

## Effective Oversight: Escalation and Assurance

<b>Report to:</b>	<b>Board of Directors (Public)</b>	<b>Meeting date:</b>	<b>29/01/2025</b>
<b>Report from:</b>	<b>Quality &amp; Safety Committee</b>	<b>Meeting date:</b>	<b>15/01/2025</b>
<b>Quorate?</b>	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>		
<b>Members present</b>	Alyson McGregor MBE (NED/Chair), Bob Champion, Kelly Barker, Sally Napper (NED), David Sims, Phillipa Hubbard.		
<b>In attendance</b>	Abigail Larvin, Anne-Marie Dorrington, Christopher Dixon, Fran Stead, Grainne Eloi, James Cooke, Jess Greenwood-Owens, Lisa Wright, Lucy Bennett, Matthew Riley, Michelle Holgate, Prabhdeep Sidhu, Rachel Howitt, Rebecca Jowett, Rebecca Le-Hair.		
<b>Observers</b>	Trevor Ramsay (Governor), Sarah Denton.		
<b>Apologies</b>	Anita Brewin, Thabani Songo, Rachel Trawally.		
<b>Best Quality Services</b>	<b>Theme 1 – Access and Flow</b>	<b>BQS:T1</b>	
	<b>Theme 2 – Learning for improvement</b>	<b>BQS:T2</b>	
	<b>Theme 3 – Improving the experience of people using our services</b>	<b>BQS:T3</b>	
<b>Agenda items</b>	<ul style="list-style-type: none"> <li>• Matters Arising: Response to Enforcement Notice ref-70330</li> <li>• Learning from your experience: 0-19 service - Patient Story</li> <li>• Feedback from Involvement Partners</li> <li>• Strategic Assurance Report and Supporting items: .1 Integrated Performance Report and .2 Strategic Narrative</li> <li>• Quality Assurance Framework update</li> <li>• Quality Account Project Plan</li> <li>• NICE Compliance Annual Report</li> <li>• Learning from Nursing student experience bedside teaching (action from Sept committee)</li> <li>• Community Dental Service - Review of Dental Performance</li> <li>• EDS22 next 3 services for domain 1 - Addressing Inequalities - Service Workforce and Leadership</li> <li>• Alert, Advise, Assure + Decision Reports: .1 AAAD report: System Quality Committee/.2 AAAD report: Clinical Board/.3 AAAD report: Patient Safety &amp; Learning Group/.4 AAAD report: Safer Staffing Group/.5 AAAD report: Senior Leadership Team Quality, Safety, Governance/.6 AAAD report: Allied Health Professionals</li> <li>• Strategic Risk Summary</li> <li>• Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting, details of level in item 8) / .2 Confirming top 3 strategic risk to include in AAA report (decision based on outcome of entire meeting) / .3 Confirmation of Alert; Advise; Assure + Decision Reporting</li> </ul>		

<b>Alert items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Use of Out of area beds continued.</li> <li>• Service User in a residential home and the police investigation which was ongoing.</li> </ul>		
<b>Advise items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Regulation 28 notification was expected.</li> <li>• Inpatient services continued to see a significant demand, length of stay was stable, nationally Trusts were now required to provide data on numbers waiting for access to beds. Occupancy levels remain within tolerable levels from an Opal perspective.</li> <li>• Work within Children and young people's mental health services continued to improve access and wait time, work across other serviced continued.</li> <li>• An NHSE assurance report had been submitted on compliance with safer staffing (this was a requirement of all NHS providers).</li> <li>• Community nursing workforce continued to be a challenge.</li> <li>• Discussion regarding NICE compliance highlighted future work to undertake.</li> </ul>		
<b>Assure items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Trust response to the Enforcement Notice Ref-70330 (Fire risk assessment)</li> <li>• Achievements within the 0-19 Service, which demonstrated collaborative and transformative initiatives.</li> <li>• Ongoing work addressing feedback from Involvement Partners was having a positive impact throughout the Trust.</li> <li>• Achievements within Community Dental Services, collaborative work with partners and the dedication of staff within the team.</li> <li>• The Equality Diversity and Inclusion team and their work within EDSS was praised by the Committee.</li> </ul>		
<b>Decisions made by Committee</b>	<ul style="list-style-type: none"> <li>• <b>Approved</b> - EDS22 next 3 services for domain 1 - Addressing Inequalities -Service Workforce and Leadership</li> <li>• <b>Approved</b> - Strategic Risk Summary</li> </ul>		
<b>New risks identified by Committee</b>	<ul style="list-style-type: none"> <li>• There were no new risks identified for the Committee.</li> </ul>		
<b>Feedback following discussion at 'parent' meeting</b>	No items were raised		
<b>Report completed by</b>	Jess Greenwood-Owens Corporate Governance Officer	<b>Date</b>	16/01/2025
<b>On Behalf of Chair</b>	Alyson McGregor MBE (NED/Chair)		



**Bradford District Care**  
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