Audit Committee, People & Culture Committee	
Purpose of the paper Please check **ONE** box only:	☐ For approval ☐ For information ☒ 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 this paper is to highlight the strategic risks identified by each committee to the Board. The detail supporting these risks can be found in each Committee's AAA+D report and associated minutes of each meeting.

Executive Summary	
In September and October 2023, the Board moved to new arrangements whereby each Committee is asked to explicitly consider the strategic risks identified as a result of considering all of the information and evidence shared with them. They are then asked to identify how assured they are that appropriate mitigations are in place. These risks are identified within the AAA+D of each Committee, with the supporting narrative within the AAA+D providing the supporting detail. In order to ensure clarity for Board, these strategic risks are summarised in this over-arching cover paper to the AAA+D reports. This paper should be read in conjunction with the AAA+D of each Committee.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	☐ **Yes** (please set out in your paper what action has been taken to address this) ☒ **No**

Recommendation(s)
The Board of Directors is asked to: • Note the strategic risks identified by each Committee and discuss the implications for achievement of the Trust's overall Strategy

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR: • N/A •
Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Effective ☐ Responsive ☐ Caring ☒ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Well-led

Board of Directors - Public

14 March 2024

Committee AAA+D – strategic risk summary

1 Purpose

The purpose of this paper is to highlight the strategic risks identified by each committee to the Board. The detail supporting these risks can be found in each Committee's AAA+D report and associated minutes of each meeting.

2 Strategic risks and assurance of mitigation

The following table highlights the most recently identified strategic risks and the current level of confidence in their mitigation.

Committee	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Changes since last report update
Mental Health Legislation Committee	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.	New pressures on existing situation.	September 2023	Limited – due to a perceived lack of rapid/effective progress relating to (1) taking full advantage of the potential benefits of additional/new "safety pods"; and (2) making apparently necessary changes to the "hearing room" at Airedale.	Static.
	There is a risk that the safety and experience of service users and staff is materially compromised by the unjustified or badly-managed use of	New.	January 2024	Limited due to new and emerging risk.	N/A – new.

Committee	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Changes since last report update
	restraint/intervention on the wards.				
Quality & Safety Committee	Continued pressure on our workforce impacting on quality of care to patients.	New pressures on existing situation	September 2023	Limited	Static.
	Continued demand & 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.	New pressures on existing situation.	September 2023	Limited	Static.
Finance & Performance Committee	There is a maintained risk that the trust will be unable to maintain its financial sustainability in the medium to long term.	New pressures on existing situation.	September 2023	Low – there are in year mitigations in place but the underlying drivers of the financial challenge, such as out of area placements and use of agency staff are persistent and proving hard to address. This is also contributed to by wider system pressures	Static.
	There is a risk that ongoing lack of capital funding will mean we are unable to effectively address the short, medium and long term estates requirements at	New pressures on existing situation.	September 2023	Low – capital funding is out with the control of the Trust and there is little likelihood, given the current	Static.

Committee	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Changes since last report update
	Lynfield Mount, impacting on the safety, experience and outcomes for patients and staff.			national financial environment, that current policies will change in the short to medium term. Alternative plans are being explored but require support from partners.	
People and Performance Committee	Continuing medical locum usage, associate quality & financial pressures associated with this strategic risk.	Existing	September 2023	Limited	*To be updated following production of AAAD for the Committee*
Audit Committee	Failure to provide good governance, accountability and effective oversight around consultant job plans and the resultant additional payments that are made.	Existing	November 2023	High – due to improvement work reported through assurance oversight.	Increase in assurance level due to management mitigation/actions.
	~~Failure to provide good governance, accountability, and effective oversight around Cyber security Risk around deployment of MFA (multi factor authentication).~~	~~Existing~~	~~November 2023~~	High – due to improvement work reported through assurance oversight.	Removed due to increase assurance level due to management mitigations/actions.

Name of author/s: Fran Stead
Date paper written: March 2024

Bradford District Care
NHS Foundation Trust

Escalation and Assurance Report (AAA+D)

Report from the: Mental Health Legislation Committee ("C")
Date of meeting: 25.01.24
Report to the: Board of Directors

Agenda Item 11.0

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

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

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

Advise:

1. C was updated about the work required/anticipated re the **hearing room at Airedale**. C asked for further/ongoing updates so that it can continue to track developments and seek assurance.
2. C was updated about ongoing work to support the workforce to **use safety pods** most effectively (at the DAU in particular at present). C asked for further/ongoing updates so that it could continue to seek assurance that the Trust is realising the potential benefits from the effective supply and use of pods.

3. C heard from a representative of the **Associate Hospital Managers**. There are ongoing reviews re: (1) the use of interpreters within hearings (following an issue with an interpreter in one particular hearing); and (2) the paper form(s) used to support decision-making and/or the documentation of reasons in hearings. C highlighted the importance of getting both (1) and (2) right and asked for further updates to seek further assurance.
4. The "Positive and Pro-active Group" is seeking some further/specific assurance re the use of **"low holds"** within the community learning disability service.
5. C sought some targeted assurance re **one particular incident**, highlighted in the data, of a hold which had been recorded as having lasted (in some form or other) for around an hour (which seemed like a very long time to C).
6. Two "Mental Health Act **monitoring review visits**" had been carried out by CQC. Both resulted in positive feedback re compassionate and responsive care. Some issues had been noted re: (1) estate maintenance (with action having since been taken designed to remedy); (2) the ability of service users to speak to staff at certain times in the day (with action having since been taken designed to remedy); T2 second opinion medicals (with a review having since been carried out); (3) awareness, of inpatients, of the right/ability to vote (with action having since been taken to promote greater awareness). Both wards had action plans to complete by end January.

Assure:

7. C heard from the operational manager at **Red Kite View** (the unit for under 18s with mental health needs). Among other things, C heard about the importance, to its development and success, of the following: (1) "co-production"; (2) relationship-building and communication; (3) light and space, within the physical estate.
8. Evidence continues to indicate that, overall, there has been a welcome general trend of reduction in the number of incidents and/or use of **restrictive practice**.
9. C noted and welcomed that, further to one of its previous requests/discussions, additional **data re ethnicity** was now being produced for C to consider.
10. C's two **involvement partners** attended and made challenges relating to: (1) the way in which the Trust considers CQC-related complaints/complainants; (2) ethical issues arising from the potential sale of data by the NHS to third parties; (3) the assessment of physical health on admission to a mental health ward; (4) the potential rights of people "sectioned" to do "jury service".
11. C received and noted a further update report on ongoing work to further embed the principles relating to the Mental Capacity Act into clinical practice across the Trust.
12. C reviewed the latest performance data.

Decisions / Recommendations:

- Minutes (of C's previous meeting) approved.
- The Associate Hospital Manager's report was noted and approved.
- Overall, and trying to step back to look at things in the round, C took the view that it had **significant assurance** in relation to "Theme 3" (see above) in general.

Report completed by: Simon Lewis (13.02.24)

Bradford District Care
NHS Foundation Trust

Escalation and Assurance Report (AAA+D)

Report from the: Quality and Safety Committee (QSC)
Date of meeting: 18 January 2024
Report to the: Board of Directors

Agenda Item 12.0

Key escalation and discussion points from the meeting			
Alert	**Action (to be taken)**	**By Whom**	**Target Date**
Nothing to alert.			

Advise:

1. The Involvement Partner outlined the need for reassurance for the Involvement Partners on their role, and engagement regarding the changes to Care Planning.
2. The Involvement Partner discussed concerns raised from service users regarding care coordinators from Community Mental Health Teams not involving service users in making decisions about their care.
3. QSC received an update from the Speech and Language Therapy Service (SALT), following continued performance pressures due to an increase in demand exceeding capacity which had been exacerbated by Covid. The deep dive outlined current plans, which included working with System partners to work on capacity and future planning for supply. It was also noted that a Quality Assurance Framework (QAF) closed culture visit would be led by the Interim Head of Nursing and the Chief Allied Health Professional. An Equality and Quality Impact Assessment had also been completed.
4. The Patient Safety and Learning Group Report outlined that there had been a decrease in student placements which had impacted incoming financial tariffs. Advised that further investigation was needed to understand the impact in detail.

Assure:

1. Learning from your experience: Individual Placement and Support. Outlined the eight core principle based model which had been designed to support service users with severe and enduring mental health needs to secure paid, sustainable employment. QSC noted the impact the service had on supporting the Trust's Strategic Objectives particularly reducing the number of admissions and support was noted for further investment for the service.
2. The Controlled Drugs Accountable Officer (CDAO) Report was received, which was a new report for the committee. The report included how the Trust did not have as many controlled drug incidents as acute hospitals and mainly the incidents that did occur were minor such as administration errors in paperwork. The Chief Pharmacist discussed how conversations were happening with the Interim Head of Nursing – Mental Health to ensure that Controlled Drugs training was rostered for nursing staff.
3. Clinical Board and Medicines Management was continuing to review the impact of the changes to administrating Valporate. An action plan was currently being created to review the service users effected within the Trust.
4. Clinical Board report discussed that there had been an improvement around leg care and the management of leg ulcers within the district nursing service.

5. The Patient Safety and Learning Group report highlighted the updated CQC guidance on managing ligature risk on inpatient wards and improvements had been made to Infection Prevention and Control as a result of the Learning from post infection reviews.
6. The Senior Leadership Team – Quality, Safety and Governance reported that the approval of the updated standard operating procedure for the Four Seasons Café at Lynfied Mount Hospital had resulted in it the reopening. Positive feedback had been received from staff and service users on how valued the café was.
7. The Senior Leadership Team – Quality, Safety and Governance report noted that a proposal was being discussed at Clinical Board regarding an issue within SALT particularly around swallowing assessments and capacity and how this can be managed effectively.
8. Patient Safety Incidents and Complaints monthly update was received. Further assurance was noted on the progress made to the complaints backlog. QSC noted that there had been an increase in patient safety incidents, which was inline with previous trends seen at this point in the year.

Decisions / Recommendations:

The Terms of Reference for the Compliance and Risk Group was ratified with only minor changes.

Report completed by: Alyson McGregor

Chair of the Quality and Safety Committee

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee
Date of meeting: 15 February 2024
Report to the: Board of Directors

Agenda Item 12.0

		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:

- Use of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds remains high but there has been an overall reduction on the demand for out of area beds. The intensity on PICU was also having an effect on the acute inpatient wards.
- Impact of recent Junior Doctor strikes has seen an impact on the number of cancellations which might continue to impact recovery targets for Dental General Anaesthetic surgery.

- The Director of Nursing, Professions and Care Standards and the Medical Director are picking up an Equality Impact Assessment (EQIA) for Speech and Language Therapy.
- Changes to guidance for prescribing and initiating Sodium Valproate now includes the need for two consultants to agree to prescribe and initiate the medication.
- The Trust has agreed to wait for full availability of Attention Deficit Hyperactivity Disorder (ADHD) medication before initiating starting to prescribe medication for ADHD. The Trust is working on the assumption that initiation will start by April but will continue to monitor availability.
- The AAAD+ Report for the Involvement and Participation Strategic Group was received. An alert was raised in relation to the provider used to run Friends and Family Tests who would no longer be able to provide the service to the Trust. The Trust was undergoing a procurement activity to source a new supplier.
- The AAAD+ Report for the Patient Safety & Learning Group was shared. An alert was highlighted in relation to ligature risks and updated CQC guidance on managing ligature risk on inpatient wards. Unannounced wards visits had commenced, and findings shared. A Review of Trusts approach to ligature risk assessment would also be undertaken.
- The AAAD+ Report for System Quality Committee was received and an alert to measle breakout and vaccination rates was shared.

Assure:

- Received an update regarding the Children's Speech and Language Therapy (SaLT) service. Improvements to the service which included updating the service offer, tightened referral criteria and introduction of an advice line was highlighted. These improvements resulted in the number of referrals dropping for specialist care and parent concerns and complaints being reduced.
- The Trust maintained a reduction on the use of agency Health Care Assistants and Qualified Nurses.
- The Patient Safety Incident Response Plan was agreed by the Integrated Care Board and will go live on 1 April 2024.
- Quality of complaints and responses have improved until the team's new leadership and the team are working to implement a Trauma Informed Way of approaching complaints.
- The Chief Pharmacist updated the Committee on the Smoke Free Implementation for the Trust. A Tabacco adviser had now been in post for a couple of months and a Tabacco dependency service had been launched in January. A vaping policy had been also been drafted alongside a training plan for staff.
- The AAAD+ Report for Clinical Board was received with good practice highlighted in relation to supporting parents to support crying babies.

Decisions / Recommendations:

- Domain 1 for the Equality Delivery System 22 was approved.
- The Committee agreed with the assurance levels proposed by the Executive team relating to Theme 1: Access and Flow (Limited assurance); Theme 2: Learning for

Improvement (Significant assurance) and Theme 3: Improving Patient Experience (Limited assurance)
- The Committee agreed that the two strategic risks identified in October remained relevant, as did the mitigation levels. No significant changes have been identified.

Report completed by: Alyson McGregor

Board of Directors – Meeting held in Public

14.03.24

Paper title:	Gender Pay Gap Update 2024	**Agenda Item** **14.0**
Presented by:	Lisa Wright, Head of Equality, Diversity and Inclusion (EDI)	
Prepared by:	Lisa Wright, Head of Equality, Diversity and Inclusion	
Committees where content has been discussed previously	People and Culture Committee, Strategic EDI Staff Partnership	
Purpose of the paper Please check **ONE** box only:	☐ For approval ☒ For information ☐ 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
This report presents the Trusts gender, ethnicity and disability pay gaps as measured on 31.03.23. Publishing the gender element is a requirement of the Equality Act 2010 and Gender Pay Gap 2017 Regulations.

Executive Summary	
This is the seventh year that the Trust will be publishing its gender pay gap. The data is taken as a snapshot of the workforce on 31.03.23. The mean pay gap is 5.86% a reduction from 7.89% in 2023. The mean bonus gender pay gap is -22.15% a reduction from 12.45% in 2023. The ethnicity pay gap is 8.40% a decrease from 13% last year and the disability pay gap is 5.57% a reduction from 6.20% last year. The Trust performs in the top quartile of similar sized NHS organisations for its gender pay gap. Benchmarking data is not currently available for the ethnicity and disability pay gaps.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	☒ **Yes** (please set out in your paper what action has been taken to address this) ☐ **No**

Recommendation(s)
The Board of Directors is asked to: • Note that this report will be published as evidence of our compliance with the Equality Act Regulations 2017. • Note that the data will be uploaded to the government Gender Pay Gap website for benchmarking with other organisations and businesses across England before 31.03.24.

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR:
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Effective ☒ Responsive ☒ Caring ☒ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Equality Act Regulations 2017. • NHS England EDI Improvement Plan 2023.

Board of Directors – Meeting held in Public

14.03.24

Gender Pay Gap Update 2024

1 Purpose

The Equality Act 2017 Regulations require organisations with more than 250 staff to publish their gender pay gap (GPG) and bonus gender pay gap (BGPG) data on the Governments reporting website by 31st March annually. There is clear guidance[1] on how to carry out the calculations in a way that can be benchmarked nationally. The data is a snapshot of the workforce on 31st March from the previous year meaning the data presented here is from 31st March 2023. This is the seventh year that the data has been reported and **appendix 1** shows the trends that are developing with the data.

It was agreed at the Senior Leadership Team in 2022 that additional data would be outlined within this report annually to build a bigger picture of the Trust's performance with pay gaps affecting ethnically diverse and disabled staff. This was made a requirement of the NHS England EDI Improvement Plan[2] in 2023 within the expectations set out for high impact action three 'develop and implement an improvement plan to eliminate pay gaps'. The requirements for this action are:

- Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.
- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards (2024 for sex and race, disability by 2025 and other protected characteristics by 2026.
- Implement an effective flexible working policy including flexible working options on organisations' recruitment campaigns (2024).

The Trust is ahead in implementing these requirements. A summary of the Mend the Gap recommendations is included in **appendix 2**.

This report presents that data, alongside a benchmark **(appendix 3)** and the proposed ongoing actions **(section 3)**.

2 Gender Pay Gaps

The mean gender pay gap (GPG) is 5.86%; that is a decrease of 2.03% since the March 2022 data. The median gender pay gap is 7.13%. The Trust aims to benchmark BDCFT's performance against NHS Trusts and reduce the pay gaps over time. The aspiration is that the Trust remains in the top performing quartile of Foundation Trusts.

[1] https://gender-pay-gap.service.gov.uk/public/assets/pdf/gender-pay-gap-explained.pdf
[2] NHS England » NHS equality, diversity and inclusion (EDI) improvement plan

Further analysis into the GPG by care group and directorate, staff group, pay band and professional group has been carried out to understand where the pay gap is higher than the Trust average 5.86% and the percentage of males in the service is the same as, or lower than the Trust average gender split of 19.50% (males). Where these two variables have been identified analysis of those areas and bands has been carried out to look at why the gap is higher or lower.

The table below shows the representative split across the four pay quartiles of male and female staff. One is the lowest pay quartile and four is the highest.

Quartile	Female	Male	Female %	Male %
1	698.00	164.00	80.97	19.03
2	663.00	200.00	76.83	23.17
3	743.00	120.00	86.10	13.90
4	674.00	189.00	78.10	21.90

This shows that there is an over representation of males in quartile 2 and 4 and an under-representation in quartile 3. The average hourly rate of pay for males within the Trust is £19.01 an increase from £18.49 in 2022 and for females is £17.89 an increase from £17.03. The difference between the hourly rate of pay in 2023 is £1.11 a decrease from £1.46 in 2022.

2.1 Care Groups

The Trust level mean pay gap is 5.86% in favour of male employees, looking across the care groups this varies from 0.69% to 24.16%. Some of these have low numbers of staff which impacts on the pay gap fluctuations in those areas year on year.

- In Information Management and Technology 64% of staff identify as male and the gender pay gap is 12%.
- In Operational Management 33% of staff identify as male and the gender pay gap is 24%.
- In the Executive Office 43% of staff identify as male and the gender pay gap is 24%.
- In Estates and Facilities 39% of staff identify as male and the gender pay gap is 16%
- In the Mental Health Care Group 23% of staff identify as male and the pay gap is 12%.

There are pay gaps in some services in favour of staff who identify as female. These are as follows:

- In Community Children's Services Care Group 1.15% of the staff are male and the pay gap is 14% in favour of females,
- In Nursing Quality and Governance, the pay gap is 11% and 19% of staff are male.

2.2 Community Children's Services Care Group

Looking further into the 14% pay gap in Community Children's Services Care Group, Within Specialist Children's Services 2.86% of staff identify as male and the pay gap is 35% in favour of females. This is due to there being less than 5 male staff in the service and the difference in length of service. The difference between male and female average hourly rates of pay is £6.57 in favour of females.

2.3 Mental Health Care Group

Within the Mental Health Care Group, the pay gap is highest in Adult Mental Health Inpatients with a gap of 36%. The proportion of staff identifying as male is high at 31%. The difference between male and female hourly rates of pay is £10.53 in favour of males. In Child and Adolescent Mental Health Services the pay gap is 18% and 9% of staff identify as male. In Older People's Mental Health Services, the pay gap is 11% and the percentage of staff identifying as male is 26%. The difference in rates of pay is £2.30 in favour of males. In Older People's Mental Health Services, the largest pay gap (22%) is at band 7 in favour of staff who identify as female. This can be accounted for by the length of service of female staff in those bands being on average 11 years compared to 4 years for males.

2.4 Admin and Clerical Services

25% of staff in Admin and Clerical Services identify as male which is above the Trust average. The pay gap in these services is 9%. When looking at staff groups within the service the largest gaps are in Estates and Facilities (17%) and medical administration (15%). The pay gap for the staff bank is below the Trust average at 3% with 20% of staff identifying as male.

2.5 Bonus Gender Pay Gap

The Trusts Median Bonus Gender Pay Gap is -73.54%. 0.16% of staff who identify as female and 1.01% of staff who identify as males were paid a bonus. This is the Clinical Impact Award[3].

2.6 Ethnicity Pay Gap

The mean ethnicity pay gap is 8%. The difference in hourly rate of pay between BME and White staff is £1.58. The largest pay gaps are in Finance (47%) and Trust Exec Office (15%). When looking at professions the largest pays gaps are in Senior Managers (29%), Medical Staff (20%). When looking at the bands the largest pay gaps are in Exec (27%) and Medical (23%). To get a more accurate picture the number of staff who have 'not stated' their ethnicity could be lowered.

2.7 Disability Pay Gap

The disability pay gap is 5.57% with a difference in hourly pay of £1.06. It is difficult to do further analysis of this data at service, professional group, band and length of service due to the low numbers of staff across each area.

3 Options

In addition to the usual requirements the Trust has considered the directive to implement the MEND the Gap recommendations made in the NHS EDI Improvement Plan.

Priorities for the Trust are:

- Increase the use of national pay contracts in place of local pay arrangements for hospital doctors - currently all contracts are national contracts with some local variations. There

[3] Applicants' guide: 2023 awards round - GOV.UK (www.gov.uk)

is an intention to work with the local negotiating committee to see if these are causing any gender pay gap issues.

- Promote a flexible working culture to all staff including supporting male staff to work 'less than full time' (LTFT).
- Use talent management and training programmes should be used to develop staff and increase appointment of a more balanced senior workforce, such as Associate Specialist, GP Partners, Professors and Consultants
- Further analysis into the pay gap in Adult Mental Health Inpatients is required. This was not available at the time of the report submission.
- Continue to implement retention, re-entering and retraining policies to retain women. Link the retire and return group formally into the EDI Strategic Staff Partnership.
- Include the gender, ethnicity and disability pay gap data as part of the NHS Workforce Equality Standard Reporting processes to the Board.
- Conduct further analysis to understand the how length of service affects the pay gap for ethnicity.
- Increase the number of staff completing the personal information relating to disability and ethnicity in the electronic staff record to enable more detailed analysis.

4 Risk and Implications

The Trust has a small gender pay gap when compared to other NHS organisations and continues to perform within the top quartile. A summary of that benchmarking is included in appendix 2.

The gap is still 5.86% and the Trust is committed to 'mending' the gap using the recommendations set out in **Appendix 2**.

Some services have small numbers of staff which can account for considerable fluctuations in the gap year to year.

It should be remembered that this report is based on the statutory requirement to analyse the data from 31st March in the previous year (2023) and therefore the gap may already be significantly different.

5 Results

Ongoing progress in implementing the actions set out in section 3 are reported to the Strategic EDI Staff Partnership and the People and Culture Committee as part of the Trusts Belonging and Inclusion Plan updates. The information will be shared with the Trusts Staff Side Partnership and staff networks.

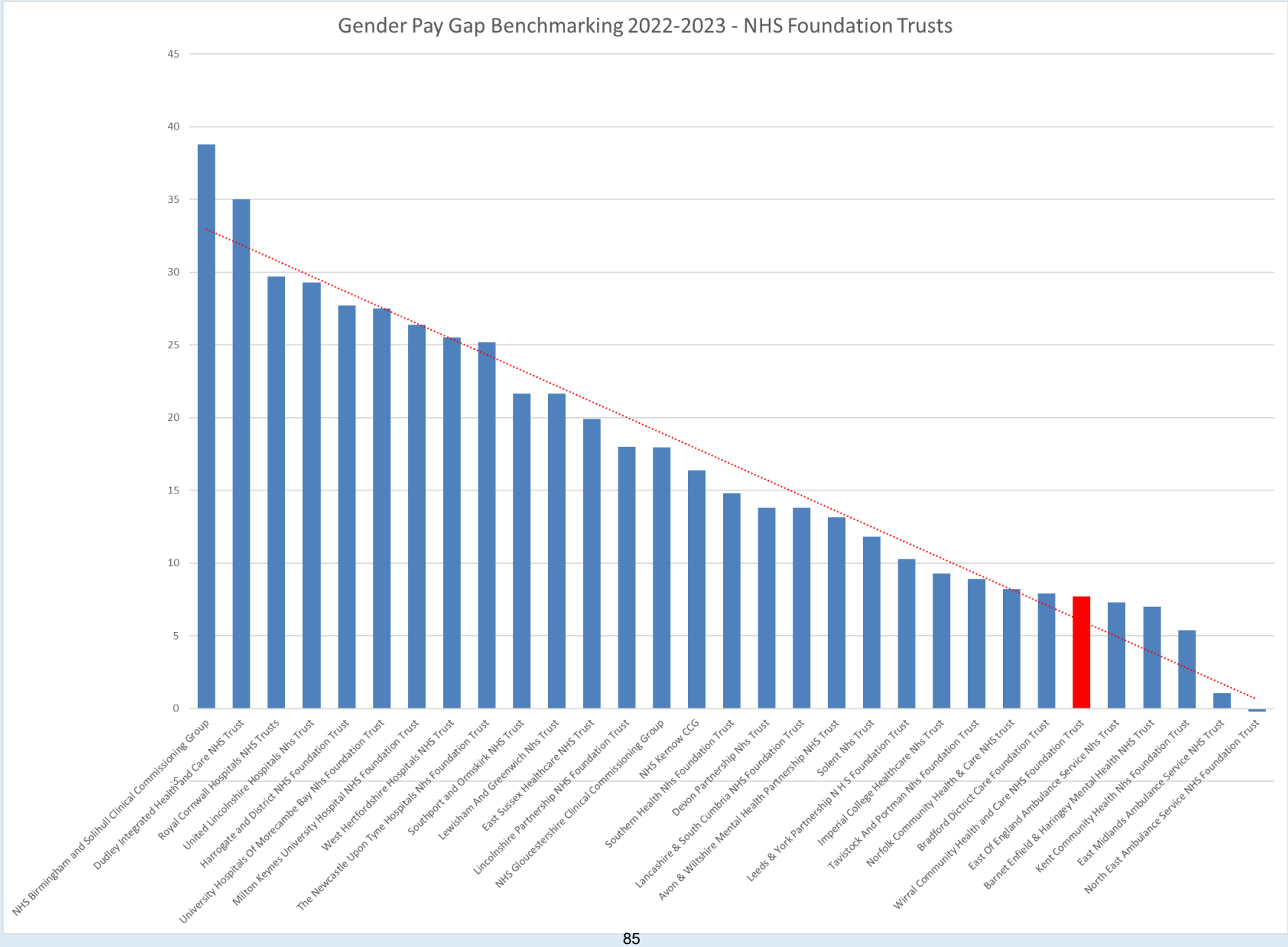
Lisa Wright
Head of Equality, Diversity and Inclusion (EDI)
28.02.24

Progress and Change

Bradford District Care
NHS Foundation Trust

Results	2018	2019	2020	2021	2022	2023	2024
Average Gender Pay Gap – MEAN	3.02%	7.70%	7.21%	9.39%	7.55%	7.89%	5.86%
Average Gender Pay Gap - MEDIAN	-4.63%	-6.37%	-4.80%	-3.06%	-5.78%	-4.45	-7.13%

Results	2018	2019	2020	2021	2022	2023	2024
Average Bonus Gender Pay Gap – MEAN	37.08%	19.22%	16.69%	-49.31	11.11%	12.45%	-22.15%
Average Bonus Gender Pay Gap – MEDIAN	-53.84%	-60.00%	-25.22%	-114.26%	33.75%	38.33%	-73.54%


Gender Pay Gap Benchmarking 2022-2023 - NHS Foundation Trusts
45
40
35
30
25
20
15
10
5
0
-5
NHS Birmingham and Solihull Clinical Commissioning Group
Dudley Integrated Health and Care NHS Trust
Royal Cornwall Hospitals NHS Trusts
United Lincolnshire Hospitals Nhs Trust
Harrogate and District NHS Foundation Trust
University Hospitals Of Morecambe Bay Nhs Foundation Trust
Milton Keynes University Hospital NHS Foundation Trust
West Hertfordshire Hospitals NHS Trust
The Newcastle Upon Tyne Hospitals Nhs Foundation Trust
Southport and Ormskirk NHS Trust
Lewisham And Greenwich Nhs Trust
East Sussex Healthcare NHS Trust
Lincolnshire Partnership NHS Foundation Trust
NHS Gloucestershire Clinical Commissioning Group
NHS Kernow CCG
Southern Health Nhs Foundation Trust
Devon Partnership Nhs Trust
Lancashire & South Cumbria NHS Foundation Trust
Avon & Wiltshire Mental Health Partnership NHS Trust
Solent Nhs Trust
Leeds & York Partnership N H S Foundation Trust
Imperial College Healthcare Nhs Trust
Tavistock And Portman Nhs Foundation Trust
Norfolk Community Health & Care NHS trust
Bradford Dictrict Care Foundation Trust
Wirral Community Health and Care NHS Foundation Trust
East Of England Ambulance Service Nhs Trust
Barnet Enfield & Haringey Mental Health NHS Trust
Kent Community Health Nhs Foundation Trust
East Midlands Ambulance Service NHS Trust
North East Ambulance Service NHS Foundation Trust

Ethnicity and Disability Pay Gap

Pay Gap	2023	2022
Ethnicity Pay Gap	8.48%	13%
Disability Pay Gap	5.57%	6.20%

Priorities:

- Further analysis into the ethnicity pay gap in mental health by band and length of service.
- Increase data completeness in ESR for ethnicity and disability in the personal information section.

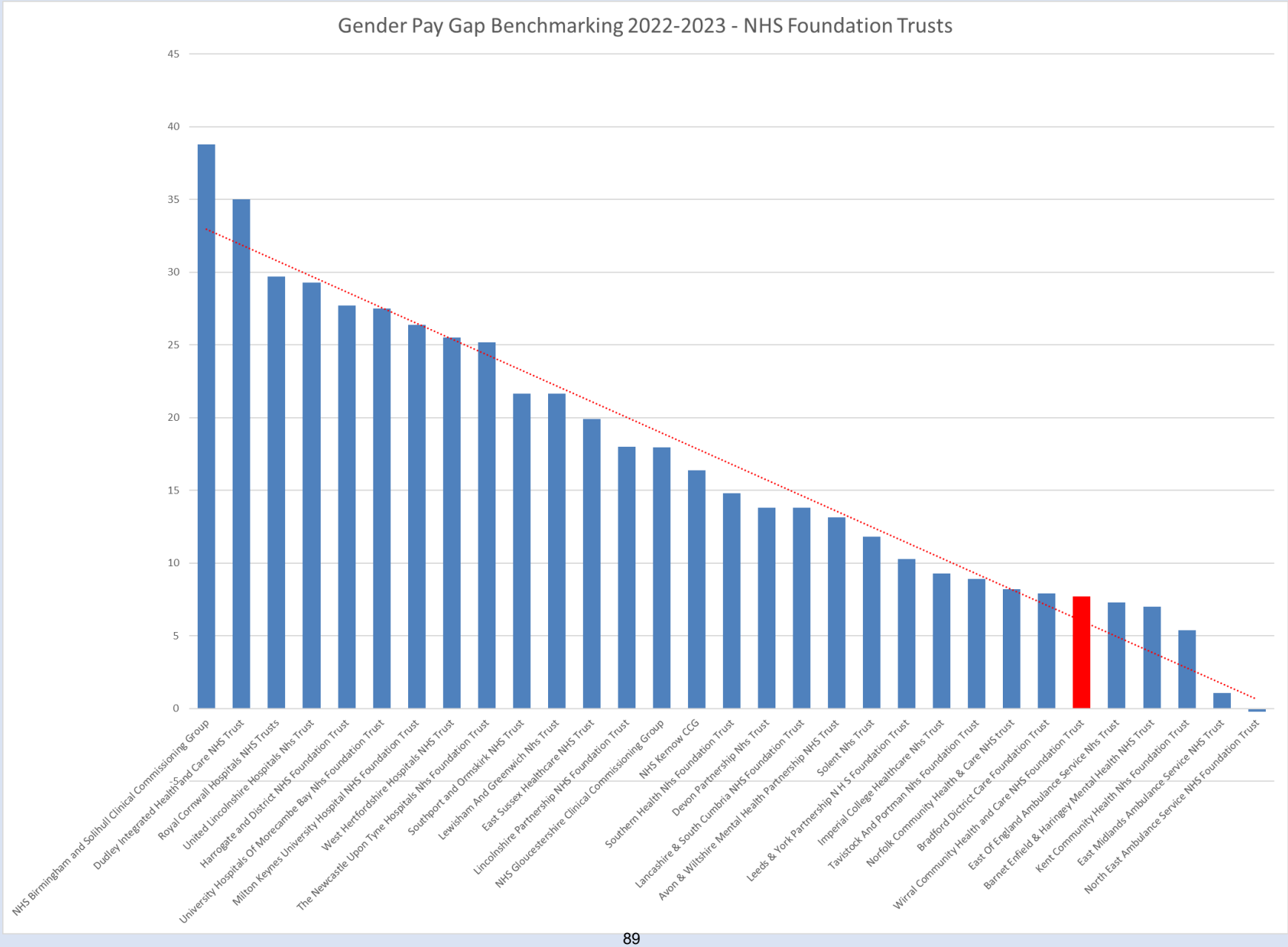
Appendix 2

List of relevant recommendations to reduce the gender pay gap MEND the Gap Report[1]

Theme	Actions
2. Make senior jobs more accessible to women	2.1 Employers should promote a flexible working culture when advertising jobs. They should make clear that reduced hours, flexible working and job-share opportunities are available (unless strong, justifiable reasons exist and are documented for not offering them). They should publish details of their flexible working and job-share policies on their website for all potential employees to access
	2.2 Talent management and training programmes should be used to develop staff and increase appointment of a more balanced senior workforce, such as Associate Specialist, GP Partners, Professors and Consultants
	2.3 Increase provision of NHS nurseries and other support for childcare, including access for doctors working in primary care, to accommodate out-of-hours and shift working
	2.5 Promote flexible working to appeal more to men to increase the percentage of men that work less than full time (LTFT), encouraging more equal sharing of caring responsibilities, reducing the stigma for men and, reducing the number of women obliged to choose LTFT working to accommodate caring responsibilities, particularly in primary care
	2.6 Implement better retention, re-entering and retraining policies to retain women. Begin with a review of the hurdles that exist and then work to eliminate them
3. Introduce increased transparency on gender pay gaps	3.2 Increase the use of national pay contracts in place of local pay arrangements for hospital doctors
	3.3 As far as possible to use standard rates for additional paid activity that are consistent and transparent (for example, waiting list initiatives, locum work)
4. Mandate change to policy on gender pay gaps	4.5 All candidates who meet the job description requirements will, wherever practicable, be shortlisted for senior medical jobs, clinical academic jobs and GP partnerships
	4.7 Develop and publish targets for the reduction of the gender pay gap in medicine, to be reported at board level with a

[1] Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England - December 2020 (publishing.service.gov.uk)

	mandatory reflective narrative to justify short-term changes; and report on action planning
5. Promote behaviour and cultural change	5.1 Use current evidence on wellbeing to create an atmosphere where all doctors feel valued and welcome, especially in relation to caring responsibilities
	5.2 Enhance and enforce bullying, harassment and whistle-blowing policies in all NHS organisations. Particular attention should be paid to the bullying and undermining of those with caring responsibilities and those who work part-time
	5.3 A zero-tolerance approach to poor behaviour and multiple channels for reporting incidents, including the ability to do so anonymously. Ensure appropriate organisational action is taken in response
	5.4 Extend enhanced pay for shared parental leave to all doctors to overcome a cultural barrier to men playing more of a role in caring and to challenge stereotypical assumptions about gender roles
6. Review clinical excellence and performance payments	6.1 Monitor applications and encourage equal numbers of eligible men and women to apply for local and national awards, and to facilitate applications from specialties in receipt of fewer awards
	6.2 Numbers of men and women eligible for awards, as defined by the Advisory Committee on Clinical Excellence Awards (ACCEA), and in receipt of awards should be reported at medical school, trust board and national level
	6.3 Both nationally and locally, reward excellence in a gender-neutral way, including the need for LTFT doctors' contribution to be assessed against the proportionate hours they work; and by reviewing domain/ criteria, so additional activity undertaken more frequently by women, such as mentoring, is rewarded equally to that undertaken more frequently by men, such as additional clinical, managerial or research activity


Gender Pay Gap Benchmarking 2022-2023 - NHS Foundation Trusts
45
40
35
30
25
20
15
10
5
0
NHS Birmingham and Solihull Clinical Commissioning Group
Dudley Integrated Health and Care NHS Trust
Royal Cornwall Hospitals NHS Trusts
United Lincolnshire Hospitals Nhs Trust
Harrogate and District NHS Foundation Trust
University Hospitals Of Morecambe Bay Nhs Foundation Trust
Milton Keynes University Hospital NHS Foundation Trust
West Hertfordshire Hospitals NHS Trust
The Newcastle Upon Tyne Hospitals Nhs Foundation Trust
Southport and Ormskirk NHS Trust
Lewisham And Greenwich Nhs Trust
East Sussex Healthcare NHS Trust
Lincolnshire Partnership NHS Foundation Trust
NHS Gloucestershire Clinical Commissioning Group
NHS Kernow CCG
Southern Health Nhs Foundation Trust
Devon Partnership Nhs Trust
Lancashire & South Cumbria NHS Foundation Trust
Avon & Wiltshire Mental Health Partnership NHS Trust
Solent Nhs Trust
Leeds & York Partnership N H S Foundation Trust
Imperial College Healthcare Nhs Trust
Tavistock And Portman Nhs Foundation Trust
Norfolk Community Health & Care NHS trust
Bradford Dictrict Care Foundation Trust
Wirral Community Health and Care NHS Foundation Trust
East Of England Ambulance Service Nhs Trust
Barnet Enfield & Haringey Mental Health NHS Trust
Kent Community Health Nhs Foundation Trust
East Midlands Ambulance Service NHS Trust
North East Ambulance Service NHS Foundation Trust

Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting held in Public

14.03.24

Paper title:	Equality Objectives 2024 – 2028	**Agenda Item** **15.0**
Presented by:	Lisa Wright, Head of Equality, Diversity and Inclusion	
Prepared by:	Lisa Wright, Head of Equality, Diversity and Inclusion	
Committees where content has been discussed previously	Strategic EDI Staff Partnership	
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ 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 this report is to set out the new draft set of Equality Objectives for approval. The Public Sector Equality Duties require the Trust to publish a set of Equality Objectives

every four years. These objectives will run from 2024 – 2028 and set out the organisations EDI focus during that time.

Executive Summary

These new equality objectives have been developed to flow from the Trust's refreshed strategy, Ambition to Action. They will support delivery of the strategic ambition to be the best place to work and deliver the best quality services for everyone. They will contribute to the strategic ambition to make best use of resources by getting things right first time for our workforce and patients and being the best partner in tackling inequalities across the NHS and our geographical locations.

The Trusts Belonging and Inclusion Plan is being refreshed in 2024 and will be the strategic delivery mechanism for these equality objectives. The equality objectives are detailed in appendix 1.

The objectives are broad, focusing on identifying, addressing and reporting on inequality, celebrating good practice and diversity and engaging stakeholders in the work to deliver co-produced and sustainable outcomes.

The work will encompass a wide range of NHS England and statutory EDI requirements for example:

- Equality Act 2010
- Health Inequalities Statutory Duties
- Workforce Race Equality Standard
- Workforce Disability Equality Standard
- Gender Pay Gap
- Equality Delivery System 2022
- Patient and Carer Race Equality Framework
- Accessible Information Standard
- Sexual Orientation Monitoring Standard

Each of these have their own set of key metrics and indicators to measure progress through the collection and analysis of quantitative and qualitive data. These are reported regularly throughout our Trusts governance structures.

Progress will be steered through the EDI Influencers and the Strategic EDI Staff Partnership and progress reported though the People and Culture Committee and the Quality and Safety Committee.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	☒ **Yes** (please set out in your paper what action has been taken to address this) ☐ **No**

Recommendation(s)
The Board of Directors is asked to: • Consider and approve the draft equality objectives 2024 - 2028.

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR:
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Effective ☒ Responsive ☒ Caring ☒ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Equality Act 2010 • All of the standards included in the executive summary,

Bronte Dines Allen EDI Project Officer
Lisa Wright Head of EDI
05.03.24

Appendix 1

Equality Objectives 2024 – 2028

The equality objectives will guide our Equality, Diversity and Inclusion priorities over the next four years. They flow from our Ambition to Action Strategy and enable us to fulfil our public sector equality duties and our NHS EDI requirements. The Trusts EDI Strategy is our Belonging and Inclusion Plan which is being updated in 2024. These equality objectives will be the overarching priorities of that refreshed plan due for relaunch in October 2024.

Strategic Priority	Equality Objective	Focusing on
Workforce Equality		
We will be the **best place to work** for everyone.	We will identify and address inequality of experience and under-representation within the workforce. We will identify, celebrate and spread good practice. We will engage with stakeholders in this work to inform and provide scrutiny of our performance.	• The 9 NHS Workforce Race Equality Indicators[i]. • The 3 NHS Bank Workforce Race Equality Standard indicators.[ii] • The 3 Medical Workforce Race Equality Standard indicators.[iii] • Reducing the Trusts Gender Pay Gap, Ethnicity Pay Gap and Disability Pay Gap. • Going for Gold with the NHS Rainbow Badge Assessment. • The 13 NHS Workforce Disability Standard indicators[iv]. • The Equality Delivery System 2022 Domain 1 and 2 indicators[v].
Health Inequalities		
We will deliver the **best quality services** to all.	We will identify and address inequalities of access, patient experience and health outcomes. We will identify, celebrate and spread good practice within and outside of the Trust. We will engage with stakeholders in this work to inform and provide scrutiny of our performance.	• The Patient and Carer Race Equality Framework core and local indicators[vi]. • The NHS England Health Inequalities Statutory Duty requirements[vii]. • Accessible Information Standard. • The EDS22 Domain 1 indicators. • Sexual Orientation Mentoring Standard.

Although the objectives have been separated into workforce equality and health inequalities, it is important to recognise the link between the two. The workforce is a reflection of the community and the people we serve, by working to improve health inequalities for service users we are also having an impact on our workforce. Similarly, the equality objectives link to all four of the Trust's strategic objectives through a number of ways including; being the best partner through working in collaboration across services and partner organisations to be at the forefront of innovations; and making the best use of resources by considering social value in the work we do and using that to guide improvements.

---

[i] WRES (england.nhs.uk)
[ii] NHS England » Technical guidance for the Bank Workforce Race Equality Standard (Bank WRES)
[iii] MWRES-DIGITAL-2020_FINAL.pdf (england.nhs.uk)
[iv] NHS England » NHS Workforce Disability Equality Standard: Metrics
[v] NHS England » Equality Delivery System 2022
[vi] NHS England » Patient and carer race equality framework
[vii] NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)

Bradford District Care
NHS Foundation Trust

Escalation and Assurance Report (AAA+D)

Report from the: Finance and Performance Committee
Date of meeting: 25 January 2024
Report to the: Board of Directors

Agenda Item 17.0

		Relevant operational high risks score 15+ identified in high risk report update (risk number & descriptor)
Best Use of Resources	**Theme 1**: Financial sustainability	**2609** (out of area placements)
	Theme 2: Our environment and workspaces	**2672** (Lynfield Mount redevelopment), **2605** (redbox recording), **2708** Pipework at ACMH)
	Theme 3: Giving back to our communities	**No risks scoring 15+ identified**
Best Quality Services	**Theme 1** - Access & flow (performance perspective)	**2609** (out of area placements), **2509** (Community nursing services exceeding capacity), **2610** (CAMHS Core and PMHW waiting list size causing a delay in patient care), **2451** (Stretched Psychological Therapy capacity in community settings), **2749** (SMABs are not meeting LTP ambitions for perinatal mental health care within BDCFT due to lack of funding) **2451** (Capacity for community psychological therapy)

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

Key escalation and discussion points from the meeting	
Alert	**Action (to be taken) By Whom Target Date**
Use of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds remains a risk, the numbers continue to show an improving	

trend for the fifth consecutive month with December having the lowest (213) for the whole year. The operational plan is predicated on reducing out of area placement costs from £7.1m (costs in 2022/23) to £3.8m in 2023/24, by reducing out of area bed days from 8,411 in 2022/23 to 4,757 in 2023/24.

To meet the Agency Cap threshold, costs were planned to reduce by £4m (from c£10m in 22/23 to £6m in 23/24). Agency costs remain over the NHS England cap by £2.9m, partly due to inpatient staffing vacancies during half 1 and ongoing locum costs. Plans to reduce nursing agency costs (qualified and unqualified) have been successful and Medical Staffing conversations have taken place to move locums onto substantive contracts.

Cost Improvement Plan performance is mainly impacted by elevated costs for out of area placements and temporary staffing spend as outlined above, with the YTD performance being £4.5m offtrack, and forecast £7.3m off track.

Bank costs are increasing aligned to targeted work to reduce agency costs, acuity on the inpatient wards and delays in embedding of the new staffing model in inpatient services. It is anticipated that bank costs will reduce when Model Roster 3 is fully embedded. There is still some significant work to be done to reduce overall temporary staff usage (bank plus agency) as we improve on our recruitment and retention rates.

Advise:

- Extensive work underway to agree the financial and operational plan in readiness for submission. This work is supported by a series of ongoing workshops involving multiple teams and professions. Planning assumptions within this relate to the local authority challenges; Trust financial sustainability; System risks; Out of Area Placement trajectory; and temporary staffing pressures. Learning from previous activity, deep dives, benchmarking, and improvement work is being considered as part of the planning.
- Discussions are continuing across Place and System, to understand and quantify the financial risks. Further discussion to take place with partners to understand the quality/safety implications of financial decision making, and in support of a standardised approach being adopted for risk management and decision making.
- Further discussion to take place at the Board of Directors on other financial efficiency options and restrictions, identified by NHS England and the Trust, to agree the Board's approach to managing financial decision making and managing any risk implications.
- A multi-professions workshop has been arranged for 29 February to explore how the Digital Strategy can support an increase in productivity. Outputs from the workshop will confirm the strategic digital priorities, which will be monitored to understand the associated financial efficiencies.

Assure:

- Good progress continues to be made on data quality improvements within the Trust. Consideration will be given on how improvements made will translate into business planning, and how the financial efficiencies can be reported.

- The deep dive approach continues on key areas of under-performance, contractual variance, or significant deviance from plan. Analysis work has taken place to review an unexpected spike in referrals to the Dementia Assessment Unit June and July 2023.
- An update on the National Costs Collection return was presented, which confirmed submission to NHS England within national expectations. Committee noted some minor changes were made to the final submission (reclassification of some items of expenditure from included to excluded).
- Committee noted that the Trust had been assessed as a 'segment 2' organisation under the NHS Oversight Framework for quarter 3 2023/24, which was in line with previous assessments.

Decisions / Recommendations:

- Quarterly submission to NHS England was approved by Committee.

Report completed by: Maz Ahmed, Chair of the Finance and Performance Committee, January 2024

Bradford District Care
NHS Foundation Trust

Escalation and Assurance Report (AAA+D)

Report from the: Audit Committee
Date of meeting: 18/01/24
Report to the: Board of Directors

Agenda Item 18.0

		Relevant operational high risks score 15+ identified in high risk report update (risk number & descriptor)
Significant Assurance	Governance, accountability and effective oversight	2632 - Cyber Security Risk: Primary & Secondary VPN Require Multi factor authentication (CONFIDENTIAL) (risk score 15 now 10) 2207 – Cyber Security Risk: Whole of Trust (risk score 16 now 10)

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 the update that all job plans been completed its, assurance has been received that this risk has now been mitigated**

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

Advise:

- An update from David Sims was provided on the two low assurance internal audit reports received at the prior audit committee and the committee received assurance these actions had been completed.

Assure:

- 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.

- The Review of Losses and Compensations report was received, noting the 41 losses totalling £30,906 for the period April 2023 – December 2023.
- Following a verbal update the committee noted there has been no waiver of standing orders and standing financial instructions since the last audit committee.
- Proposed Write off of Outstanding was discussed with an action taken to provide a summary of assurance around lessons learned as a result of write offs.
- The timescales around the production of the 2023/24 Annual report and Annual Accounts was reviewed, with assurance being received that it would be to the required timescales and that it would be compliant with the nationally mandated guidance. With detail provided around changes due to IFRS16 on the measurement principles of PFI liabilities.
- The committee was assured by the draft External Audit Plan was received as well as a technical update from KPMG, following a detailed discussion around the stability of the trust from an audit risk perspective. The detailed plan would be provided at the next audit committee.
- Internal Audit progress report was presented and slightly behind schedule, though it is expected to be completed. Five audits had been completed with one receiving limited assurance though was expected to move to significant assurance once resourcing issues were resolved. Overall the committee noted the progress on the delivery of the audit plan and the progress made on the implementation of internal audit recommendations and actions.
- The Local Counter fraud:Progress report was noted and that bench marking information would be rolled out in the subsequent weeks.

Decisions / Recommendations:

- The Audit committee adopted the Charitable funds 2022/23 annual accounts and annual report and signed the Letter of Representation.

Report completed by: Christopher Malish – Chair of Audit Committee

Bradford District Care
NHS Foundation Trust

Escalation and Assurance Report (AAA+D)

Report from the: Charitable Funds Committee
Date of meeting: 1st February 2024
Report to the: Board of Directors

Agenda Item 19.0

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

Key escalation and discussion points from the meeting

Alert	Action (to be taken)	By Whom	Target Date
• Key person dependency. Mitigated through strong recruitment of Mr Heppleston and Ms Dawson both of which have strong CV's relating to fundraising and working within the community	CJ looking to embed them in the Trust and would expect risk to move to high confidence at the next meeting	CJ	ASAP

Advise:

- Strategy focus remains both fundraising and applying for grants. In the 7 months of this financial year we have received £72,934 in grants against a target for the full year of £100,000. We received slightly less from the C0-operative fund receiving £1118 vs the £5627 requested.
- Our fundraising has exceeded our target of £40,451 and has been the nest year yet. The Dragon Boat race, Golf day, Great North Run and Charity Ball significant contributors. A Curry Quiz night is planned for 22nd Feb and already has strong support.
- The remainder of 2024 has some strong plans for more fundraising activities ranging from Saltaire Arts Festival, Gold Day, Dragon Boat, Great North Run, various outdoor challenges by individuals, Panto and Christmas Appeal with planning progressed for greater school engagement, picnic on the farm, Park runs, NHS big Tyea and Corporate team away days

- There are two sizeable grants applications outstanding, the NHSCT Starbuck and Hubbub for £171,000 to fund therapeutic spaces and The Fore for £23,668.
- The closing balance of the Charitable Fund at December 2023 was £181,618.72. This is an increase in funds of £13,522.51 from the opening balance of £168,092.21 at 1st April 2023.
- Requested as service users story to open future meetings to start to understand the difference that the charity is making in peoples lives and that Go See visits always asked around awareness and ideas to spread the word..

Assure:

- Strong assurance was received in the quality of other recruitment to substantive positions within the Charity to replace Helen Verity. The CV's of both Jacqueline Dawson and Michael Heppleston were discussed and both strong experience of fundraising and working within communities.

Decisions / Recommendations:

- Request that in the reporting we have a quarter by quarter breakdown of money coming in and where money is being spent in the transactions and reports rather than a running annualised total that makes it less transparent to understand quarterly trends

Report completed by: Mark Rawcliffe

Escalation and Assurance Report (AAA)

Report from the: West Yorkshire Community Health Services Provider Collaborative (WYCHS) - Quarterly Chairs and Executives Leads meeting.

Date of meeting: 15th January 2024

Agenda Item

20.0

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

Advise:

The Community Collaborative will have some important time out to further consider possible options for a cross collaborative implementation programme – in line with left shift direction and principles.

The WYCHS collaborative will develop, for review (at the April 2024 meeting), a 24/25 work programme and associated deliverables. Early discussions indicate the focus of programmes could be around;

1) methodology to identify 'rising risk' populations and models of proactive care/services support this cohort,
2) consistent metrics/measurement for impact/outcomes in community services and
3) Capaity/Consistency to support YAS 'push' patients/alternative pathway into community and primary care.

It was agreed a community services BI/Data group be established to support the development and consistency of measurables and evidence around impact/outcomes, particularly that would support 'Return on Investment' and 'cases for change' askes.

It was agreed by the meeting that MYTHT would assume the Chair of WYCHS from April 2024, with the Deputy Chair role provided by Locala. This agreement was reached on the basis that the Locala Chair, whilst not new to West Yorkshire or Community Health services, has only recently taken up the role of Chair for Locala. It was also agreed that from April 2025, Locala would assume the Chair of the WYCHS and that YAS would provide a Deputy Chair.

Assure:

Work continues around long term investment into community and the differential levels of investment into community services at WY places, with view to developing a recommended 'investment standard' for community services.

Building on the update at the previous meeting, YAS colleagues alerted the meeting to the fact that they will formally launch their Strategy later this month (January 2024). By sharing further detail from the YAS Strategy, colleagues were able to understand what the YAS Strategy means for our collaboratives members and how the Strategy will better

support us working together as effective partners around supporting people where they live.

Report completed by:

Becca Spavin
Programme Director: West Yorkshire Community Healthcare Provider Collaborative

24.1.24

Report distribution:

Chairs and Company Secretaries of Airedale NHSFT, Bradford District Care Trust, Calderdale and Huddersfield NHSFT, Harrogate and District NHSFT, Leeds Community Healthcare NHS Trust, Locala, Mid Yorkshire Teaching Hospital NHS Trust and Yorkshire Ambulance Service

West Yorkshire
Health and Care Partnership
Mental Health, Learning Disabilities & Autism

Escalation and Assurance Report

Report from: West Yorkshire (WY) Integrated Care System (ICS) Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common
Date of the meeting: 31/01/2024

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert/Action:
• No items
Advise:
• The CinC has approved the decision to postpone the Y&H Perinatal Mental Health Provider Collaborative's go live date from April 2024 to July 2024. This adjustment aims to enhance the reliability of the Mother and Baby Unit and establish clearer financial processes. • The CinC support a long transition (under MoU) from NHSE commissioning to WY CH in October 2024 for the the Y&H Perinatal Mental Health Provider Collaborative. • The CinC recognise that the MHLDA core team workload is exceeding its current capacity and resources, there will be narrowing of priorities which will be shared through various governance routes.
Assure:
• The CinC meeting group have approved the ToR following recommendations highlighted within the meeting, the agreement mechanism of the ToR is to be agreed at CinC then recommended to Trust boards • The draft Responsibility Agreement will be produced into a final document which will highlight how MHLDA provides support, governance arrangements and stakeholders. This agreement will also include detailed funding arrangements and the process for establishing priorities and assurance principles. • Collaborative peer review with the quality teams has taken place as part of the safe and wellbeing reviews, the reviews have been reported as a helpful exercise for the pilot which is being evaluated now. • A follow-up Neurodiversity Summit is scheduled with the event focused on assessing the current situation and determining the appropriate steps to move forward. • The soft launch of the Collaborative Bank has been well received with a good level of sign-up with the formal launch imminent.

Report completed by: Keir Shillaker, WY MHLDA Programme Director **Date:** 08/02/2024

Distribution: Chairs and Company Secretaries of Bradford District Care NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds & York Partnership NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust.

West Yorkshire
Health and Care Partnership
Mental Health, Learning Disabilities & Autism

West Yorkshire Mental Health, Learning Disability & Autism Collaborative

Committees in Common (CinC) - TERMS OF REFERENCE

1. Scope

   a. The West Yorkshire Mental Health, Learning Disability & Autism Collaborative ('the Collaborative') is the collective governance vehicle for joint decision making, with delegated authority for the four NHS mental health, learning disability and autism provider Trusts in West Yorkshire.

   b. The Collaborative is one part of the wider West Yorkshire Health and Care Partnership, which is committed to putting combined efforts into tackling the long-term trends of ill-health. This includes specific ambitions to:

      i. Achieve a reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (including a focus on early support for children and young people)

      ii. Reduce suicide

   c. The overall responsibility for delivery of these two ambitions rests with the whole Partnership. Commissioning of NHS provision within this ambition rests with the West Yorkshire Integrated Care Board (ICB), comprising five places (Bradford, Calderdale, Kirklees, Leeds and Wakefield) each with delegated responsibility from the ICB for local commissioning.

   d. Oversight of progress against the strategic ambitions and coordination of West Yorkshire wide activity to transform services, deliver improvement and meet national and system ambitions for the MHLDA population is discharged and governed by the system-wide Mental Health, Learning Disability and Autism Partnership Board which is comprised of providers and commissioners, covering the NHS, local authority, VCS and other partners.

   e. The Collaborative is the collective entity for significant service change and transformation at scale within MHLDA services in West Yorkshire by:

      i. Leading 'do once' and 'design once' priorities on behalf of partners
      ii. Taking responsibility for commissioning and provision of specialized services and some ICB commissioned services
      iii. Playing a critical leadership role in visibility of the MHLDA agenda across the Health and Care Partnership
      iv. Identifying and leading bespoke projects at the request of the ICB
      v. Supporting the establishment of strong place-based arrangements across the Trusts, VCSE, local authorities and primary care

   f. **The formal governance forum for collaboration between Collaborative partners is the Committees in Common which reports into the Board of**

each individual provider within the Partnership (BDCT, LCH, LYPFT, SWYPFT). It is overall responsible for supporting service transformation, integration and innovation and specifically, responsible for leading development of identified workstreams, improving service delivery to support the overall ambitions of the Collaborative and the wider Health and Care Partnership.

g. This Terms of Reference was initially approved through each individual provider Board and subsequent iterations via the Committees in Common making recommendations to provider Boards.

h. Appendix 1 to the Terms of Reference describes this relationship in a diagram

2. Standing

a. Members shall only exercise functions and powers of a Party to the extent that they are permitted to ordinarily exercise such functions and powers under that Party's internal governance.

3. General Responsibilities of the Collaborative Committees in Common

a. Ensuring alignment of all parties to the WY ICB Strategy and particularly the components relating to Mental Health, Learning Disability and Autism, confirming the role of the Collaborative in delivery;

b. Providing overall strategic oversight and direction to the improvement of services within the Collaborative for people with a Mental Health condition, learning disability and/or autism; instigating the creation of collaborate work to support service improvement.

c. To emphasize the primacy of individual organisations' decision making ability and relationship with their local place, but also to set the expectation through individual boards and within operational teams that:

i. Where agreed through the CinC there will be service delivery, development work and clinical/operational relationships that require a 'WY first' viewpoint, rather than an individual organizational viewpoint.

ii. All partners within the collaborative take informed decisions in consultation with other collaborative partners and relevant stakeholders where there might be an impact on others' services.

iii. The CinC will consider and agree adoption of joint policies and procedures across all organizations that will benefit the work of the collaborative.

d. Working in partnership with the wider MHLDA Partnership Board to support identification of capacity and capability within identified workstreams, reviewing the key deliverables and ensuring adherence with required

timescales and receiving appropriate assurance regarding process, progress and impact of workstreams.

e. Reviewing and identifying the risks associated with the performance of any of the Parties in terms of the impact to the Collaborative or to the ambitions of the Partnership, recommending remedial and mitigating actions;

f. Receiving assurance that the risks associated with the Collaborative work programme are being identified, managed and mitigated;

g. Formulating, agreeing and implementing strategies for delivery of the Collaborative workplan;

h. Seeking to determine or resolve any matter referred to it by the Programme Team or any individual Party and any dispute in accordance with the MoU:

i. Considering the shape of the Programme Team, agreeing and reviewing the extent of the Collaborative's financial support for the team, against wider Partnership funding;

j. Reviewing and approving the Terms of Reference for the Committees in Common;

k. Reviewing and agreeing the deployment of any joint Collaborative budget, with reference to the deployment of Service Development Funding and ICB baselines; this includes collective approval of substantial capital funding decisions in accordance with the Risk and Gain Sharing Principles.

4. Members of the Collaborative Committees in Common

a. Each party will appoint their Chair and Chief Executive as Committees in Common Members and the parties will always maintain a Member on the Committees in Common.

b. All parties will agree and recommend a lead Chief Executive to represent the Collaborative as both the MHLDA Sector Lead on the ICB and to chair the WY MHLDA Partnership Board.

c. Deputies will be permitted to attend on the behalf of a Member. The deputy must be a voting board member of the respective Party and will be entitled to attend and be counted in the quorum at which the Member is not personally present.

d. Each Party will be considered as one entity within the Collaborative.

e. The Parties will ensure that, except for urgent or unavoidable reasons, their respective Committees in Common Member (or Deputy) attend and fully participate in the meetings of the Committees in Common.

5. Proceedings of the Collaborative Committees in Common

a. The Committees in Common will meet quarterly, or more frequently as required.

b. The Chair may call additional meetings as required. Other members may request the chair to call additional meetings by making individual representation, although the chair will make the final decision on whether to proceed.

c. The Committees in Common shall meet in private where appropriate in order to facilitate discussion and decision making on matters deemed commercially sensitive and by virtue of the confidential nature of the business to be transacted across the Members. It is agreed by the Parties that the necessary checks and balances on openness, transparency and candour continue to exist and apply by virtue of the Parties each acting within existing accountability arrangements of the Parties' respective organisations and the reporting arrangements of the Committees in Common into the Parties' Trust public Boards.

d. The Parties will select one of the Parties' Chairs to act as the Chair of the Committees in Common on a rotational basis for a period of one year. The rotation of Chair will follow the established sequence based on which organization has the next turn. The sequence (starting from January 24) is:

   i. LYPFT – Jan 24 to Dec 24
   ii. SWYPFT – Jan 25 to Dec 25
   iii. BDCFT – Jan 26 to Dec 26
   iv. LCH – Jan 27 to Dec 27

e. The Chair will ensure they are able to attend every meeting over that period. If in cases of urgent, unavoidable absence the Chair cannot attend, one of the other Parties' Chairs will be asked to step in.

f. The Committees in Common may regulate its proceedings as they see fit as set out in these Terms of Reference.

g. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless every Party has at least one Member present (four members in total).

h. Members of all Parties will be required to declare any interests at the beginning of each meeting.

i. A meeting of the Committees in Common will ordinarily consist of a conference between the Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to each of the others, and to be heard by each of the others simultaneously. However, the chair may request that Committees in Common takes place face-to-face instead.

j. Each Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of the Collaborative.

k. Any issues to be raised within individual Party board committees will be noted and listed for action, with a dedicated agenda item reserved for this purpose.

l. The Committees in Common will review the meeting effectiveness at the end of each meeting with a dedicated agenda item reserved for this purpose.

6. Decision making within the Collaborative

a. Each Member will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.

b. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, Members shall seek to pay due regard to the best interests of the wider population in investing in a sustainable system of healthcare across the service area in accordance with the Key Principles and ambitions of the Partnership when making decisions at Committees in Common meetings.

c. In respect of matters which require decisions where all Parties are affected the Parties will seek to make such decisions on the basis of all Members reaching an agreed consensus decision in common in accordance with the Key Principles.

d. Where this relates to taking decisions about which Party should be a coordinating provider for a collaborative service, all Parties will abide by the principles agreed through the Committees in Common (Appendix 2)

e. In respect of the matters which require decisions where only some of the Parties are affected, then the Parties shall reference the Collaborative Gateway Decision Mechanism at Schedule 4 of the Memorandum of Understanding.

7. Attendance of third parties at the Committees in Common

a. The Committees in Common shall be entitled to invite any person to attend, such as advisors, experts by experience or Partnership leaders but not take part in making decisions at meeting of the Committees in Common. The Chair will agree final attendance lists for each meeting.

8. Administration for the Committees in Common

a. Meeting administration for the Committees in Common will be provided by the MHLDA Programme Team, maintaining the register of interests and the minutes of the meetings of the Committees in Common. Members are required to openly and proactively declare and manage any conflicts of interests.

b. The Chair will be responsible for finalizing agendas and minutes, based on the agreed workplan and in collaboration with the MHLDA Programme Team.

c. Where required by the agenda, governance leads from the Collaborative will be asked to attend and provide advice to the Committees in Common on

decision making and due diligence.

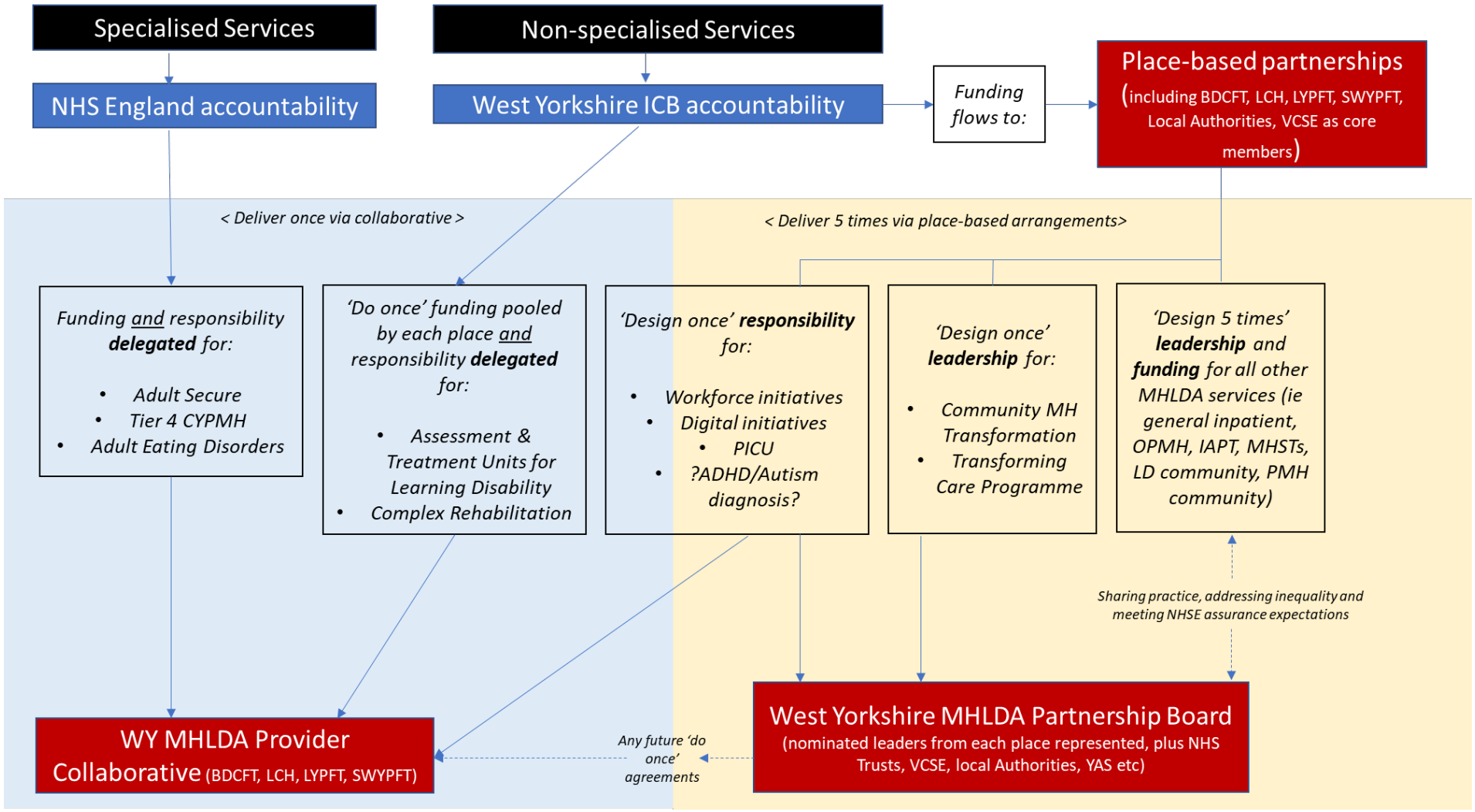
d. Papers for each meeting will be sent by the MHLDA Programme Team to Members no later than five working days prior to each meeting. By exception; and only with the agreement of the Chair, amendments to papers may be tabled before the meeting.

e. The minutes, and a summary report from the Programme Director will be circulated promptly to all Members and Trust governance leads as soon as reasonably practical for inclusion on the public agenda of each Parties' Board meeting. Any items not for public consumption will be marked as private in the minutes and be noted at Trust private boards but not circulated with the public papers.

9. Review

a. The Committees in Common will review these Terms of Reference at least every two years.

Appendix 1 – Decision making relationship between the Committees in Common and the wider Partnership



Appendix 2 – Principles for agreeing 'Lead Providers'

Categorizing the principles

- In order to create clarity and aid the decision-making process we propose identifying principles within the following three categories:

1. **Overall principles and use of language** – regardless of the specific service being considered
2. **Targeted principles** relating to three different service profiles
3. **Decision making forums,** the role of **all providers** and the **role of the West Yorkshire** programme team & commissioning hub

1: Overall principles and use of language

- NHS England utilizes the term 'lead provider', however for our collaborative this does not mean that any one provider is either a) more important in terms of decision making or b) can dictate what happens within any other provider

- Instead, we will describe our 'lead providers' as being the ***'coordinating provider'.*** This means they hold the contract with the accountable commissioner (NHSE or ICB) but the mechanics of this remain in the background. At the forefront the ***'coordinating provider'*** must work with all partners to ensure delivery and all providers within the collaborative remain jointly responsible for the collective whole (this will apply regardless of the footprint covered – ie WY, Y&H, North of England, National)

- The most important part of *'coordinating provider'* arrangements are to **promote partnership working and collaboration** between all relevant stakeholders; focusing on strong relationships that **maximize agreed service user outcomes**, enhance the experience of service users and their carers and ensure productive flow within and between services. All of which must be underpinned by appropriate involvement and a commitment to address health inequalities.

- **Recruitment to clinical, operational and project leadership roles for any new *'coordinating provider'* arrangement will be undertaken collaboratively and transparently from our collective talent pool and beyond** to ensure a distributed leadership model; not just defaulting to existing teams within the *'coordinating provider'.*

- The Commissioning Hub is the unifying structure for *all 'coordinating providers'* and it will remain organizational neutral and must be **appropriately resourced** to support any new service transfer, maximizing opportunities to continuously improve the service.

2: Targeted principles

- There are different starting points for making decisions on the *'coordinating provider'* based on historic service delivery, geography and organizational capacity/expertise. We have identified three main principles based on common scenarios:

1. If there is **only one provider** within the collaborative that **currently provides or is highly likely** to provide the full pathway of care required by the relevant specification and across the appropriate geography; then this provider will be our preferred choice to be the 'coordinating provider'. This considers that any concerns regarding this provider's suitability would likely already have been raised within wider collaborative structures as part of normal business relationships. However, to ensure due process the provider must demonstrate clear executive/board support within the organization, meet CQC requirements and be subject to light touch assurance from partners regarding suitability.

2. If there are **one or more providers** within the collaborative that **could provide the full, or major proportion** of the pathway of care required by the relevant specification and across the appropriate geography; and those providers can each make a strong case regarding how they currently promote service collaboration and demonstrate a vision for future service collaboration then a local process should be undertaken by the West Yorkshire Programme Team and the Commissioning Hub to appraise the options and make a recommendation.

   Approaches for the 'light touch' process (1) and the local process (2) are presented in Annex A

3. If there are **no providers** within the collaborative that provide the full pathway of care required by the relevant specification and across the appropriate geography, but there is agreement that it may be beneficial for a West Yorkshire to take on a coordination role:

   a) If one provider can make a strong case regarding how they will promote collaboration then this provider should be the preferred choice
   b) If one or more providers can make a strong case regarding how they will promote collaboration then the process in 2 should be followed
   c) If no providers wish to take on the coordinating provider role, we consider sponsoring an external provider on behalf of the Collaborative

3: Decision making, role of providers, role of the WY teams

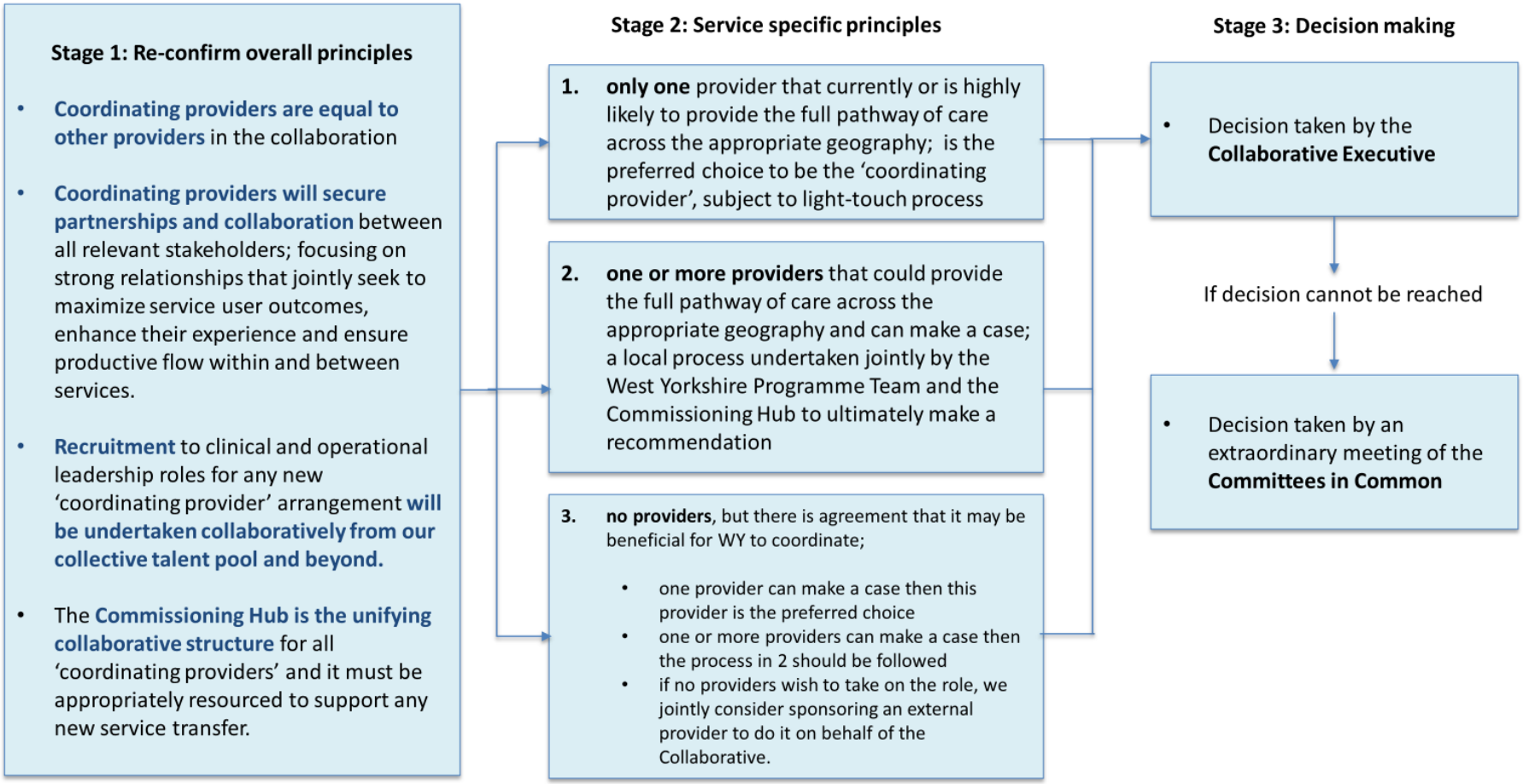
- Formal ratification regarding the *'coordinating provider'* rests with the Committees in Common of the MHLDA Provider Collaborative. Although decision making should take account of all partners within the care pathway, and not just limited to the Trusts. However, it is acknowledged that it is not practicable for this committee to always take these decisions, given the timescales involved. Instead, the following is proposed:

    - **Committees in Common approves these principles** for decision making and sets the expectation that they are followed.
    - Responsibility for taking decisions on the *'coordinating provider'* in line with the principles is **delegated to the Collaborative Executive Group**. For those decisions required where there are more than one potential 'coordinating provider' debate and discussion may also take place through the Specialized Services Programme Board, following a wider engagement process. Decision making and reasons will be reported to the Committees in Common.
    - **Should decisions not be possible** in the Collaborative Executive forum, then a full discussion will take place via extraordinary Committees in Common

- All providers within the collaborative will provide best available evidence, honesty and transparency of views to support decision making, and will support ultimate decisions taken

- Both the WY Programme Team and the WY Commissioning Hub will act as the 'neutral brokers' between partners, relaying information received objectively, factually and candidly, without prejudice

Flow chart of decision making for each new 'LPC' opportunity



Annex A: Questions for each process

1. **Light touch:** 'According to our West Yorkshire MHLDA Collaborative principles we have identified that X is our preferred coordinating provider for Y service because X currently provides/is highly likely to provide the full pathway of care and across the appropriate geography. However, we want to ensure there are no material reasons why X should not be the coordinating provider, therefore please let us know by return email if you have any fundamental concerns regarding X's ability to fulfil this role'

OR

2. **Local process:** 'According to our West Yorkshire MHLDA Collaborative principles we have identified that X, Y or Z can make a strong case to be the preferred coordinating provider for Y service because they all could provide the full, or major proportion of the pathway of care and across the appropriate geography. In order to make a collective decision about who the coordinating provider should be, please could you provide feedback on the strengths and weaknesses regarding service quality, leadership, collaboration and capacity within X, Y and Z'

Annex A: Local Process – Decision making criteria

A. **Level of support from Executive Team(s) and Board** – including confirmation of capacity within the organization to undertake the role, and demonstration of experience and commitment to working collaboratively to improve outcomes in this area (required for light touch and local process)

B. **Level of support from key partners and stakeholders**

- **WY Programme Team/Commissoning Hub asks partners for any fundamental concerns re preferred provider** (light touch only)
- **WY Programme Team/Commissioning Hub asks partners organizations asking if there are any current concerns about:** the quality of services, the leadership/collaborative approach or capacity concerns within the any of the possible 'coordinating providers' (local process only)

C. **Current CQC assessment:**

- **Provider meets CQC requirements within the service specification** (required for light touch and local process)
- **WY Programme Team/Commissioning Hub review of CQC assessments** regarding services being 'well led', and other relevant sector peer review or accreditation from sector bodies (required for local process only)

Agenda item

22.0

NHS
Bradford District Care
NHS Foundation Trust

Annual Cycle of Business for the Public Board of Directors' Meetings 2023-24: v3

	Paper author	Lead Director	May 2023	July	September	November	January 2024	March 2024
STANDING ITEMS								
Apologies	Corp Gov	Chair	✓	✓	✓	✓	✓	✓
Declarations of and conflicts of interest	-	Chair	✓	✓	✓	✓	✓	✓
Service User or Carer Story: Learning from your Experience	IS	PH	✓	✓	✓	✓	✓	✓
Minutes of the last meeting	Corp Gov	Chair	✓	✓	✓	✓	✓	✓
Matters arising	-	-	✓	✓	✓	✓	✓	✓
Action log	Corp Gov	Chair	✓	✓	✓	✓	✓	✓
Workplan review	Corp Gov	Chair	✓	✓	✓	✓	✓	✓
Any other business	-	Chair	✓	✓	✓	✓	✓	✓
Meeting evaluation	-	Chair	✓	✓	✓	✓	✓	✓
STRATEGIC AND PARTNERSHIP ITEMS								
Chair's Report (first in strategic section)	Corp Gov	Chair	✓	✓	✓	✓	✓	✓
Chief Executive's Report (including Media Report)	TP	TP	✓	✓	✓	✓	✓	✓
Board Assurance Framework	RH	PH	✓	✓	✓	✓	✓	✓

	Paper author	Lead Director	May 2023	July	September	November	January 2024	March 2024
Bi-Annual Report: Better Lives Together and Strategy Deployment		KB/TP			✓			✓
QUALITY, SAFETY AND RISK								
AAAD: Mental Health Legislation Committee	SL	DS	✓	✓	✓	✓	✓	✓
AAAD: Quality and Safety Committee	AM	PH	✓	✓	✓	✓	✓	✓
Organisational Risk Register	RH	PH	✓	✓	✓	✓	✓	✓
Suicide Prevention Annual Report	SL	KB		✓				
Go See Report thematic learning report *(scheduling to be confirmed)*	BF	PH						
Winter Planning	JC	KB			✓	✓		
NHS England Emergency Preparedness, Resilience and Response Assessment and Declaration	CS	KB			✓			
Learning from Deaths Report *(scheduling to be confirmed)*	LH	DS						
Risk Management -update on RMS/risk tolerance	BF	PH			✓			
PEOPLE & CULTURE								
AAAD: Workforce and Equality Committee	MR	BC		✓		✓		✓
Staff Survey Results	HF	BC	✓					
Staff Survey Mid Year Review	HF	BC				✓		

	Paper author	Lead Director	May 2023	July	September	November	January 2024	March 2024
Annual Safer Staffing Report	GE	PH	✓					
WRES and WDES	LW	BC			✓			
Freedom to Speak Up Guardian Annual Report	JC/RW	PH	✓					
Freedom to Speak Up Guardian Thematic Report	JC/RW	PH				✓		
Medical Appraisal and Revalidation Annual Report	DS	DS		✓				
Guardian of Safe Working Annual Report	SG	DS		✓				
Research and Development *scheduling to be confirmed*	GR	DS						
Gender Pay Gap Annual Report (include in WEC AAA+D Report)	LW	BC						✓
NHS England Equality, Diversity and Inclusion Improvement Plan - Annual Progress Report *scheduling to be confirmed*	BC	BC						
FINANCE, PERFORMANCE AND SUSTAINABILITY								
Integrated Performance Report	SI	MW	✓	✓	✓	✓	✓	✓
AAAD: Finance, Business and Investment Committee	MA	MW	✓	✓	✓	✓	✓	✓
AAAD: Charitable Funds Committee	MR	MW	✓	✓	✓	✓	✓	✓
AAAD: Audit Committee	CM	MW	✓	✓	✓	✓		✓
2023/24 Operational Plan *scheduling to be confirmed*	SI/CR	MW						

	Paper author	Lead Director	May 2023	July	September	November	January 2024	March 2024
2024/25 Operational Plan *scheduling to be confirmed*	SI/CR	MW						
Finance Report	CR	MW	✓	✓	✓	✓	✓	✓
Green Plan	EC	MW			✓			✓
WELL LED / GOVERNANCE / FOR INFORMATION								
Annual Declaration of Register of Interest for the Board of Directors	HRo	FS	✓					
Annual Declaration of Fit and Proper Person Regulation for the Board of Directors	HRo	FS	✓					
Annual Declaration of Independence (Non Executive Director)	HRo	FS	✓					
Annual Review of Division of Duties of the Chair and Chief Executive	HRo	FS						✓
Scheme of Delegation and Standing Financial Instructions Ratification	CR	MW			✓			
Use of the Trust Seal – Annual Report	HRo	FS		✓				
Annual Effectiveness Review	HRo	FS		✓				
Audit Committee Annual Report	CR	AC	✓					
Charitable Funds Committee Annual Report	CJ/SP	MR	✓					
Finance, Business and Investment Committee Annual Report	CR	MA	✓					
Mental Health Legislation Committee Annual Report	SB/TOK	SL	✓					
Quality and Safety Committee Annual Report	BF	AM	✓					

	Paper author	Lead Director	May 2023	July	September	November	January 2024	March 2024
Workforce and Equality Committee Annual Report	MH	BC	✓					
Audit Committee Terms of Reference Ratification	HRo	AC	✓					
Charitable Funds Committee Terms of Reference Ratification	HRo	MR	✓					
Finance, Business and Investment Committee Terms of Reference Ratification	HRo	MA	✓					
Mental Health Legislation Committee Terms of Reference Ratification	HRo	SL	✓					
Quality and Safety Committee Terms of Reference Ratification	HRo	AM	✓					
Workforce and Equality Committee Terms of Reference Ratification	HRo	MR	✓					
Board of Directors Terms of Reference Annual Review	HRo	FS			✓			
Senior Information Risk Owner Annual Report	GT	TR		✓				
Compliance Against Care Quality Commission Registration	BF	PH	✓					
Care Quality Commission Update and Developments	BF	PH	✓	✓		✓		✓
NHS Improvement Quarterly Submissions	CR	MW	✓		✓	✓	✓	
Annual Review of the Constitution	HRo	FS			✓			
Health Safety and Security Annual Report	DG	MW		✓				
Board of Directors Public Meeting Annual Work Plan	HRo	FS	✓	✓	✓	✓	✓	✓
Notification future Public Meeting Dates	HRo	FS				✓		
Board Development Programme Work Plan	HRo	FS	✓			✓		

	Paper author	Lead Director	May 2023	July	September	November	January 2024	March 2024
AAA: WY&H Mental Health, Learning Disabilities and Autism Committee in Common document will be shared by CiC when ready & then go into Board meeting – for info	Corp Gov	FS						
Annual Review of Board Skills Matrix	HRo	FS			✓			
Approval of the 2022/23 Charity Annual Accounts and Annual Report	SP	MW				✓		
SYSTEM WORKING								
ICP Governance Updates	FS	FS						
AAA: Committees in Common (CinC) for the Community Collaborative *scheduling to be confirmed*	-	Chair						

Items to be scheduled:

- NHS England Equality, Diversity and Inclusion Improvement Plan Briefing – Lisa Wright – schedule for September 2024

Items removed:

- xx