

Board of Directors – held in public

Date: Thursday 11 January 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)	SL (LP)	9.00am
	2	Declaration of any conflicts of interest (enclosure)	SL (LP)	-
BQS	3	Service User — Respiratory pathway – Patient Story (verbal)	Tracey Barningham and Donna Smalley	9.05am
GG	4	Questions received (verbal)	SL (LP)	-
	5	Minutes of the previous meeting held on 9 November 2023 (enclosure)	SL (LP)	
	6	Matters arising (verbal)	SL (LP)	-
	7	Action log (enclosure)	SL (LP)	

Strategy and partnerships

All	8	Chair's Report (enclosure)	SL (LP)	9.35am
All	9	Chief Executive's Report (enclosure)	TP	9.45am
All	10	Strategic Assurance and Performance Report (enclosure)	PH/KB	10.05am

Break (10:35am – 10:40am)

Quality and Safety

BQS	11	Trauma Informed Care Programme update (enclosure)	Sue Francis and Anita Brewin	10.40am
	12	Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held on 23 November 2023 (enclosure)	SL	11.05am
	13	Alert, Advise, Assure and Decision Report: Quality and Safety Committee held on 16 November 2023 and 21 December 2023 (enclosure)	AM	11.15am
	14	NHS England compliance: Emergency Planning, Preparedness and Resilience – update on Trust Position (enclosure)	For Information	
<u>People and Culture</u>				
BPTW	15	Staff Survey Update (verbal)	BC	11.25am

Finance and Sustainability

BUOR	16	Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on 23 November 2023 (enclosure)	MA	11.35am
	17	NHS Improvement Quarterly Submissions (enclosure)	MW	11.45am

Governance and well led

GG	18	Alert, Advise, Assure and Decision Report: West Yorkshire Community Health Services Provider Collaborative – 16 October 2023 (enclosure)	For Information	-
	19	Alert, Advise, Assure and Decision Report: West Yorkshire Mental Health, Learning Disability & Autism Committee – 25 October 2023 (enclosure)	For Information	-
	20	Board of Directors public meeting work plan (enclosure)	For Information	-
	21	Any other business (verbal)	SL (LP)	12.00pm
	22	Comments from public observers (verbal)	SL (LP)	-
	23	Meeting evaluation (verbal)	SL (LP)	

Date of the Next Meeting: Thursday 8 February 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

Register of Interests – Board of Directors – January 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 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: <ul style="list-style-type: none"> • 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	Operations Director: Wm Morrison Supermarkets PLC	Nil

	<ul style="list-style-type: none"> • 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.	<p>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)).</p> <p>Board member of the Bar Standards Board (i.e. the regulatory body for barristers and some others in the legal services market).</p> <p>Fee-paid Deputy District Judge (including private family law cases, which can involve input from CAFASS, local authorities, NHS organisations, etc).</p> <p>Newly-appointed fee-paid Tribunal Judge (mental health tribunal). Clearly: I would not sit on cases involving applications from service users at BDCT.</p> <p>Court Examiner.</p>	Burley Oaks Primary School: employee

							<p>Junior Counsel to the Crown.</p> <p>England and Wales Cricket Board: chair of national safeguarding panel.</p> <p>The Football Association: independent chair of disciplinary/regulatory panels.</p> <p>British Cycling: independent chair of disciplinary/regulatory panels.</p> <p>England Boxing: independent chair/member of disciplinary panel.</p> <p>ACCA (the global accountancy body): independent member of disciplinary/regulatory panels.</p> <p>General Optical Council: independent statutory case examiner in fitness to practise (or similar) cases.</p> <p>Phone-Paid Standards Authority: Independent Chair of Code Adjudication Panel</p> <p>University of Bradford – Lay Member of Council</p> <p>Premier League Independent Oversight Panel</p>	
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	Rotherham Hospice – Chief Executive	Nil	Nil	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		Northern Housing Consortium: Non-Executive Director	Nil	North Yorkshire County Council: Practice Supervisor (Family

								Assessment and Support Team)
Phil Hubbard	Nil	Nil	Nil	Nil	Nil	Nil	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	Nil	Nil	Nil
Tim Rycroft	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
David Sims	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mike Woodhead	Nil	Nil	Nil	Nil	Nil	Nil	BDC Place Director of Finance (w.e.f. 1 May 2023)	Nil
Kelly Barker	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Bob Champion	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

**Board of Directors Meeting in Public
On Thursday 9 November 2023 at 9:00am
Hybrid meeting held on Microsoft Teams and
in person at New Mill, Saltaire**

Present in person:	<p>Dr Linda Patterson OBE FRCP Chair of the Trust (Chair of the Board)</p> <p>Therese Patten Chief Executive Officer</p> <p>Kelly Barker Chief Operating Officer</p> <p>Bob Champion Chief People Officer</p> <p>Phil Hubbard Director of Nursing, Professions & Care Standards and Deputy Chief Executive</p> <p>Dr David Sims Medical Director</p> <p>Mike Woodhead Chief Finance Officer</p>
Present via Teams:	<p>Maz Ahmed Non-Executive Director (<i>for items 10 – 28</i>)</p> <p>Simon Lewis Non-Executive Director, Senior Independent Director, and Deputy Chair</p> <p>Alyson McGregor MBE Non-Executive Director</p> <p>Chris Malish Non-Executive Director (<i>for item 1 – 23</i>)</p> <p>Sally Napper Non-Executive Director</p> <p>Mark Rawcliffe Non-Executive Director</p>
In Attendance:	<p>ER Member of staff (<i>for agenda item 3</i>)</p> <p>Dr Bev Fearnley Deputy Director of Patient Safety, Compliance and Risk</p> <p>Kirsten McEwan Patient Experience and Communications Officer (<i>for agenda item 3</i>)</p> <p>Fran Stead Trust Secretary</p> <p>Rachel Trawally Corporate Governance Manager and Deputy Trust Secretary (Secretariat)</p>

MINUTES

Item	Discussion	Action
84	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair, Dr Linda Patterson OBE FRCP, opened the hybrid meeting via Microsoft Teams at 9.00am. Apologies for absence had been received from Iain Macbeath, Director of Integration and Tim Rycroft, Chief</p>	

Item	Discussion	Action
	<p>Information Officer. It was noted that Mark Rawcliffe, Non-Executive Director needed to leave the meeting briefly from 9.30-9.45am.</p> <p>The Board of Directors was quorate.</p>	
85	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of interest were made.</p>	
86	<p>Learning from Your Experience – Reciprocal Mentoring (agenda item 3)</p> <p>The Director of Nursing, Professions and Care Standards introduced ER, a member of staff that had recently completed the Reciprocal Mentoring Programme attending to provide feedback on her experience.</p> <p>ER, who worked in the Early Interventions and Psychosis team shared her experience on the programme which was a six-month programme where members were paired with an individual from another team based on their goals. The programme was open to BAME background staff on bands 5 and 6. ER explained the programme changed her perspective of mentoring, providing the opportunity to contribute in the partnership whilst learning from others. She had the opportunity to take part in meetings and attended a management meeting which changed her perspective and understanding that experience and skills were not always about academic qualifications but transferable skills that could be used in the job.</p> <p>ER was asked if she would recommend the programme to other members of staff and for her feedback on suggested improvements. She confirmed she would recommend the programme and explained that the programme had given her the interest to carry out further development opportunities. ER noted a band 4 staff member had been given the opportunity to partake in the programme and encouraged this opportunity to be opened up to all band 4 staff going forward.</p> <p>The Chief People Officer asked whether she had encountered any challenges on the programme. ER explained there had been times when diary changes and work caseloads had impacted on meetings and action plans.</p> <p>Alyson McGregor, Non-Executive Director questioned how the programme was being embedded and at what scale it was being delivered. Mr Champion confirmed they were aiming to run two or three cohorts per year, and they were starting the third cohort, working with the equality, diversity and inclusion (EDI) team to extend the principles to other protected characteristics and participating in a West Yorkshire Scheme with learning difficulties.</p>	

Item	Discussion	Action
	<p>Maz Ahmed, Non-Executive Director noted the challenge for the Trust to how this translates into tangible improvements of representation of diverse backgrounds at senior level. The Chief Executive Officer noted work was being undertaken and the importance of continuing development work in this area. Mr Champion confirmed that over 50% of participants of the first two cohorts had moved to higher level positions within the organisation and some had left to work elsewhere.</p> <p>The Chief Operating Officer noted the importance of staff having protected time and how this could be taken forward.</p> <p>The Board thanked ER for providing insightful feedback.</p>	
87	<p>Questions Received (agenda item 4)</p> <p>No questions for the Board had been received.</p>	
88	<p>Minutes of the previous public Board meeting held on 14 September 2023 (agenda item 5)</p> <p>The minutes of the public Board of Directors' meeting held on 14 September 2023 were agreed as a true and accurate record.</p>	
89	<p>Matters Arising (agenda item 6)</p> <p>There were no matters arising.</p>	
90	<p>Action Log (agenda item 7)</p> <p>The Board:</p> <ul style="list-style-type: none"> • 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. <p>Simon Lewis, Non-Executive Director noted he had an additional role to be added to the declarations of interest register. This would be taken forward by the Corporate Governance team.</p>	RT
91	<p>Chair's Report (agenda item 8)</p> <p>Dr Patterson presented the Chair's Report which covered a variety of topics and highlighted her continued work meeting with partners in Local Authorities and Partnership Boards, and encouraged members to review the links presented on the partnership work being undertaken.</p>	

Item	Discussion	Action
	<p>Dr Patterson drew attention to the collaboration with Gatenby Sanderson's Insight Programme, noting the appointment of the participant Peri Thomas joining the Trust for a six-month period to give prospective Non-Executive Directors from under-represented groups experience of how Boards and the sector operate.</p> <p>Dr Patterson advised that the Council of Governors recruitment campaign was underway for the appointment of a Clinical Associate Non-Executive Director with an assessment day arranged for 30 November. The outcome would be ratified by the Private Council of Governors on 7 December 2023.</p> <p>Dr Patterson advised that regular Go See visits were being undertaken, providing the opportunity for senior leaders to learn more about the services and support improvement opportunities.</p> <p>Mr Lewis asked whether feedback had been requested from attendees of the Annual Member's Meeting and the Trust Secretary confirmed feedback was currently being gathered and analysis would be undertaken to be fed into the plans for the next event in 2024.</p> <p>The Board noted the continuing engagement that had taken place with external partners, internally at the Trust, and with the Council of Governors.</p>	
<p>92</p>	<p>Chief Executive's Report (agenda item 9)</p> <p>Ms Patten highlighted the successful inaugural Celebrate as One Partnership Awards event held on 19 October 2023. Explaining that over 250 nominations had been received, with 17 winners from the Trust within a variety of teams. The event was well attended and provided a sense of togetherness. Thanks was noted to the Communications team for their work.</p> <p>Ms Patten then invited Mrs Hubbard to provide an update on the roll out of the Covid vaccination programme, running across the district. It was explained that the free vaccinations were only available to the vulnerable population and young children at this time, however the Flu vaccination was available to all children up to the age of 11. Uptake had been poor in the area due to vaccine hesitancy as also experienced throughout Covid, and the School Nursing and Immunisation teams were promoting the vaccination programme. A mixed picture was presented by staff having the vaccinations, with the Flu vaccination being better received than the Covid vaccination.</p> <p>Ms Patten then invited the Chief People Officer to provide an update on recruitment. Mr Champion explained that the new staff induction programme, launched in April 2023 had been introduced, providing a</p>	

Item	Discussion	Action
	<p>welcoming informative interactive way of bringing new staff members together during the first month of their employment. Tracking had identified that labour turnover trends were declining, however it was too early to determine the source, but noted that research suggested that effective onboard processes were found to lead to retaining staff and staff feeling valued. The Chair encouraged colleagues to participate.</p> <p>Mr Champion provided an update following the EDI Improvement Plan published by NHS England in June 2023. Ms Patten confirmed that all Executives already had EDI objectives within their appraisal's, and it was proposed that each Board member had specific EDI objectives that they would be assessed against as part of their annual appraisal process in place by March 2024.</p> <p>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.</p> <p>The Chair explained that NHS Confederation had responded to the letter from the Secretary of State to the Integrated Care Boards (ICBs) around EDI focused roles and the importance of them being in place. An open letter from ICB from EDI leads re-iterated the value for people of having specific EDI programmes and staff working in that area. Ms Patten noted at the West Yorkshire Senior Executive meeting they had reiterated the importance placed on EDI specialists.</p> <p>The Board noted the Chief Executive's report.</p>	<p>FS</p>
<p>93</p>	<p>Strategic Risk Report and Integrated Strategic Assurance and performance report (agenda items 10.1 and 10.2)</p> <p>The Trust Secretary provided an overview of the new reporting arrangements, explaining it was an iterative process and that feedback from implementation would be captured and addressed for the next cycle of meetings.</p> <p>The Strategic Risk Report and Integrated Strategic Assurance and Performance Report were presented together. The Strategic Risk Report highlighted the strategic risks within each of the AAA+D report from each Committee and the Strategic Assurance and Performance Report provided the assurance level of mitigations in place as agreed at each Committee.</p> <p>Mrs Stead confirmed that in partnership with the Care Trust Way colleagues for quarter 4, an effectiveness review of committees would be undertaken and changes would be implemented for the next cycle of committees. Supplemented by a review of the workplans and presented to the Board meeting.</p>	

Item	Discussion	Action
	<p>Mrs Barker noted work would be carried out on how to visually present the data in a better way, and highlighted the change in reporting was bringing about purposeful conversations and supportive challenge.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • 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. 	
<p>94</p>	<p>Board Assurance Framework (BAF) close down report (agenda item 10.3)</p> <p>Dr Fearnley presented the BAF close down report that provided assurance that the Committees had closed down any outstanding actions from the old BAF or that they had been moved across under the new arrangements and how they would be overseen and mapped across to the new themes and objectives in the 2023-25 Strategic priorities.</p> <p>The Chair highlighted the importance of how the information was being presented and how useful it was and what it was telling us. Noting that some themes had significant assurance whilst others required further action. This was helpful in identifying what needed to be addressed or looked into further.</p> <p>Feedback was provided my Board members on the change to reporting, reflecting that it was a positive step change in relation to data aggregation, traceability to strategy and the accountability framework. Provided focus on the right areas and confirmed if they had assurance or not. Enabling the Committees to focus in and provide helpful constructive challenge and to instigate purposeful conversations regarding issues through the deep dives where assurance had not been identified. It was suggested that it may be helpful to start and end the committee with the report going forward.</p> <p>Ms McGregor confirmed it was a helpful reflection on issues that were reoccurring for QSC. However, a common issue highlighted was the lack of workforce capacity, and the impact of this on not being the 'best place to work' if staff were overstretched. Ms McGregor questioned how this would all pull together. It was explained as the new method progressed and moved to the new committee cycle this would provide alignment of Committees enabling them to review the same data sets, and enable the time to carry out the deep dives in response to escalations.</p>	

Item	Discussion	Action
	<p>Dr Fearnley questioned whether it would be good to share the triangulated report across Committees, and explained that a template for the deep dive framework had been developed and was being trialled at QSC. The template identified a 10 point deep dive, and would ensure the deep dives were being carried out consistently.</p> <p>The Chair noted vast improvement over the last 12 months in the information being presented to the Board and their increased awareness of the risks and what the Trust was doing to address actions and mitigate risks follow changes to reporting and it was hoped the impact of the changes would be seen in the metric going forward.</p> <p>The Board of Directors was assured that no actions had been lost and sufficient oversight and scrutiny was in place to allow safe transition to the new BAF approach.</p>	
95	<p>Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held on 28 September 2023 (agenda item 11)</p> <p>Mr Lewis presented the report to the Committee and highlighted the content of the report.</p> <p>Mrs Barker provided an update on the use of safety pods across the wards, and explained that the Positive and Proactive Group were leading on the work, and an update would be brought to the next Mental Health Legislation Committee. Mrs Barker also explained that the hearing room suitability was being picked up by the Ligature Environment Responses Group and would be brought to the next Mental Health Legislation Committee.</p> <p>The Board noted the contents of the AAA+D Report from the Mental Health Legislation Committee.</p>	
96	<p>Alert, Advise, Assure and Decision Report: Quality and Safety Committee held on 19 September and 19 October 2023 (agenda item 12)</p> <p>Mrs McGregor presented the report to the Committee and highlighted the content of the report.</p> <p>Mrs Hubbard updated the Board that the risk remained high related to the delayed PIN allocation and explained that they had challenged the University regarding their processes and conveyed the impact on Services. The number of students affected by the resits had reduced from initial estimation of 15 to 9 students. Liaison had been undertaken with the University and dates to re-sit the examinations were being arranged.</p>	

Item	Discussion	Action
	<p>Mrs Hubbard also explained the impact on waiting lists for Dental Services of the reliance on acute partners to provide anaesthetists, and the requirement for paediatricians to undertake the Initial Health Assessments. Noting they continued to raise their concerns and review how these could be done differently.</p> <p>The Board noted the contents of the AAA+D Report from the Quality and Safety Committee.</p>	
<p>97</p>	<p>Winter Planning including system preparation (agenda item 13)</p> <p>Mrs Barker presented the final version of the Winter Plan for 2023/24, which had been updated to include assurance and alignment to the financial plan, with assumptions factored in and how the Trust would use organisational escalation processes to create a resilience structure to respond in an agile manner to pressures in the service and West Yorkshire System. Mrs Barker explained that the Bradford Place winter plan was due to be signed off shortly, as part of the submission to the Integrated Care Board.</p> <p>Mrs Hubbard noted the impact on services of escalation levels within an acute environment, with community services taking the brunt of demand of acute discharges. They were now recording activity by planned and unplanned activity from other services to monitor the demand on services.</p> <p>The Chair questioned whether Covid outbreaks were causing additional challenges during the winter period on the workforce, and Mrs Barker confirmed Covid would play a part, but data assumptions from the last two years had been taken into consideration when producing the plans.</p> <p>Mr Rawcliffe asked whether winter planning had been reflected in the current financial plans, and Mr Woodhead confirmed it had had been factored into the financial plans at the start of the year when they were allocated money within the baseline, however it was uncertain if enough had been built in. Other risks included what Councils may have to do to address their financial pressures and the impact on the Trust whilst trying to support them and whilst working across the system to address these risks. It was raised whether they had considered the internal impact of this additional support on the workforce, such as time to carry out mandatory training and appraisals.</p> <p>Mr Malish questioned whether the finances were used as a limiting factor when considering what services could be provided. Mrs Barker explained they had considered the costs of seasonal pressures and acknowledged the budget would not cover all costs. It was highlighted that the Trust was providing more support to children’s services than commissioned, and</p>	

Item	Discussion	Action
	<p>noted the additional impact and subsequent risk on services given local authority financial pressures.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • noted the system wide approach to winter planning; • acknowledged the challenges and associated responses to winter pressures; • approved and finalise the Winter Plan as detailed in the report; • would receive further updates as system wide winter planning progressed. 	
<p>98</p>	<p>Patient Safety Incident Response Framework (agenda item 14)</p> <p>Dr Fearnley presented the final Patient Safety Incident Response plan for approval by the Board, and explained how the Trust would deal with patient safety incidents was moving from full investigation for all incidents to looking at them in a different way. These were previously reviewed by Clinical Commissioning Group/ICB's. Governance arrangements had been changed and the plan set out how they would respond to specific types of incidents, based on previous data to identify the highest expected risks and opportunities for learning. The plan would be phased in over time, with training being undertaken and embedding the new techniques.</p> <p>It was questioned how they would be assured and not just managing their own homework and Mrs Hubbard confirmed there would still be transparency and oversight with involvement from across the West Yorkshire System to provide challenge, and a panel in Place to discuss learning and any concerns flagged.</p> <p>The importance of managing expectations and the impact on families was discussed and it was confirmed that the ambition was still to include families but not carry out investigations in the traditional sense. Mrs Hubbard stated they would undertake local review to look at key themes and trends to identify deep dive issues.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • approved the content of the Patient Safety Incident Response Plan (PSIRP). • noted the progress made to prepare for the implementation of PSIRF. • noted the slight change to timeframes for next steps. 	
<p>99</p>	<p>Alert, Advise, Assure and Decision Report: People and Culture Committee held on 26 October 2023 (agenda item 15)</p> <p>Mr Rawcliffe presented the report to the Committee and highlighted the content of the report.</p>	

Item	Discussion	Action
	<p>The Board noted the contents of the AAA+D Report from the People and Culture Committee.</p>	
<p>100</p>	<p>Staff Survey Update (agenda item 16)</p> <p>Mr Champion provided an update on the staff survey, and confirmed the current response rate of 45%, which was above the average for the sector and slightly higher than last year's completion rate. Response rates were being monitored by care group and service area on a weekly basis, particularly targeting areas with lower response rates, to encourage completion.</p> <p>Mr Champion explained that a dedicated survey had been used for bank workers for the first time, which had achieved an 18% response rate. It was noted that some areas were underrepresented given not all staff had access to staff email accounts.</p> <p>The Board noted the update.</p>	
<p>101</p>	<p>Finance Report (agenda item 17)</p> <p>Mr Woodhead provided an update on the financial performance explaining that the Trust finances were in a similar position to previously reported, with a slight increase in slippage on efficiencies, and that saving schemes had grown marginally. Forecasting around £6.5M behind regarding delivery of savings, which would require use of the contingency built into the budget and use of the Mental Health Investment Standard funding. Noting it was still assumed that out of area placements would improve in quarter 4, if this was not achieved this would hit the bottom line by a further £3-4M and result in pushing our underlying recurrent deficit up by the same amount. It was explained that the ICS had forecast a £25M deficit, however they were already behind target at month six. This would result in further scrutiny on individual agency spend.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • noted the year to date forecast financial position and risks for the Trust and the ICB; and • highlighted further assurances required. 	
<p>102</p>	<p>Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on 26 October 2023 (agenda item 18)</p> <p>Mr Ahmed presented the report to the Committee and highlighted the content of the report.</p>	

Item	Discussion	Action
	<p>The Board noted the contents of the AAA+D Report from the Finance and Performance Committee.</p>	
<p>103</p>	<p>NHS England Improvement Quarterly Submissions (agenda item 18.1)</p> <p>The Board retrospectively approved the quarterly submission made to NHS England on 16 October 2023.</p>	
<p>104</p>	<p>Alert, Advise, Assure and Decision Report: Charitable Funds Committee held on 19 October 2023 (agenda item 19)</p> <p>Mr Rawcliffe presented the report to the Committee and highlighted the content of the report.</p> <p>The Chair noted congratulations to the success and acknowledged thanks to Helen Verity for her work for the Charity.</p> <p>It was agreed to circulate the Charity Ball video to Board members.</p> <p>The Board noted the contents of the AAA+D Report from the Charitable Funds Committee.</p>	<p>MW</p> <p>FS</p>
<p>105</p>	<p>Freedom to Speak Up Guardian Thematic Report (agenda item 20)</p> <p>The Freedom to Speak Up Guardian presented the report and was thanked for his work during his temporary post.</p> <p>Mr Cohen drew the Boards attention to the activity undertaken in quarter one and two of 2023/24:</p> <ul style="list-style-type: none"> • The main themes spoken up about were around the breakdown in relationships in teams, bullying culture, unfair recruitment, availability of psychological support and an increase in the number of anonymous concerns raised. • Feedback received generally was positive. • Simple approaches had been used which were often sufficient to improve and restore relationships. • The self- assessment would be undertaken next month. <p>Mr Cohen noted thanks to Emma Greenwood, Deputy Guardian, for her support during his temporary post.</p> <p>The Chair noted that following the Lucy Letby conviction at the last meeting the Board had agreed to review its own processes, being responsive and building on the culture to speak up. Dr Fearnley commented on similar themes to those presented in the report being picked up through Quality Assurance (QA) visits and noted workshops were being undertaken next week reviewing the QA framework. Stating that issues were often being</p>	

Item	Discussion	Action
	<p>picked up through the well led work before reaching the guardian and noted thanks for the support of Mr Lewis as the NED Freedom to Speak Up Lead.</p> <p>Mr Lewis queried the figure within the report that stated 6% would speak up again, and it was explained that this was slightly distorted as it meant that 6% had confirmed they would, but the other 94% had not formally fed back either way.</p> <p>The rise in colleagues speaking up in relation to bullying and harassment was noted and suggested monitoring this area. It was clarified that the team worked closely with the Safeguarding team on any relevant matters.</p> <p>The Board noted the report.</p>	
106	<p>Alert, Advise, Assure and Decision Report: Audit Committee held on 26 October 2023 (agenda item 21)</p> <p>Mr Malish presented the report to the Committee and highlighted the content of the report.</p> <p>Mrs Hubbard provided an update on the recruitment explaining that an appointment had been made and a short gap between would be mitigated accordingly.</p> <p>The Board noted the contents of the AAA+D Report from the Audit Committee.</p>	
107	<p>Scheme of Delegation and Standing Financial Instructions Ratification (agenda item 21.1)</p> <p>The Board of Directors reviewed the recommendation by the Audit Committee held on the 26 October 2023 and approved the amendments proposed to the Standing Financial Instructions and Scheme of Delegation, to reflect changes presented within the paper.</p>	
108	<p>Care Quality Commission Update and Developments (agenda item 22)</p> <p>Mrs Hubbard provided a verbal update, noting that a Relationship Manager had been appointed to support the Trust, and would be meeting with Mrs Hubbard and Dr Fearnley which would provide the opportunity to discuss any concerns and raise any issues with them. It was explained the last engagement was in June 2022, which raised concerns on how sighted they were on the Trust.</p>	
109	<p>Board of Directors Public Meeting Work Plan (agenda item 23)</p>	

Item	Discussion	Action
	<p>The Board noted the content of the Public Board Work Plan for 2023/24.</p>	
<p>110</p>	<p>Any Other Business (agenda item 24)</p> <p>No other business was raised.</p>	
<p>111</p>	<p>Comments from Public Observers (agenda item 25)</p> <p>No comments were made.</p>	
<p>112</p>	<p>Meeting Evaluation (agenda item 26)</p> <p>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.</p> <p>The meeting was closed at 12.05pm.</p>	

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
1. 13/07/23	<p><u>Chief Executive's Report</u></p> <p>The Head of Psychological Therapies to provide a progress update on the Trauma Informed Care Programme in six months' time.</p>	Anita Brewin	December 2023-January 2023	<p>Complete: The Board is asked to consider this action closed.</p> <p>On the Public Board agenda for 11 January 2024</p>
4. 14/09/2023	<p><u>Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held on 27 July 2023</u></p> <p>Corporate Governance to share the recording of the Mental Health Legislation Committee – 27 July 2023 with Board Members.</p>	Corporate Governance	November 2023	<p>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.</p> <p>Ongoing: Issue sharing the recording – currently with IT to address.</p>
11. 09/11/2023	<p><u>Action log</u></p> <p>Simon Lewis additional role to be added to Declaration of Interest register.</p>	Corporate Governance	December 2023	<p>Complete: The Board is asked to consider this action closed.</p>

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
12. 09/11/2023	<u>Chief Executives Report</u> 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.	<p>Fran Stead</p>	<p>January 2024</p>	<p>Complete: The Board is asked to consider this action closed.</p>
13. 09/11/2023	<u>Alert, Advise, Assure and Decision Report: Charitable Funds Committee held on 19 October 2023</u> The Chair noted congratulations to the success and acknowledged thanks to Helen Verity for her work for the Charity.	<p>Mike Woodhead</p>	<p>December 2023</p>	<p>Complete: The Board is asked to consider this action closed.</p>
14. 09/11/2023	<u>Alert, Advise, Assure and Decision Report: Charitable Funds Committee held on 19 October 2023</u> It was agreed to circulate the Charity Ball video to Board members.	<p>Fran Stead</p>	<p>November 2023</p>	<p>Complete: The Board is asked to consider this action closed.</p>

Actions closed at the last meeting

Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
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/Bo b 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.

Board of Directors – meeting held in public

11 January 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		
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	X
	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.

Board of Directors – meeting held in public

11 January 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:

6 Nov	Strategic Staff Equality Diversity and inclusion Partnership
10 Nov	Bradford District and Craven Partnership Board
13/14/15 Nov	NHS Providers Conference
28 Nov	Chairs Roundtable with Care Quality Commission
4 Dec	Race Equality in Health Conference
5 Dec	West Yorkshire NHS Chairs Meeting
5 Dec	West Yorkshire Partnership Board Development Session
5 Dec	West Yorkshire Partnership Board Meeting
7 Dec	Go See Visit – Immunisation and Vaccines team
7 Dec	Council of Governors
12 Dec	NHS Providers Network Chairs and Chief Executives Network Meeting
14 Dec	Bradford District and Craven Health and Care Partnership Christmas Carol Service
15 Dec	Bradford District and Craven Partnership Board – Development Session
15 Dec	Visit to Lynfield Mount Hospital with Sir Julian Hartley (NHS Providers)
19 Dec	Trust Welcome Day
20 Dec	Monthly Catch-up meeting with Cllr Susan Hinchcliffe

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

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

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

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

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

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

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.

People

Associate Non-Executive Director

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

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.

Governance and well led

Effectiveness reviews

The Board is asked to note that a series of effectiveness reviews will commence over the coming months, starting with the Board Committee meetings. This is in line with year-end close down work, good governance practices, and requirements of the NHS Code of Governance. The reviews will give meeting attendees and members the opportunity to reflect on past practice and performance over the last year, and consider any changes that should be enacted the following year. This work is aligned to the production of the Committee's Annual Report, review of the Terms of Reference, and agreeing the next year's work plans. In support of continuous improvement, this year the Committee effectiveness reviews will be supported by the Care Trust Way methodology.

Forward planning and Board development

As we complete our effectiveness reviews and continuous improvement development plans, work will take place to finalise the next year's work plans for our formal business. This includes the Board and Committees, and the Council of Governors, each group will receive a suggested work plan to consider and formally approve. To support this work, analysis of the annual work plans from 2019 to 2023 has taken place to understand any changes made to business over that period. As a Board we will continue with our ongoing Board development sessions, with a continued focus on the Trust-wide governance improvements that continue to take place and become embedded.

Well Led Quality Assurance Framework

Work has taken place over the last 3-months facilitated by the Corporate Governance team to support the new annual internal audit looking at the Trust's Well Led arrangements. Findings from this review will be presented to the Audit Committee soon, with a Board discussion scheduled to support learning lessons from the review aligned to forward planning and development plans. The review covered 8 key lines of enquiry (aligned to the CQC's framework):

- Shared Direction and Culture
- Capable, Compassionate and inclusive leaders
- Freedom to Speak Up

- Workforce Equality, Diversity, and Inclusion
- Governance, management, and sustainability
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability

Thank you to all colleagues involved with providing evidence to support the review.

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

The Board is asked to note that over the coming months work will take place for individual Board members to spend time reflecting with their line manager on the past year as part of the appraisal discussion, this will include reviewing their objectives from the last year and agreeing the next year's objectives and personal development plan. As appropriate, the Senior Independent Director, and Lead Governor will be involved with the Chair of the Trust's appraisal and objective setting discussion. As required, we continue to work to the national NHS England appraisal framework for Chair's and NEDs. Further information on this annual process will be presented to the Board, and Council of Governors as appropriate. A new addition to this work is to demonstrate compliance with the NHS England Fit and Proper Person Requirements that came into force nationally 30 September 2023, which the Company Secretary is leading on implementing with our Trust.

Dr Linda Patterson OBE FRCP
Chair of the Trust
December 2023

Board of Directors – Meeting held in Public

11 January 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:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	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.

Board of Directors – Meeting held in Public 11 January 2024

Chief Executive’s Report

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.

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

Freedom to Speak Up

A Board Development Session was held on the 14th December to provide an update to Board members on Freedom to Speak Up (FTSU) and discuss key aspects of the National Guardian’s Office/NHS England reflection and planning tool. This improvement tool has been designed to help identify strengths in the work of the Guardian, the leadership team and the organisation – and any gaps that need work. It should be used alongside Freedom to speak up: [A guide for leaders in the NHS and organisations delivering NHS services](#), which provides full information about the areas addressed in the statements, as well as recommendations for further reading. It is suggested that completing this improvement tool can demonstrate the progress made in developing a Trust’s Freedom to Speak Up arrangements.

The development session was discursive with board members asked to rate their knowledge of and engagement with FTSU using Mentimeter before and after the session. The main principles discussed were:

- Role-model speaking up and set a healthy Freedom to Speak up culture - role-modelling by leaders is essential to set the cultural tone of the organisation
- Continually improve our speaking up culture - building a speaking-up culture requires continuous improvement
- Make sure workers know how to speak up and feel safe and encouraged to do so - regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality
- When someone speaks up, thank them, listen and follow up - speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved

- Identify and tackle barriers to speaking up - however strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether organisation-wide or in small pockets. Finding and addressing these is an ongoing process

Board members worked in small breakout groups to consider whether the Trust is meeting the criteria identified within the tool and to identify high level actions for any areas requiring improvement. The FTSU Guardian then worked with the FTSU Exec Lead (Director of Nursing Professions and Care Standards), FTSU Non-Exec Lead and Chief People Officer to complete other elements of the tool outside of the session. Many of the actions identified are already underway, and any new points have been added to the team's ongoing two action plan. The Trust will be required to undertake this exercise again within two years.

3 Supporting our People

Equality, Diversity and Inclusion (EDI)

Following informal discussion at a previous Board meeting about the impact of the former Secretary of State for Health and Social Care Steve Barclay's letter to ICB Chairs in October 2023, it was felt that Board members would benefit from further clarification of our Trust position. The letter expressly requested ICBs to propose to organisations in their portfolios to cease recruitment to EDI lead positions and refrain from subscribing to external bodies in relation to accreditation or support with EDI matters. There was considerable push back to the letter from NHSE, the NHS Confederation and NHS Providers, all of whom found the request at odds with the NHSE requirement to demonstrate delivering against the exacting specifications of an EDI Improvement Plan.

This Trust has invested modestly in resourcing an in-house EDI function, which during the latter part of 2023 saw a restructuring of the team and the introduction of two new colleagues, as well as some very different and improved ways of working. Under the exceptional leadership of Lisa Wright, Head of Equality, Diversity and Inclusion, two new roles – Project Officer Bronte Dines-Allen and Team Administrator Sarah Aherne have been established and the small but effective team has got up to speed in delivering a comprehensive range of services, functions and resources in respect of our statutory and regulatory duties as an employer and a service provider. Our compliance with regulatory schemes is well documented, and our information provision and reporting is timely and accurate.

Key objectives for the EDI Team, in addition to ensuring that we fulfil all of our statutory duties, are to support the delivery of our Trust Belonging and Inclusion Plan and where relevant the delivery of best quality services underpinned by our efforts to be the best place to work. Compliance statements include progress with such NHS schemes as EDS22, WRES and WDES, the monitoring of our work on the EDI Improvement Plan and other requirements such as Gender Pay Gap reporting. The team also support the effective functioning of our three staff networks.

Most recently, the EDI team has established an interactive and dynamic EDI calendar on the Trust Intranet Connect, to raise awareness of celebratory and commemorative dates and to promote understanding of diverse cultural activities and characteristics protected under the

Equality Act 2010. Other recent activities include the publication of a Place-based Inclusive Language Guide and a monthly EDI Newsletter, which sets out what the team is doing and why, as well as a host of other relevant information on training and other resources.

Critical areas of current focus for the team are to improve the employment experience of our ethnically diverse colleagues, where there are instances of racist behaviour, and improving our approach to supporting colleagues with disabilities and long-term conditions, to remain not only in work, but also to be productive and to enjoy equitable opportunity for professional and career development.

In summary, the role and outputs of our EDI Team are critical in ensuring we are compliant with relevant legislation and to support us in providing a work and care environment that is free from prejudice and discriminatory practices. The EDI Team are not only a vital and fully integrated component of the People Matters Directorate but have a very good standing within this organisation as well as in Place and System. The team will therefore continue to be subject to appropriate investment and support from the organisation.

NHS England Equality, Diversity and Inclusion (EDI) Improvement Plan Update

The NHS England EDI Improvement Plan was launched in June 2023. The six high impact actions cover Board member leadership, recruitment and talent management, culture with a specific focus on reducing bullying, workforce health inequalities, elimination of pay gaps and support for internationally recruited staff. These actions have been aligned and embedded with the Trusts NHS Workforce Equality Standard action plans, and the plan was included within our 2023 Public Sector Equality Duty Report as a key strategic driver for 2023 – 2024.

In December all Trusts received a letter from NHS England NHS Equality, Diversity and Inclusion Improvement Plan actions (Appendix 1) which is a reminder of what needs to be delivered by March 2024. The Trust has recently self-assessed its compliance with the requirements for implementation with the result being that we are green for three of the actions and amber for three.

Plans are in place to meet all the March requirements over the next three months. Key work priorities include:

- Setting targets for reduction in bullying, harassment, discrimination and violence
- Rolling out the cultural humility programme
- Supporting inclusion in talent management and recruitment

Further updates will be shared at the Strategic Staff EDI Partnership and the People and Culture Committee as part of the Belonging and Inclusion updates.

4 Regulatory Matters and Visits

Mental Health Act visits

During the reporting period there were two Mental Health Act (MHA) visits undertaken by the Care Quality Commission (CQC) as follows:

- Oakburn: outcome received, and response sent to CQC 22 December 2023
- Moorlands View (Baildon): outcome received, and response being drafted by service leadership team (due 16 January 2024)

Notifiable Issues

During the reporting period we have had the following externally notified issues:

	Number	Detail
CQC reportable	2 AWOL	1 failed to return from authorised leave (Ilkley) 1 broke conditions of overnight leave (Thornton)
	3 YP Admissions	Oakburn

Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported and three new Patient Safety Incidents as follows:

- November - 2 suspected suicide and suspected attempted suicide
- December - 1 suspected suicide

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

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 engagement and enquiry activity is being prepared for the January 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.

Inquests

Twelve inquests were concluded during this period in which BDCFT provided some level of evidence to the Coroner. Of those, BDCFT staff were called by the Coroner to give oral evidence in three, and written statements were provided in all cases. 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:

- 4 drug related (1 in context of MH crisis)
- 4 suicide
- 2 accidental
- 1 alcohol related
- 1 narrative

- To:
- Regional directors
 - Regional directors of workforce and organisational development
- cc.
- ICB and trust:
 - chief executives
 - chairs
 - chief people officers

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

8 December 2023

Dear colleague

NHS Equality, Diversity and Inclusion Improvement Plan actions

Five months after we published the [NHS Equality, Diversity and Inclusion \(EDI\) Improvement Plan](#), which was positively received across the NHS, I thought I would get in touch about next steps.

To support you to deliver the plan, version two of the dashboard has been launched [on the Model Health System](#). It includes the latest WRES/WDES metrics as well as EDI related data from the National Education and Training Survey. Staff survey data on the wellbeing of internationally recruited staff is also expected in the coming weeks.

In my discussions with providers and regional teams it is encouraging that a lot of work is going on to implement the plan. As part of those discussions, I agreed to send a reminder about what we said we would deliver by March 2024.

High impact action one

- Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) to be assessed during their annual appraisal.
- NHS boards must review relevant data to establish areas of concern and prioritise action, with progress monitored via the Board Assurance Framework.

High impact action three

- Implement the [Mend the Gap review](#) recommendations for medical staff and develop a plan to apply those recommendations to other senior colleagues.

- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan for sex and race.
- Implement a flexible working policy including advertising options in recruitment campaigns.

High impact action five

- Ensure international recruits receive clear communication, guidance and support on conditions of employment, including immigration policy, conditions for accompanying family members, financial commitment, and future career options before they join.
- Create comprehensive onboarding programmes for international recruits, drawing on best practice.
- Give international recruits access to the same training, development and career progression opportunities as the wider workforce.

High impact action six

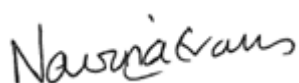
- Review data by protected characteristic on bullying, harassment, discrimination and violence, with reduction targets set and plans to improve staff experience in place.
- Review disciplinary and employee relations processes. Where the data shows inconsistency around protected characteristics immediate steps must be taken to improve this.

The EDI Improvement Plan is about improving the experience of our people, benefiting retention and attracting new talent to help deliver the [NHS Long Term Workforce Plan](#).

I look forward to continuing our work together and hearing about progress on this important agenda.

Please let me know if you think there is more we could be doing to help, or if you have any great ideas we can share.

Yours sincerely



Dr Navina Evans CBE

Chief Workforce, Training and Education Officer
NHS England

Board of Directors – Meeting Held in Public

11 January 2024

Paper title:	Board Integrated Performance Report – Nov/Oct 2023 Data	Agenda Item 10
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:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	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 safely and with good governance.

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

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

The 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 – **Significant**
- Theme 2 – Belonging to our Organisation - Confirmed assurance level by delegated Committee – **Significant**
- 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 – **Significant**

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?

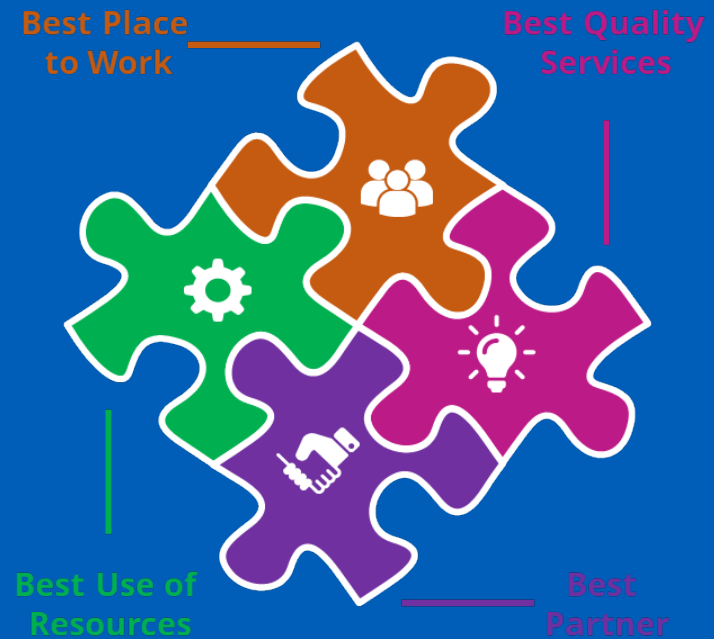
- Yes** (please set out in your paper what action has been taken to address this)
- No**

Recommendation(s)
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> 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)	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> 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 <u>ALL</u> that apply	<table> <tr> <td><input checked="" type="checkbox"/> Safe</td> <td><input checked="" type="checkbox"/> Caring</td> </tr> <tr> <td><input checked="" type="checkbox"/> Effective</td> <td><input checked="" type="checkbox"/> Well-Led</td> </tr> <tr> <td><input checked="" type="checkbox"/> Responsive</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Well-Led	<input checked="" type="checkbox"/> Responsive	
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Caring						
<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Well-Led						
<input checked="" type="checkbox"/> Responsive							
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> The NHS oversight framework describes how NHS England’s oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. 						

Board of Directors Integrated Strategic Performance Report and Board Assurance Framework

11th January 2024



Good Governance; Accountability; Effective Oversight

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)

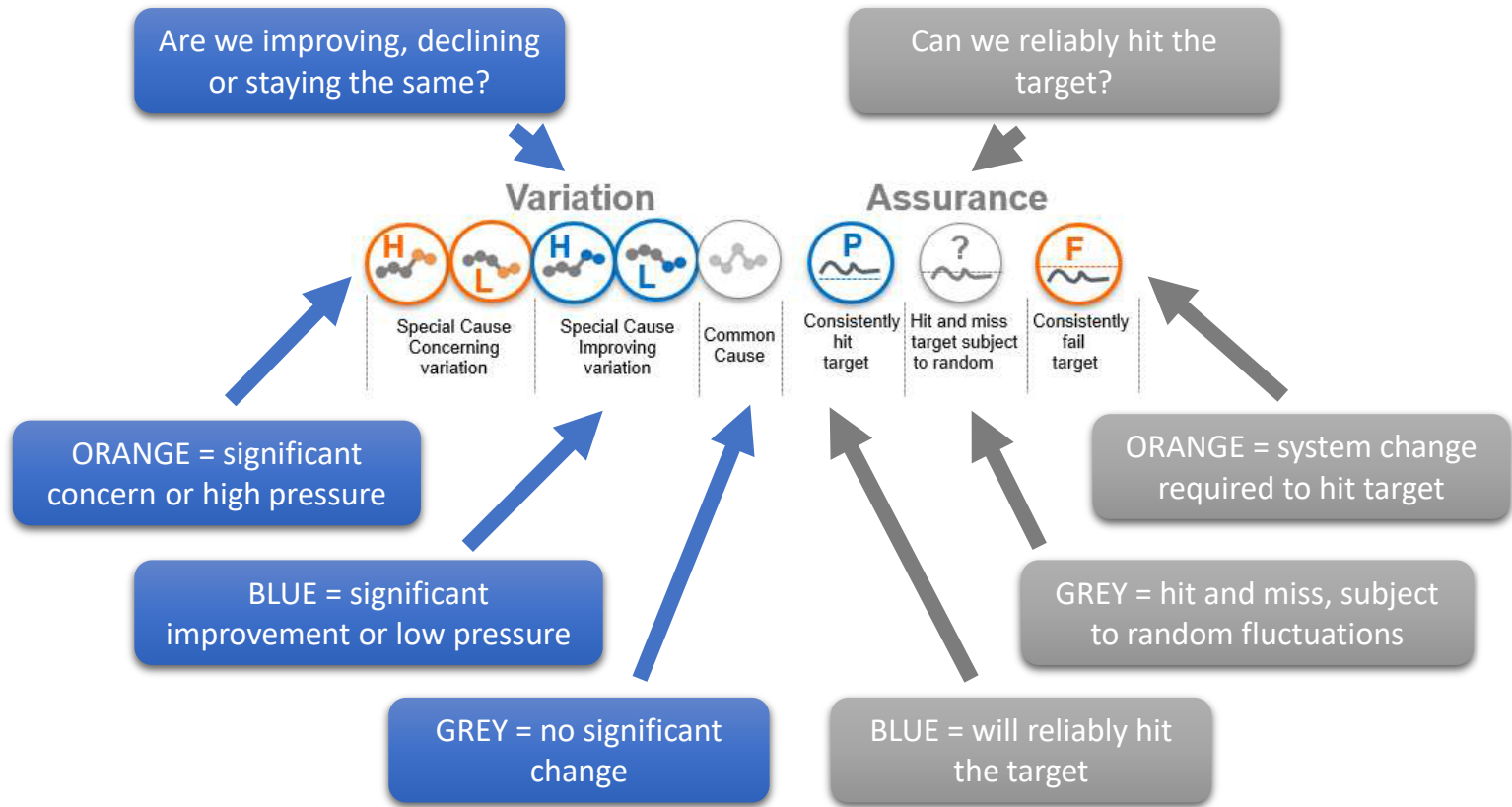
The performance overview also contains a section which uses a wide range of sources, including the performance data in this report, to describe how assured the Trust is that it is meeting the priorities and objectives described within the trust strategy, better lives, together and is operating safety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

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

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



Delegated Strategic Priorities – Assurance Level

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

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

Delegated Strategic Priorities – Assurance Level

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

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

Key Performance Indicators

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

Metric	Type	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	Nov 23	13.2%	10%	
Sickness absence related to stress / anxiety	Strategic	Nov 23	2.3%	N/a	
Sickness absence (Overall)	Supporting	Nov 23	6.9%	4.0%	

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	SPC / trend																																																						
WRES data (no areas improved out of 3)	Strategic	2022/23	3/3 improved	3/3																																																							
WDES data (no areas improved out of 2)	Strategic	2022/23	1/2 improved	2/2																																																							
Gender pay gap (no areas improved out of 2)	Strategic	2022/23	1/2 improved	2/2																																																							
Annual Appraisal Rates	Strategic	Nov 23	64.9%	80%	<table border="1"> <caption>Appraisal Rate Data</caption> <thead> <tr> <th>Month</th> <th>Appraisal Rate (%)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>87.4%</td></tr> <tr><td>Nov-23</td><td>87.4%</td></tr> <tr><td>Dec-23</td><td>87.5%</td></tr> <tr><td>Jan-23</td><td>87.2%</td></tr> <tr><td>Feb-23</td><td>87.7%</td></tr> <tr><td>Mar-23</td><td>86.7%</td></tr> <tr><td>Apr-23</td><td>86.7%</td></tr> <tr><td>May-23</td><td>87.2%</td></tr> <tr><td>Jun-23</td><td>86.9%</td></tr> <tr><td>Jul-23</td><td>86.0%</td></tr> <tr><td>Aug-23</td><td>62.5%</td></tr> <tr><td>Sep-23</td><td>58.8%</td></tr> <tr><td>Oct-23</td><td>58.8%</td></tr> <tr><td>Nov-23</td><td>58.8%</td></tr> <tr><td>Dec-23</td><td>58.8%</td></tr> <tr><td>Jan-23</td><td>58.8%</td></tr> <tr><td>Feb-23</td><td>58.8%</td></tr> <tr><td>Mar-23</td><td>61.2%</td></tr> <tr><td>Apr-23</td><td>62.0%</td></tr> <tr><td>May-23</td><td>62.0%</td></tr> <tr><td>Jun-23</td><td>62.0%</td></tr> <tr><td>Jul-23</td><td>62.0%</td></tr> <tr><td>Aug-23</td><td>62.0%</td></tr> <tr><td>Sep-23</td><td>62.0%</td></tr> <tr><td>Oct-23</td><td>62.0%</td></tr> <tr><td>Nov-23</td><td>64.9%</td></tr> </tbody> </table>	Month	Appraisal Rate (%)	Oct-23	87.4%	Nov-23	87.4%	Dec-23	87.5%	Jan-23	87.2%	Feb-23	87.7%	Mar-23	86.7%	Apr-23	86.7%	May-23	87.2%	Jun-23	86.9%	Jul-23	86.0%	Aug-23	62.5%	Sep-23	58.8%	Oct-23	58.8%	Nov-23	58.8%	Dec-23	58.8%	Jan-23	58.8%	Feb-23	58.8%	Mar-23	61.2%	Apr-23	62.0%	May-23	62.0%	Jun-23	62.0%	Jul-23	62.0%	Aug-23	62.0%	Sep-23	62.0%	Oct-23	62.0%	Nov-23	64.9%
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Oct-23	62.0%																																																										
Nov-23	64.9%																																																										
No grievances involving discrimination	Strategic	Nov 23	0	N/a	SPC to follow in future months																																																						

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	Nov 23	92.12%	100%	Static
Vacancy rates	Strategic	Nov 23	10.2%	10%	Decrease

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

No apprenticeships	Strategic	Nov 23	113	63	Increase
No 'new' roles recruited to (inc NAs and ANPs)	Strategic	Nov 23	-9	N/a	Reduction
Bank & Agency Usage (WTE)	Strategic	Nov 23	62.87 Agency 270.28 Bank	N/a	Agency usage reduced

Strategic Priorities – Assurance Level

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

<p>Theme 1: Access & Flow – we will</p> <ul style="list-style-type: none"> • 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 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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. 	<p>Confirmed Current Assurance Level (QSC – quality perspective):</p> <p>2. Limited</p> <hr/> <p>Confirmed Current Assurance Level (Finance and & Performance perspective):</p> <p>1. Low</p>
<p>Theme 2: Learning for improvement – we will</p> <ul style="list-style-type: none"> • 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. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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 	<p>Confirmed Current Assurance Level:</p> <p>3. Significant</p>

Strategic Priorities – Assurance Level

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

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

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

We will know we have been successful when:

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

Confirmed Current Assurance Level (QSC):

2. Limited

Confirmed Current Assurance Level (MHLC – restrictive practices):

2. Limited

Key Performance Indicators

Best Quality Services: Theme 1: Access & Flow

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Number of people with inpatient length of stay <=3 days	Strategic	Nov 23	3	TBC			3	
Number of people with inpatient length of stay > 60 days	Strategic	Nov 23	11	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Nov 23	63.1%	92%			68.3%	
Inappropriate Out of area bed days	Strategic	Nov 23	352	397			N/A	<p>Reportable Out of Area Placements - Inappropriate (spot purchased only from 1/4/23)</p>

Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Charts
% of staff trained as a CTW Champion	Strategic	Oct 23	46.8%	50%	
% of staff trained as a CTW Leader	Strategic	Oct 23	21.6%	20%	
% of staff trained as a CTW Practitioner	Strategic	Oct 23	35.9%	3%	
% of staff trained as a CTW Sensei	Strategic	Oct 23	65.3%	0.5%	
No of patients offered and participating in research studies (YTD)	Strategic	Oct 23	265	589	<p>Number of Participants</p> <p>Participants in BDCPT Research Studies</p> <p>Monthly Data Yearly Data Year to Date</p>

Key Performance Indicators

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

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

Strategic Priorities – Assurance Summary

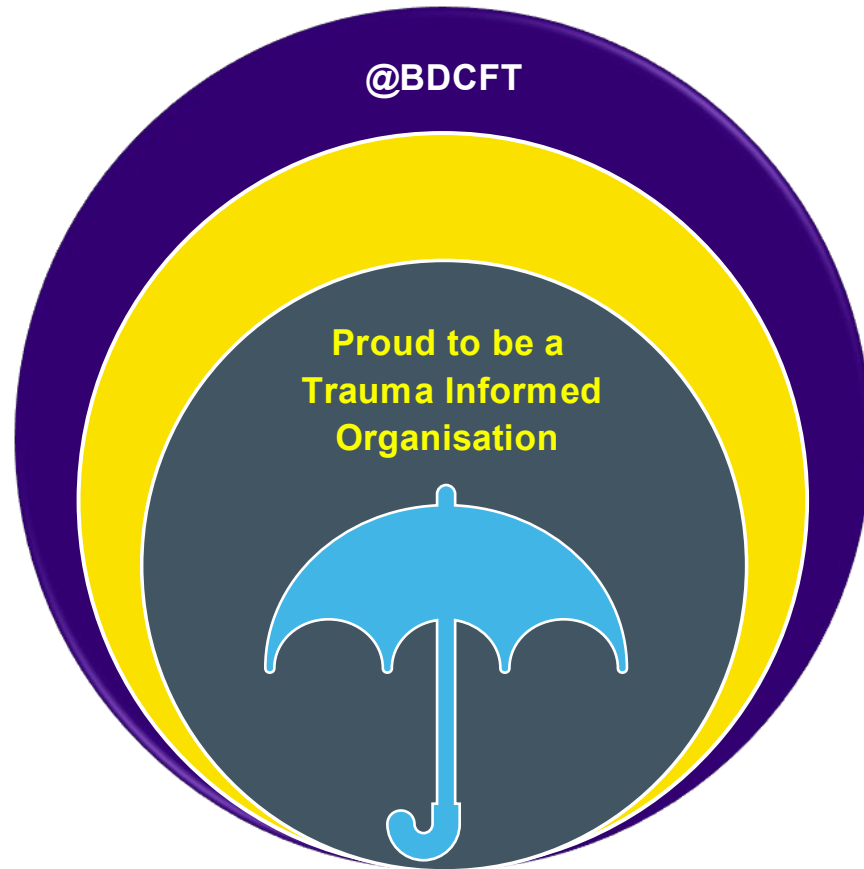
Making Best Use of Resources: We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do

<p>Theme 1: Financial Sustainability – we will</p> <ul style="list-style-type: none"> • 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 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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 	<p>PROPOSED Current Assurance Level:</p> <p>1.Low</p>
<p>Theme 2: Our environment and workspaces – we will</p> <ul style="list-style-type: none"> • 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 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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 	<p>PROPOSED Current Assurance Level:</p> <p>1. Low</p>
<p>Theme 3: Giving back to our communities – we will</p> <ul style="list-style-type: none"> • Contribute to the social, economic and cultural development of our place through social value led approaches, programmes and procurement 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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. 	<p>PROPOSED Current Assurance Level:</p> <p>2. Limited</p>

Strategic Priorities – Assurance Summary

Good governance: Good governance, accountability and effective oversight

We will Have in place good governance arrangements that ensure we make the best decisions	We will know we have been successful when: We have well embedded governance processes that are clear and effective	CONFIRMED Current assurance level: 3. Significant
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BDCFT proud to be a Trauma Informed Organisation – update on activity

11/1/24

Dr Anita Brewin

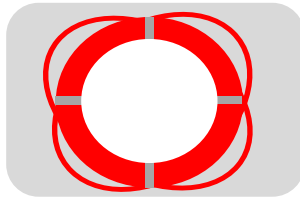
Deputy Director of Professions/ Chief Psychological Professions Officer

& Susan Francis

TIC workforce development lead

A reminder - TIC involves promoting 6 key principles:

SAFETY



Ensuring people feel physically and psychologically safe. Noticing behaviour as communication, checking-in, welcoming, respectful and engaging interactions, ensuring a safe physical environment.

CHOICE



People have a voice, choice and control throughout their experience in the Trust including about care received and clarity about their job roles and responsibilities.

COLLABORATE



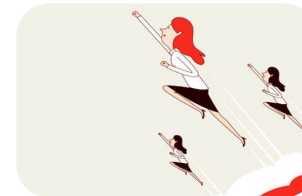
People feel involved and have a say in how things operate and develop. Feedback is sought, power is shared. People are seen as experts in their own lives.

TRUST



Healthy interpersonal relationships and boundaries, behave with integrity, consistency and honesty, always do what you say you'll do.

EMPOWER



Building understanding, capability and realistic hope. Using strengths-based solution focused language. Creating an atmosphere that allows people to feel validated and appreciated.

CULTURE



Cultural sensitivity and humility; welcome diversity, encourage an environment where people can be their authentic selves and where cultural biases are challenged.

2020 The Institute on Trauma and Trauma-Informed Care

What have we been doing:

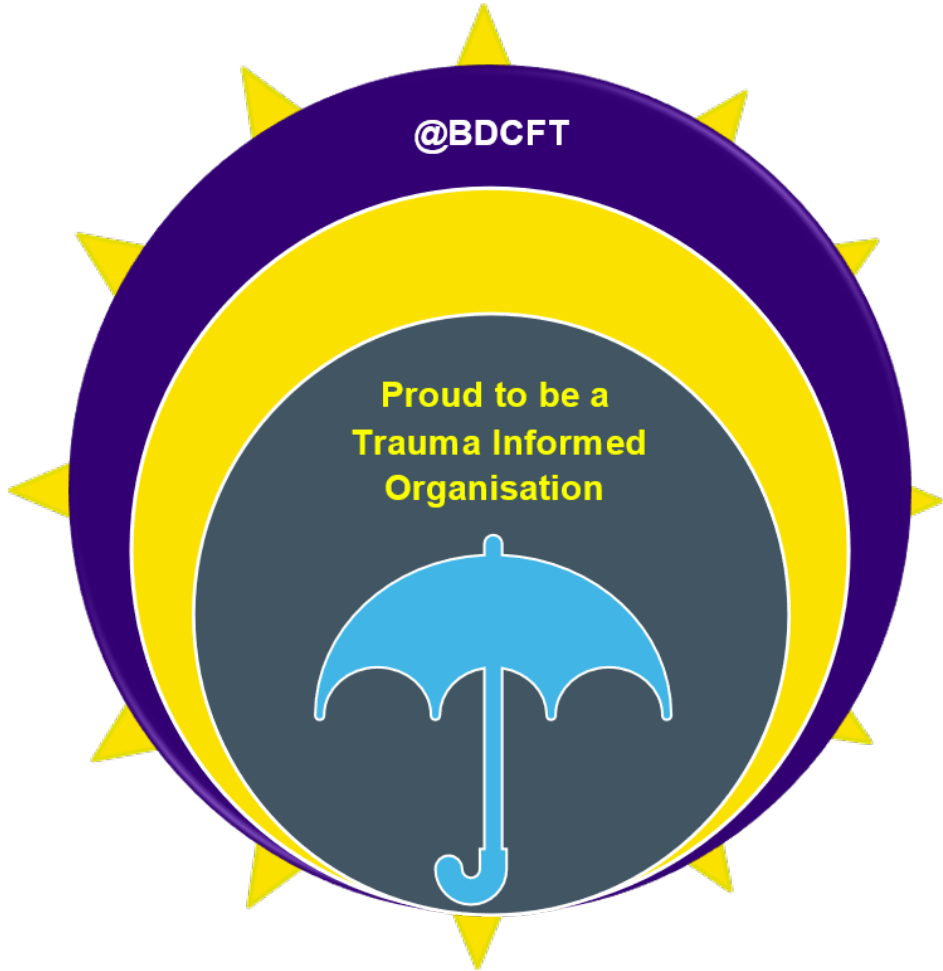
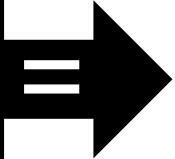
- Promoting badge & 6 principles;
 - Website
 - Sharepoint
 - Screensavers
 - eComms
- Training;
 - ETiTIC roll out
 - Restorative practice in clinical supervision
 - Asking about and responding to....
CMHT transformation training programme
- SIG
- Reviewing policies and procedures
 - Supporting attendance policy is awaiting its badge!
- Benchmarking (revisiting where we've been to ensure practice becomes embedded)
- Linking with Bradford and WY ATR programmes
- TIC Resilience Framework



TIC Framework - summary



+



TIC Framework – implementation tool

“Person-centred care depends on personal-centred care”

Example Tool with suggested thinking/actions

TIC Framework Implementation Tool - Examples
Use the tool below for ideas on action you can take to foster resilience in yourself and others.

		Trauma Informed Care Resilience Domains		
Trauma Informed Principles		What I need from others	What I need from myself	What others need from me
Thinking about your own needs	<ul style="list-style-type: none"> Identifying my needs Helpful communication 	<ul style="list-style-type: none"> Identifying my needs Helpful communication 	<ul style="list-style-type: none"> Self-awareness Self-care 	<ul style="list-style-type: none"> Asking what happened as well as what's wrong. Avoiding re-traumatisation
SAFETY	<ul style="list-style-type: none"> Being asked if I'm ok – regular check-ins. Being listened to Boundaries respected and helpful communication. Framing my work accurately Admit your own fallibilities. Welcome mistakes as learning opportunities. A calm, supportive environment 	<ul style="list-style-type: none"> Noticing physical signs that I'm not ok. Noticing my negative automatic thoughts Remembering it's ok to not be ok. Managing my triggers Taking mental breathing space breaks Helpful soothing actions and activities To choose the right time, place and tone to communicate my needs 	<ul style="list-style-type: none"> Asking what other people's safety needs are Noticing behaviour as communication Asking what may have happened in their lived experience. Appreciating their boundaries, safe limits and needs for calm Take into account the impact of trauma on meeting safeguarding needs 	
CHOICE	<ul style="list-style-type: none"> Agency and control over my work Work-life balance Preferred method of communication An interest in my goals and ambitions 	<ul style="list-style-type: none"> Focus on what I can control. Researching my work-related options Reflective practice to identify learning and options. Look at alternative ways to communicate my feelings. Choosing helpful soothing activities 	<ul style="list-style-type: none"> To understand what the service is for and why they are there Provide information in a variety of ways and repeat as required. Provide small 'c' choices. 	
COLLABORATE				

better lives, together | W: www.bdct.nhs.uk | @BDCFT

Using the TIC Resilience Framework as a universal level resource:

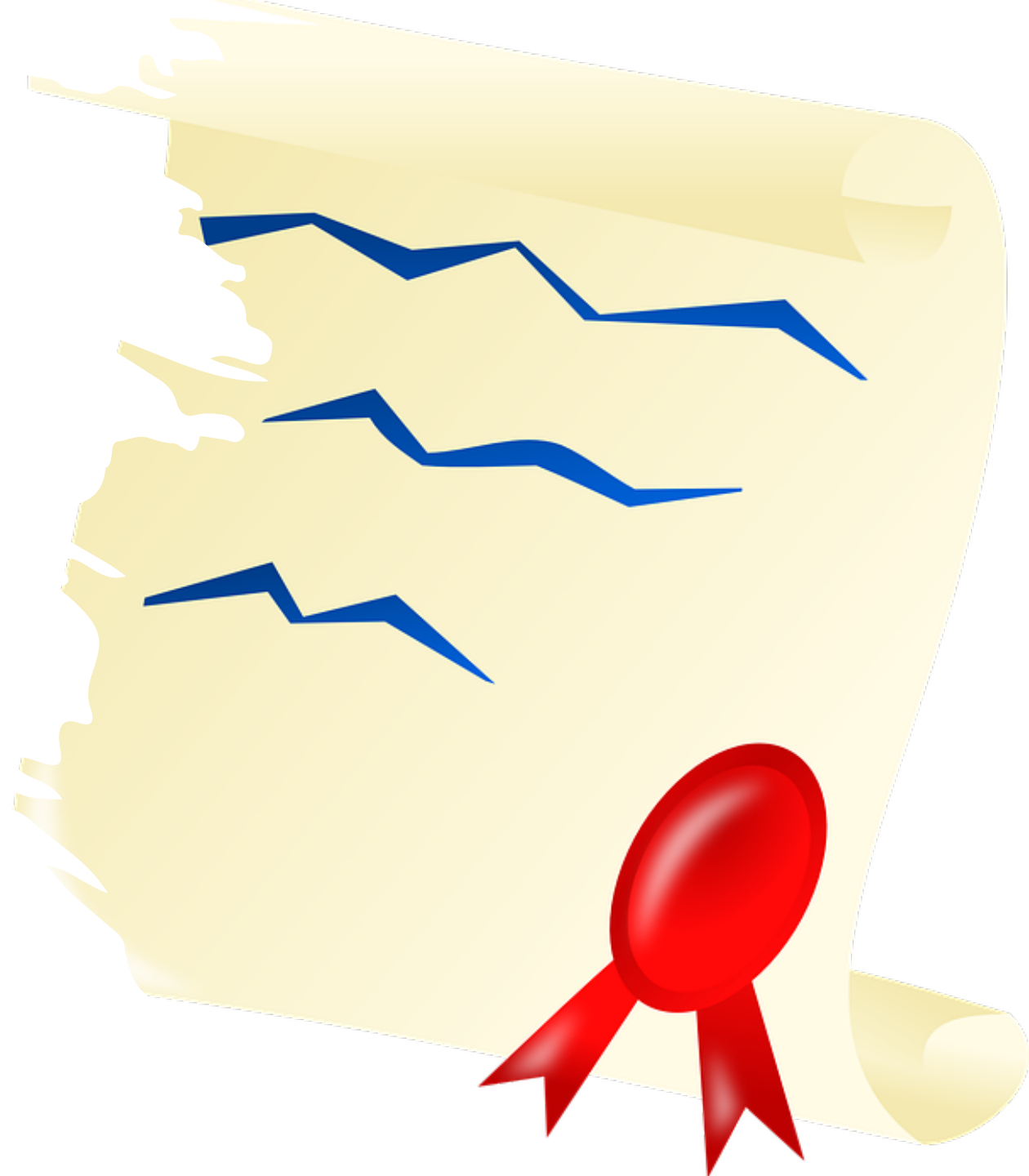
- As your own personal well-being 'dashboard' to help plan frequent supportive engagement with self and others (service users/carers/colleagues)
- See at a glance whether you are balancing supportive engagement with self and others
- Be mindful of helpfully communicating your needs to yourself and others
- Safeguard your well-being by only using the Framework after receiving ETITIC training, accessing support available if triggered, using to complement existing self-care strategies.
- As a facilitated team/service exercise to identify areas for Trauma Informed Care development

Blank Tool to complete with your own thinking/actions

Another ask of board.....

Sign up to the WY ATR charter (by completing their readiness checklist. But using our TI Resilience Framework rather than the matrix thereafter.....)

[West Yorkshire Trauma Informed Charter :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](#)



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

Assure:

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

Decisions / Recommendations:

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

Report completed by: **Simon Lewis (03.01.24)**

Escalation and Assurance Report (AAA+D)

Report from the: Quality and Safety Committee (QSC)

Date of meeting: 16 November 2023

Report to the: Board of Directors

Agenda
Item

13.1

Key escalation and discussion points from the meeting

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

Advise:

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

Assure:

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

Decisions / Recommendations:

None.

Report completed by: Alyson McGregor

Chair of the Quality and Safety Committee

Escalation and Assurance Report (AAA+D)

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

Date of meeting: **21 December 2023**

Report to the: **Board of Directors**

Agenda
Item

13.2

		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:

- Received an update from the Perinatal Mental Health Service – including work to increase awareness of red flags across the trust and the benefits of support and intervention to both the mother and baby, as well as the ripple effect in reducing longer term support requirements for both mother and baby. Opportunities for further development and limitations due to resourcing, including the national lack of trained psychiatrists, were identified.

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

Assure:

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

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

Decisions / Recommendations:

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

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

Report completed by: Sally Napper

Escalation and Assurance Report (AAA+D)

Report from the: Finance and Performance Committee

Date of meeting: 23 November 2023

Report to the: Board of Directors

Agenda
Item

16.0

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

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

Key escalation and discussion points from the meeting

Alert	Action (to be taken)	By Whom	Target Date

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

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

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

Assure:

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

Decisions / Recommendations:

- Nothing reported.

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

Escalation and Assurance Report (AAA)

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

Date of meeting: 16th October 2023

Agenda Item
18.0

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
<p>Ask for core members of the WYCHS to 'sign off' updated collaborative Governance.</p>	<p>Following revision, updated Governance paperwork will be circulated and reviewed by WYCHS member organisations (with a deadline of Mid December 2024 for further comments/nil response).</p> <p>Individual member organisations will be then asked to take the updated WYCHS MoU and ToR through an appropriate private Board meeting for approval.</p>	<p>WYCHS members Directors of Corporate Affairs</p>	<p>End of March 2024 – to sign off at the April WYCHS quarterly meeting</p>
Advise:			
<ul style="list-style-type: none"> • Harrogate and District Foundation have been invited to formally join the WYCHS and this addition to our core membership was endorsed by members at the October 2023 meeting. • WYCHS collaborative members were asked to note that further work will be undertaken to provide an option appraisal and recommendation to support joint work proposals across WY in relation to Community Dental services, specifically around; <ul style="list-style-type: none"> ➢ Shared use of estate, ➢ Mutual aid to support one and other – including staff passports, ➢ Developing an alternative data collection approach to the national epidemiology survey given cross-West Yorkshire challenges and ➢ Around collating Dental General Anaesthetic waiting lists to support recovery plans and access. 			
Assure:			
<ul style="list-style-type: none"> • It has been agreed that highlight report detail will be produced (based on WYAAT processes) and shared around Collaborative work programmes with the intention this provides updates and assurance and indicates any risk/issue or decision required for escalation. • Every WYCHS quarterly meeting includes an opportunity to share and learn about other places/organisations initiatives to better support development of localised options. These conversations include how we can communicate data/ evidence and evaluations for future 			

pilots and cases for change across places and organisations. Going forward the WYCHS wish to explore our approach to risk stratification and models of care to support current demand and unmet need.

- As a Core member of the Community Collaborative, YAS updated the WYCHS Collaborate of the progress to date around the development their new 5-year Strategy and proposed next steps. The detail within the slide deck prompted several topics for conversation, including;
 - Range and scale of services provided by YAS in a complex system across planned, urgent and emergency care,
 - Opportunity working together provides for data and intelligence sharing (particularly to support risk stratification, sign posting to the right service -for example around falls) and digital/technology/artificial intelligence innovations and
 - Training/education and workforce development's such as integrated teams and rotation.

Report completed by:

Becca Spavin

Programme Director: West Yorkshire Community Healthcare Provider Collaborative

24.10.23

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

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: 25/10/2023

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert/Action:
<ul style="list-style-type: none"> No items
Advise:
<ul style="list-style-type: none"> There are concerns around demand & capacity relating to the NHS111 First for Mental Health policy initiative, the WY Collaborative will be putting the needs of the population before deadline dates to ensure it is safe to switch to this service. NHSE has set an expectation for the ICB to update the WY CYP MH plan which will include collective priorities and common challenges, this will replace individual place plan submissions and will be underpinned by coproduction. Engagement with the Trusts is due to take place for planning and submission of a WY plan.
Assure:
<ul style="list-style-type: none"> There have been positive national changes in the NHS111 First for Mental Health policy as driven by the WY working group, relating to crisis line numbers and the 'threat to life' message to signpost people to 999. LYPFT have appointed a clinical director for the Yorkshire and Humber PMH Provider Collaborative. Leeds have been successful in their bid for the additional MBU beds which was awarded to the region.

Report completed by: Keir Shillaker, WY MHLDA Programme Director **Date:** 9/11/2023

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.

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 <i>(scheduling to be confirmed)</i>	BF	PH						
Winter Planning	JC	KB			✓	✓		
NHS England Emergency Preparedness, Resilience and Response Assessment and Declaration	CS	KB			✓			
Learning from Deaths Report <i>(scheduling to be confirmed)</i>	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 <i>scheduling to be confirmed</i>	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 <i>scheduling to be confirmed</i>	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 <i>scheduling to be confirmed</i>	SI/CR	MW						

	Paper author	Lead Director	May 2023	July	September	November	January 2024	March 2024
2024/25 Operational Plan <i>scheduling to be confirmed</i>	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 <i>scheduling to be confirmed</i>	-	Chair						

Items to be scheduled:

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

Items removed:

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