

Board of Directors – held in public

Date: Wednesday 25 September 2024

Time: 9.00 until 12.00

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

Strategic Priority			Lead	Time
GG	1	Welcome and apologies for absence (verbal)	LP	9.00
	2	Declaration of any conflicts of interest (enclosure)	LP	-
BQS	3	Learning from your experience: How making a complaint feels – a service users experience (verbal)	KG	9.05
	4	Questions received (verbal)	LP	-
	5	Minutes of the previous meeting held on 17 July 2024 (to follow)	LP	
GG	6	Matters arising (verbal)	LP	-
	7	Action log (enclosure)	LP	

Strategy and partnerships

	8	Chair's Report (enclosure)	LP	9.30
	9	Chief Executive's Report (enclosure)	TP	9.45
All	10	Strategic Assurance and Performance Report (enclosure)	KB	10.10
	10.1	Strategic Risk Report (enclosure)	FS	10.20

Break (10:35am – 10:40am)



Quality and Safety

BQS	11	Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held 12 September 2024 (to follow)	SL	10.40
	12	Alert, Advise, Assure and Decision Report: Quality and Safety Committee held 11 September 2024 (enclosure)	AM	10.45
	13	NHS England Emergency Preparedness, Resilience and Response Assessment, and Declaration (enclosure)	KB	10.55
	14	Trust self-assessment return to NHS England on education provision (enclosure)	РН	11.00
		People and Culture		
BPTW	15	Alert, Advise, Assure and Decision Report: People and Culture Committee held 12 September 2024 (to follow)	MR	11.05

Finance and Sustainability

	16	Finance Report (enclosure)	MW	11.10
BUOR	17	Alert, Advise, Assure and Decision Report: Finance and Performance Committee held 12 September 2024 (enclosure)	MA	11.25
	18	Provider Collaborative Agreements update (enclosure)	MW	11.35

Governance and well led

	19	Alert, Advise, Assure and Decision Report: Audit Committee held 11 September 2024 (enclosure)	СМ	11.50
GG	20	West Yorkshire Community Collaborative Committees In Common – AAA Report – 15 July 2024 (enclosure)	For information	-
	21	Any other business (verbal)	LP	11.55
	22	Comments from public observers (verbal)	LP	-
	23	Meeting evaluation (verbal)	LP	-

Date of the Next Meeting: 27 November 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



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

Expressions of interest to observe the meeting using Microsoft Teams:

Email: <u>corporate.governance@bdct.nhs.uk</u> Phone: 01274 251313

Strategic Priorities (Key)

	Theme 1 – Looking after our people	BP2W:T1
Deed Directo Micric	Theme 2 – Belonging in our organisation	BP2W:T2
Best Place to Work	Theme 3 – New ways of working and delivering care	BP2W:T3
	Theme 4 – Growing for the future	BP2W:T4
	Theme 1: Financial sustainability	BUoR:T1
Best Use of Resources	Theme 2: Our environment and workspaces	BUoR:T2
	Theme 3: Giving back to our communities	BUoR:T3
	Theme 1 – Access and Flow	BQS:T1
Best Quality Services	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



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 tha generated the action)	t	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
5. 29/05/2024	Learning from your experience: An Invo Partners journey from Crisis to Involvement The Chief Finance Officer for BDCFT highligh he would be interested in speaking with P S learn from her experience of dealing with re colleagues. It was confirmed afterwards that i affected reception services under Kelly's rem	ited that Soper to eception t mainly	Mike Woodhead Kelly Barker	July 2024 September 2024	<u>Ongoing</u>
6. 29/05/2024	<u>Chief Executive's Report</u> No formal feedback had been received Hubbard agreed to share the report once it ha published.		Phil Hubbard	July 2024	Ongoing: will be circulated once received
29/05/2024	<u>Strategic Risk Report</u> S Lewis raised that the wording for the Menta Legislation Committee would need to be upda to the levels of assurance being tweaked at Committee. It was agreed that this would be u	ited due the last	Fran Stead	September 2024	The Committee is asked to consider this action as closed



Action Key	Green: Completed Amber: I		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
29/05/2024	Freedom to Speak Up Guardian Annual Activity ReportIt was questioned why the report provided detail by professional group but not by service. J Cohen shared that if the concerns raised where in relation to a small team, they could feel exposed however it was agreed that he would speak to the Deputy Freedom to Speak Up Guardian to try and capture this data.		Hubbard	July 2024	The Committee is asked to consider this action as closed. This will be included in the next annual report



	Actions closed at the last meeting					
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments		
1. 11/01/2024	Strategic Assurance and Performance Report Mrs Hubbard agreed to bring a more detailed update on trends and implications of complaints to the next meeting.	Phil Hubbard	March 202 4 April 2024	The Committee is asked to consider this action as closed. Have included further detail in trends and implications in the report and also taken to Audit Committee.		
4. 14/03/2024	<u>Staff Survey Update</u> The Chief Operating Officer to circulate the full staff survey paper to Board	Bob Champion	May 2024	The Committee is asked to consider this action as closed.		
6. 29/05/2024	<u>Chief Executive's Report</u> M Ahmed, then asked whether the Trust captures both positive and negative media coverage. T Patten shared that the Trust does capture both forms of coverage but agreed to double check with the Communication Team. M Ahmed questioned how many service users were gaining paid employment through the Individual Placement and Support service (IPS).	Therese Patten	July 2024	The Committee is asked to consider this action as closed.Confirmed with team feedback is across whole period, so covers positive and negative coverage. On the whole feedback was positive.The Chief Operating Officer shared that this could be tracked through data which she agreed to share at the next Finance and Performance Committee and also through Board.		



2. 11/01/2024	<u>Trauma Informed Care Programme update</u> Ms Francis offered to run a training session with Board members.	Corporate Governance team	During 2024- 25	The Committee is asked to consider this action as closed. This has been added to the workplan and would be scheduled for a future Board session
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Board of Directors – meeting held in public

25 September 2024

Paper title:	Chair of the Trust	Chair of the Trust's Report				
Presented by:	Dr Linda Patterso	Linda Patterson, Chair of the Trust				
Prepared by:	Corporate Goverr	nance team		8.0		
Committees where the second se	nere content has d previously					
Purpose of the paper Please check <u>ONE</u> box only:		☐ For approval⊠ For discussion	□ For informa	ation		

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

Purpose of the report

Chair's Report to inform Board members on activities that have taken place over the last two months.



Executive Summary

Chair's Report to inform Board members on relevant strategic developments, system and Well-Led governance developments, Integrated Care partnership Working, external stakeholder engagement, activities with the Trust's Council of Governors, and internal staff engagement and Board visibility, including service visits.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? □ Yes (please set out in your paper what action has been taken to address this)

🛛 No

Recommendation(s)

The Board is asked to:

• note the continuing engagement that has taken place with external partners, internally at the Trust, and with the Council of Governors.

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



Board of Directors – meeting held in public

25 September 2024 Chair of the Trust Report

Partnerships and strategy

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

Date	Meeting
18 July	Council of Governors
2 September	Strategic Staff quality, Diversity and Inclusion Partnership
4 September	Lead Governor
5 September	Leading Better Lives, Together event
6 September	Bradford District and Craven Partnership Board
10 September	Health Devolution Commission meeting
11 September	External Panel - Chair Recruitment Airedale
12 September	Catch up with Cathy Elliott, Chair of the Integrated Care Board
16 September	Ministerial Visit Horton Park - Proactive Care Specialist Dental
17 September	Chairs and Chief Executives Network, London
18 September	Meeting with Anne Dixon MP
19 September	Annual Members Meeting
23 September	NHS Confed Chairs Group

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 - <u>How we make decisions - Bradford District &</u> <u>Craven Health & Care Partnership (bdcpartnership.co.uk)</u> West Yorkshire Health & Care Partnership Board - <u>Partnership Board papers :: West</u> <u>Yorkshire Health & Care Partnership (wypartnership.co.uk)</u> West Yorkshire Integrated Care Board - <u>Integrated Care Board :: West Yorkshire Health &</u> <u>Care Partnership (icb.nhs.uk)</u>

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



Civil unrest (Summer 2024)

We stand united against all racism and Islamophobia. During Summer, across the country, we have seen racial and Islamophobic violence, aggression and intimidation that cannot be justified. It is important we do not give oxygen to the misinformation and disinformation that surrounds these events and there is no evidence of any planned protests in Bradford district

Our city and wider district has a rich history of welcoming people from across the world to make Bradford district their home. We have stood strong in the face of people who want to cause division among communities. We think it is important to restate at this time that we welcome those who wants to be part of a vibrant, diverse and compassionate place. In recent weeks we have seen our place play host to Bradford Literature Festival, BD: Festival, South Asian Heritage Month (with a festival planned for later this month), Ilkley Pride, Bradford Pride – with Keighley Pride taking place this coming weekend. All of these events have brought our communities together, showing us that through understanding we can get to know each other and positively celebrate our differences.

What we have seen, in other parts of the country, has been a worrying sign of an orchestrated campaign of misinformation and disinformation to create a culture of fear and intimidation. More specifically we have seen incidents that are racist and Islamophobic, these need calling out for what they are. We cannot and should not shy away from using this language to describe the dangerous and despicable actions of a minority driven by extreme views. We should continue to remind ourselves they are a minority, but we must also be vigilant in addressing the underlying systems that allow such views to take root.

We are saddened to hear that people are now living in fear because a small number of people who have chosen hate as a way to air their concerns and grievances or respond to hateful misinformation being spread on social media. It is important that we listen, reflect and all show strong allyship. We are working closely with West Yorkshire Police and have confidence in our police colleagues that, if something were to happen at any time, they will protect our communities.

We have to work together to create safe spaces for dialogue and difficult conversations on legitimate issues and concerns, but we do this with a sense of working on solutions and fostering systemic change, not further divisions. We must continue to stand firm against racism in all its forms, we must continue to call out behaviour that goes against our common human values and we must continue to look out for each other. And we must continue to go about our daily lives, running the best services for our residents, while making sure we take any necessary steps to keep ourselves and others safe.

We must stand shoulder to shoulder to show that the only people not welcome here are those seeking to divide us.

Lynfield Mount Hospital: re-development

I am delighted to tell you we have been allocated £50 million in capital funding from the Department of Health and Social Care. This funding will allow us to invest in the construction of a new two storey ward block as well as other refurbishments at Lynfield Mount Hospital.



This capital funding will allow the proposed development to be phased over the next four years. It comes after years of planning and the submission of bids.

The redevelopment will not only benefit our patients by creating an outstanding environment in which we can deliver the best care, it will also improve working conditions and resources available, supporting us to be the best place to work.

We will now begin to finalise plans to bring our vision to reality and will keep you informed of the plans as they progress, including timelines and key developments.

In the meantime, please join me in celebrating this achievement. This is a significant step forward for our Trust, and I am excited about the bright future that lies ahead.

Governance and well led

Governance Development Plan

Work is taking place at the Trust to create an overarching development plan. This will link to the Trust's Well Led framework and improvement plan, and will be reported throughout the year to the Board meetings held in public. The first iteration of the plan will be shared with the Board in the coming months, which will bring together into one place the improvement activities that are underway that are Board-specific; Committee-specific; Trust-wide. The Corporate Governance team will lead this work.

Council of Governors

Recent Council of Governors Meetings

Therese Patten, the Chief Executive, Fran stead, Trust Secretary and I continue to have regular meetings with the Lead and Deputy Lead Governor, offering the Senior Independent Director the opportunity to attend, as previously has taken place.

Dr Linda Patterson OBE FRCP - Chair of the Trust - September 2024



Board of Directors – Meeting held in Public

25 September 2024

Paper title:	Chief Executive's	Chief Executive's Report		
Presented by:	Therese Patten, 0	nerese Patten, Chief Executive		ltem
Prepared by:	Therese Patten, 0	herese Patten, Chief Executive 9.0		
Committees where content has N/ been discussed previously		N/A		
Purpose of the paper Please check <u>ONE</u> box only:		☐ For approval☑ For discussion	S For information	ation

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	Looking after our people		
to Work	Belonging to our organisation	Yes	
	New ways of working and delivering care	Yes	
	Growing for the future	Yes	
Delivering Best Quality	Improving Access and Flow		
Services	Learning for Improvement	Yes	
	Improving the experience of people who use our services	Yes	
Making Best Use of	Financial sustainability	Yes	
Resources	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.

Bradford District Care

Executive Summary

The areas covered in this report include:

- Lynfield Mount Capital Allocation
- Civil Unrest
- Smoke Free
- Regulatory Matters
- Charter Member of the West Yorkshire Adversity, Trauma and Resilience programme
- Independent investigation of the National Health Service in England
- Review of Care Quality Commission (CQC) Inspection Regime

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

Recommendation(s)

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

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



Board of Directors – Meeting held in Public 25 September 2024

Chief Executive's Report

1 Purpose

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

2 Trust News

Lynfield Mount

We are delighted to have been awarded £50m by the Department of Health and Social Care to support the redevelopment work for the central block at Lynfield Mount hospital. This is good news particularly in the current financial climate when the NHS is working hard at every level to manage budgets, but it is about 50% of what we needed for our original build plans.

We are now rightly revisiting our plans, so the investment will prioritise inpatient facilities to improve the experience for our patients and the staff working there. We will of course be engaging staff and involvement partners, building on the extensive engagement work that we did in 2021, to ensure that our revised plans are right. We are excited about the opportunity this capital money gives us and we will ensure that our Board and the public are kept updated as work progresses.

Civil Unrest

I know we were all shocked, saddened and appalled seeing the open displays of racism, primarily driven by anti-migrant and anti-Muslim hate, across our country during the summer. It is intolerable that in 2024 people think it is acceptable to not only harbour these views but use them to unjustifiably attack others on the basis of their ethnicity, religion or a perception that they are somehow not part of our country.

At the time the Trust was strong in its condemnation of what went on and joined the show of solidarity with organisations in Bradford District and Craven, across West Yorkshire and through national bodies including NHS England, the Local Government Association and the National Council for Voluntary Organisations.

I have been heartened by the stories of human kindness throughout these challenging times, however I know that our staff, patients and communities are still feeling the trauma of what went on. I want to assure Board that we continue to support those affected, check that they are ok and encourage them to seek any support they need. I am sure the Board will join me in saying we are here for every single person living or working in our Place.



Smokefree

Our Trust returns to being Smokefree on the 1 October having suspended this during the COVID-19 pandemic. Jaspreet Sohal and team held an excellent launch event on 4 September led by Mary Yates, from the South London and Maudsley NHS Trust (SLAM), who has been involved with significant research in this area.

The focus in reintroducing the policy will be Treatment of Tobacco Dependency with Nicotine Replacement Therapy being actively offered to patients from arrival in our units. In addition, we have a tobacco dependency advisor who has already met all inpatients who currently smoke and all staff will be taught very brief advice for smokers. We are also offering support to staff through our Living Well team.

There will be a progress report at Quality and Safety Committee in November and we would welcome board members asking about this as part of their Go See visits.

3 Awards and Recognition

Living our Values Awards

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

We care award winner: Kayley Gregory, Clinical Lead Nurse, Bracken Ward, and Jenna Hakiki, Assistant Ward Manager, Bracken Ward	Nominator: Sadly, a service user passed away on the ward despite the team's best efforts, reacting quickly and professionally. Kayley and Jenna showed the upmost respect and dignity towards the service user and their family making a very tough time a little less difficult for all involved.
We listen award winner: Claire Pitts - Specialist Speech and Language Therapist.	Nominator: Claire regularly achieves fantastic outcomes for the young people she works with. She works tenaciously to achieve the best for her caseload in whatever circumstances they are in' reflected in a parent's compliment – 'Claire has been absolutely amazing for our family. We've had an extremely difficult few years, with a variety of setbacks. Since Claire has been involved, she has been proactive, caring and supportive, and has always gone above and beyond to help our family with realistic and clear advice and guidance. Now that we have been discharged from all services things are looking up for my son and us as a family'
We deliver award winner: Konrad Kmiotek, Senior Health Care Support Worker, Ashbrook Ward.	Nominator: Since I have known Konrad, he has always impressed me with his caring and person focused approach, we were struck by his compassion and tenacity in helping an individual recently, going above and beyond. He was creative in exploring other voluntary and social care organisations that may help the service user to get back on track with their needs to support going home describing a clear plan and focus on the steps we should follow to achieve a good outcome.

Thanks a Bunch Nominations

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



Month	Nominations	Awards	Single nominations	Team nominations	Grouped nominations	Single award	Team award	Group award
Jun-24	14	9	11	1	2	7	0	2
Jul-24	10	6	10	0	0	6	0	0
Aug-24	13		12	1	0			

Awards

I am pleased to advise Board that the Trust has become a Charter Member of the West Yorkshire Adversity, Trauma and Resilience programme (App 1). This award is in recognition of our commitment to being a compassionate organisation and embedding trauma informed principles in the way we work. I am grateful to Phil Hubbard and Anita Brewin who have led this work.

4 Supporting our People

Resourcing

The Daily Executive Panel has now been meeting for two months and has effectively scrutinised and approved over 100 applications for recruitment to vacancies or other changes within the workforce establishment. A vital part of our rigorous financial controls, the panel activity ensures we are making appointments where necessary, for the provision of safe and effective care.

We welcome a new addition to our ED&I team in Abigail Larvin, who joins us as the lead for our work in reducing health inequalities. This builds upon our successful work in the field of workforce and workplace equalities, to ensure that our services are provided on an equitable basis and are reflective of our diverse population's health needs.

5 CQC Notifiable Incidents, Regulatory Matters and Visits (1 July – 30 Aug 24)

Regulatory matters and visits

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

Mental Health Act (MHA) visits

There has been one MHA visit to Thornton ward during the reporting period, on 26th July 2024. The associated CQC Action statement was completed and returned to the CQC on the 22 August 2024.



CQC Notifiable incidents

Number by category	Detail
1 AWOL	Baildon – returned by the police 2 days later
1 Death of a detained patient on Bracken ward	Suspected heart attack - notification sent to CQC 22/7/24
2 YP Admissions	LMH 136 suite – transferred to a CAMHs unit in Bury
	Najurally Centre – transferred to CAMHS PICU in Sheffield

CQC Engagement and Enquiries

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

Inquests

13 inquests were concluded during this period in which BDCFT had provided some level of evidence to the Coroner. Of those, BDCFT staff were called by the Coroner in three 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:

Drug related x 3 Suicide x 4 Natural causes x 4 Narrative x 2

Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported. Three new Patient Safety Incident Investigation (PSII) have been reported since the last report as follows:

July - 2 x suspected suicide August - 1 x suspected suicide

Currently we have seven open investigations. There is one external investigation, this is the double homicide from 2021 (commissioned by NHSE; investigation completed by NICHE), however, BDCFT have completed all parts of this, it is now with NHSE awaiting publication. Three investigations were completed in the reporting period.

6 Media Coverage

Media and news highlights since the last Board meeting included the following (the preelection period started late May):



Area / dates	Details
Bradford District Care NHS Foundation Trust secures £50 Million funding to redevelop Lynfield Mount Hospital site - 30 August	Bradford District Care NHS Foundation Trust has secured £50 million in funding, from the Department of Health and Social Care, to redevelop one of their hospital sites, Lynfield Mount, in Bradford.
	The Individual Placement and Support (IPS) Employment service, run by Bradford District Care NHS Foundation Trust, has helped over 400 people back into work since its launch in 2015.
Local school teacher takes on gruelling Three Peaks 24 hour challenge to raise money for charity - 14 August	School teacher, Matthew Blamires, has so far raised £940 of vital funds for Bradford District Care NHS Foundation Trust's Better Lives charity after taking on the gruelling National Three Peaks 24-hour challenge with a team of friends.
Boosting breastfeeding across Bradford district - 30 July	UK rates of breastfeeding are amongst the lowest in the world. During World Breastfeeding Week, Bradford District Care Trust's Community Infant Feeding Team is launching the new Bradford District Breastfeeding Friendly scheme to support local mums to breastfeed 'here, there and everywhere'.
NHS charity golf day raises vital funds for local community - 29 July	Bradford District Care NHS Foundation Trust's charity, Better Lives, has raised £4,440 thanks to local businesses, following its annual charity golf day at the Bradford Golf club.
Mental Health Trust to stage award- winning festival - 16 July	Bradford District Care NHS Foundation Trust will be staging Lynfest, its award-winning annual festival of music and arts for in-patients experiencing mental health conditions and the staff at Lynfield Mount Hospital, on 31 July 2024.
NHS Trust gets ready to race the dragon - 8 July	Staff and supporters from Bradford District Care NHS Foundation Trust will be competing in this year's dragon boat festival to raise funds for its Better Lives charity. The teams will be joining the crowds at Roberts Park in Saltaire to race the dragon for the fourth year, on Sunday 21 July.

7 National News

Independent investigation of the National Health Service in England

On 12 September the Rt Hon. Professor the Lord Darzi of Denham published the <u>findings</u> of his investigation into the NHS in England. The investigation was commissioned by Wes Streeting, Secretary of State for Health and Social Care, in the summer. The investigation draws on evidence submitted by a range of organisations, and the insights of an expert reference group of more than 75 organisations contributing to the health service today. The report focuses on *diagnosing* the problems facing the NHS, and provides an assessment of access to care, quality of care, and the overall performance of the health system.



The report builds a picture of a system where long

waits are the norm, quality of care is mixed, productivity is low, and too great a share of the budget is spent in the acute sector. The key drivers of these challenges around performance are described as:

- funding austerity and capital starvation
- the impact of the Covid-19 pandemic and its aftermath
- lack of patient voice and staff engagement, and
- management structures and systems

The 2012 Health and Care Act is described as a costly and distracting process, however the structural reforms brought in by the 2022 Health and Care Act are seen as positive, but more clarity is needed about the roles and responsibilities of integrated care boards (ICBs). NHS managers are viewed as essential to tackling some of the challenges outlined in the document, with a call for greater investment to ensure there are *more and better leaders*.

While specific policy recommendations are outside of the scope of the investigation, Lord Darzi sets out the major themes to be explored in the ten-year plan for the NHS which is currently being developed. These include to:

- Re-engage staffing and re-empower patients
- Lock in the shift of care closer to home by hardwiring financial flows
- Simplify and innovate care delivery for a neighbourhood NHS
- Drive productivity in hospitals
- Tilt towards technology
- Contribute to the nation's prosperity
- Reform to make the structure deliver

There are opportunities to be involved in the development of the ten-year plan which the l encourage all Board members to take up if asked.

Review of Care Quality Commission (CQC) Inspection Regime

In May Dr Penny Dash, Chair North West London Integrated Care Board, was asked to conduct a review into the operational effectiveness of the Care Quality Commission (CQC). The purpose of the review was to examine the suitability of CQC's new single assessment framework methodology for inspections and ratings of health and care providers. An interim report published over the summer was highly critical of the Care Quality Commission saying it had found 'significant internal failings which [are] hampering its ability to identify poor performance at hospitals, care homes and GP practices.

The Department of Health and Social Care said that over the last two months Dr Dash had spoken to around 200 senior managers, caregivers, and clinicians working across the health and care sector, along with more than 50 senior managers and national professional advisers at the CQC. She said in a statement 'The contents of my interim report underscore the urgent need for comprehensive reform within the CQC.'



The department pledged the government would take immediate steps to restore public confidence in the effectiveness of health and social care regulation ahead of Dr Dash's full report in the autumn. The four immediate steps are:

- The appointment by the CQC of Professor Sir Mike Richards to review CQC assessment frameworks. Sir Mike was the CQC's first chief inspector of hospitals in 2013, retiring from this role in 2017
- Improving transparency in terms of how the CQC determines its ratings for health and social care providers
- Increased government oversight of the CQC, with the CQC regularly updating the department on progress, to ensure that the recommendations in Dr Dash's final review are implemented
- Asking Dr Dash to review the effectiveness of all patient safety organisations

Through Phil Hubbard and Fran Stead we have oversight of this work and will build in final recommendations into our policy and processes.

Therese Patten Chief Executive West Yorkshire trauma informed 2030 Charter member

Proudly presented to:

Bradford District Care NHS Foundation Trust

in recognition of your ambition and diligent commitment to becoming a compassionate organisation that cultivates relationships and is continuously working to embed the trauma informed principles in your values and ways of working for all.

Date: June 2024

Batter

Emm Irving Head of Improving Population Health West Yorkshire Health and Care Partnership

Kelly Laycock Senior Programme Delivery Manager West Yorkshire Violence Reduction Partnership West Yorkshire Combined Authority

The West Yorkshire Adversity, Trauma and Resilience Programme is managed by West Yorkshire Health and Care Partnership and the West Yorkshire Violence Reduction Partnership.



West Yorkshire Health and Care Partnership



Board of Directors – Meeting Held in Public

25 September 2024

Paper title:	Board Integrated	Performance Report – May 24 Data	Agenda Item	
Presented by:	,	Kelly Barker, Chief Operating Officer Phil Hubbard, Director of Nursing, Professions & Care Standards		
Prepared by:		ef Operating Officer , Head of Business Support		
Committees wh been discussed	nere content has d previously			
Purpose of the paper Please check <u>ONE</u> box only:		☑ For approval□ For informa□ For discussion	ation	

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	Looking after our people		
to Work	Belonging to our organisation	Х	
	New ways of working and delivering care	Х	
	Growing for the future	Х	
Delivering Best Quality Services	Improving Access and Flow	Х	
	Learning for Improvement	Х	
	Improving the experience of people who use our services	Х	
Making Best Use of	Financial sustainability	Х	
Resources	Our environment and workplace	Х	
	Giving back to our communities	Х	
Being the Best Partner	Partnership x		
Good governance	Governance, accountability & oversight	х	



Purpose of the report

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

Executive Summary

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

This report presents two types of information:

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

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

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

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

2. **Assurance levels** (the Board Assurance Framework)

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

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

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

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 Limited
- 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	Yes (please set out in your paper what action has been taken to address this)
Equality Act?	⊠ No

Recommendation(s)

The Board of Directors is asked to:

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

Bradford District Care NHS Foundation Trust

Links to the Strategic Organisational Risk register (SORR)	 The work contained with this report links to the following corporate risks as identified in the SORR: 2504: Waiting lists in memory assessment services 2509: Community nursing services demand exceeding capacity 2609: Organisational risks associated with out of area bed use (finance, performance and quality) 2610: Core Children and Adolescent Mental Health Service waiting list 2611: Improving Access to Psychological Therapies waiting lists 2672: Lynfield Mount Hospital – Estate condition, associated impacts & redevelopment requirements
Care Quality Commission domains Please check <u>ALL</u> that apply	 ☑ Safe ☑ Effective ☑ Well-Led ☑ Responsive
Compliance & regulatory implications	 The following compliance and regulatory implications have been identified as a result of the work outlined in this report: 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

25 September 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)

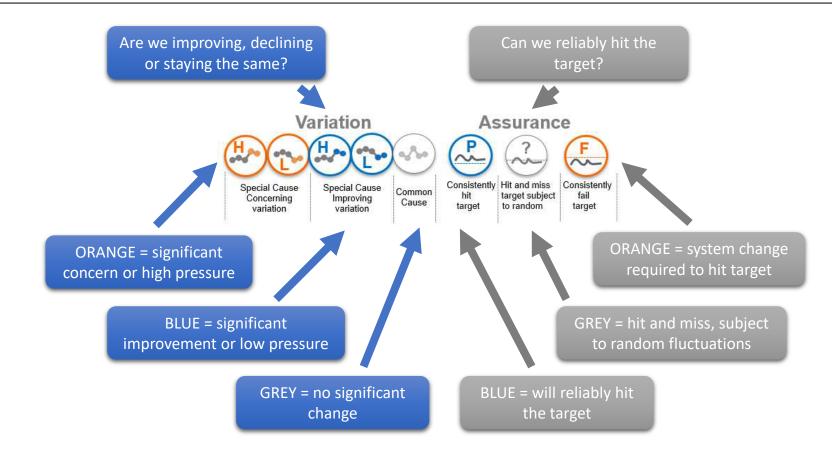
The performance overview also contains a section which uses a wide range of sources, including the performance data in this report, to describe how assured the Trust is that it is meeting the priorities and objectives described within the trust strategy, better lives, together and is operating safety 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 a everyone is proud to work here, feels they belong an	strive to be a Smarter Working organisation where we work toge d are valued.	ther so that
 Theme 1: Looking after our people – we will Ensure our people have a voice that counts. Strengthen the recognition and reward offers for our people. Support our people to be active in improvement and innovation efforts inside and outside the organisation. Embrace the principles of trauma informed practice across all of our services. 	 We will know we have been successful when: We have increased engagement with the NHS staff survey, with a focus on teams we hear less from. The staff survey and local surveys tell us our people feel valued. Our people recognise that our people promise that reflects our commitment to them and ambition to be a supportive employer and is meaningful to them. Feedback from colleagues via Staff Networks after recent Civil Disorder reinforces the value staff place in senior management living values in support of our workforce. 	PROPOSED Current Assurance Level: 3 Significant
 Theme 2: Belonging in our organisation – we will Continue to nurture compassionate, supportive and inclusive teams in our Trust. Build on our collective learning to shape an increasingly diverse, culturally competent, flexible and inclusive workforce that represents our communities. Continue to empower our staff networks, ensuring people can engage and act as a voice for the unheard voices. Continue to measure and improve the experiences and progression of our staff from protected equality groups. Encourage greater use of our comprehensive wellbeing offer so people are safe, healthy, thrive in their place of work and have a good work/life balance. 	 We will know we have been successful when: We can demonstrate that our workforce, including our senior leadership, is representative of the community it serves. Our people tell us they feel supported and developed, which they do through our staff survey responses. Our workforce race and disability equality scheme compliance is showing continuing improvements. Our staff networks are thriving and ensuring their communities have a voice and are assured of our actions to support the Trust being the best place to work for people with protected characteristics. 97% of our leadership has undertaken a management skills assessment in the largest training needs analysis the Trust has ever seen and now those managers are actively participating in not only further developing and enhancing their skills, but also 	PROPOSED Current Assurance Level: 3 Significant

Delegated Strategic Priorities – Assurance Level



 Theme 3: New Ways of Working and Delivering Care - we will Make sure that our physical places of work are accessible, well-resourced, high quality and maximise opportunities for new and integrated ways of working 	 We will know we have been successful when: Our people are digitally confident, have consistently positive experiences using devices, applications and workspaces, that enable them to do their job effectively, supported by clinical digital leaders. 	PROPOSED Current assurance level:
 with our partner organisations. Create a digitally enabled workforce through training, education and support, and embedding digital clinical leadership across the organisation. 	 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. 	2. Limited
Theme 4: Growing for the future – we will Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and	 We will know we have been successful when: Working with our education and training providers, we've developed pathways to increase the number and variety of roles that can be accessed through a vocational route. 	PROPOSED Current Assurance Level:
capabilities.	 A resourcing and recruitment programme, that recruits, trains and supports members of our local communities to become our future workforce, including growing apprenticeships. 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 May 2024 as a feasibility pilot, with the potential to widen to a Bradford District and Craven offer from 2024 onwards. We are actively engaged in a BD&C Place scheme to collaborate around recruitment to entry level roles in all health and social care specialties, not only in respect of job opportunities that reach out into our communities, but also a cohesive approach to developing career pathways through vocational and academic programmes open to all. 	3 Significant



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

Metric	Туре	Year End Position 2023/24	Reportin g month	Performance	Target	SPC / trend		
Staff survey – engagement levels	Strategic	7.03	2023	7.03	7.4 (best)	Staff engagement score remains stable/reduced slightly at 7.03 (-0.05);		
Staff survey - % would recommend the Trust as a place to work	Strategic	62.33%	2023	62.33%	63% (sector)	2019 2020 2021 2022 2023 Your org 58.11% 66.35% 63.17% 64.03% 62.33% Best result 75.13% 77.76% 73.58% 73.01% 75.43% Average result 61.79% 67.83% 63.17% 62.74% 65.59% Worst result 42.82% 49.09% 43.43% 39.56% 39.46% Responses 1297 1269 1412 1329 1671		
Labour turnover	Strategic	13.68%	Jul 24	12.95%	10%	Labour Turnover (Number of Leavers in the first 12 months) 100 Turnet Meas + 10, - 100 Leavers 12 Meath Leaving within first 2 months 100 Turnet Leavi		
Number of leavers in 1st 12 months of employment	Supporting	93 (19.3%)	Jul 24	84 / 450 (18.67%)	N/a	The top 3 reasons for leaving (excluding resignation – other/not known) are retirement, VR – Work/life balance and VR – promotion. 8.44% left due to the end of a FTC, 19.56% through retirement and 4.22% through dismissal.		
Sickness absence related to stress / anxiety	Strategic	2.6% of the 6.6% (39.04% of all absence)	Jul 24	2.6% of the 7.6% (33.64% of all absence)	N/a	Sickness Absence Absence Sickness Absence Sickness Absence Sickness Absence Sickness Absence Sickness Related Absence Episodes		
Sickness absence (Overall)	Supporting	6.6%	Jul 24	7.6%	4.0%	100 100 100 100 100 100 100 100		



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

Metric	Туре	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
WRES data (number areas improved out of 8)	Strategic	5/8 improved	2023/24	5/8 improved	8/8	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored
WDES data (number areas improved out of 12)	Strategic	8/12 improved	2023/24	8/12 improved	12/12	alongside the Trust's EDI programme.
Gender pay gap (number areas improved out of 2)	Strategic	1/2 improved	2023/24	1/2 improved	2/2	The average (Mean) GPG in favour of males reduced from 2023. The median GPG increased however the increase was in favour of females.
Number of grievances involving discrimination & Proportion disciplinaries involving BAME staff	Strategic	1 Grievance 12 Disciplinaries (15.38% of all ER Casework)	Jul 24	0 Grievances 17 Disciplinaries (28.81% of all ER Casework)	N/a	Disciplinaries, Grievances & all ER Casework Disciplinaries, Grievances & all ER Casework Disciplinaries, Grievances & all ER Casework Disciplinaries, Grievances & all ER Casework Store
Annual Appraisal Rates	Strategic	69.08%	Jul 24	72.68%	80%	Appraisal Rate

Key Performance Indicators

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

Metric	Туре	Year End Position 2023/24	Repor ting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	91.4% 6.63% Agency 84.81% Bank 8.56% Unfilled	Jul 24	84.19% 6.45% Agency 77.75% Bank 15.81% Unfilled	100%	An increase in both agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
Bank & Agency Usage (WTE)	Strategic	30.01 Agency 313.70 Bank Ratio: 8.73% Agency 91.27% Bank	Jul 24	35.16 Agency 311.74 Bank Ratio: 10.13% Agency 89.87% Bank	N/a	An increase in both agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
Vacancy rates	Strategic	7.4%	Jul 24	11.2%	10%	Increase

Best Place to Work: The	me 4: Grow	ing for the future				
Number of apprenticeships	Strategic	116	Jul 24	122	63	Increase
Number 'new' roles recruited to (inc NAs and ANPs)	Strategic	1	Jul 24	0	N/a	Increase

Delivering Best Quality Services: We will consistently deliver good quality, safe and effective mental health and physical health services, making every contact count and meeting the needs of our communities, with a focus on reducing health inequalities.						
 Theme 1: Access & Flow – we will Implement 'right care, right place, right time' service delivery models to improve choice, access, reduce waiting times and enhance continuity in care, including working with our partners and those in our services, to identify where digitally enabled services will improve accessibility and experience. Enhance collaboration between mental, physical community health services, and social care and system partners for all services to 'make every contact count' and to bring new and innovative ways of working to our communities. Work collaboratively with partners in a locality-based model to reduce health inequalities by using data and evidence-based practices to maximise the impact and outcomes 	 We will know we have been successful when: We will have a coherent set of metrics to track performance and safety, highlight inequalities experienced by protected equality groups, identify improvements and consistently benchmark with others. We can demonstrate equitable access to all of our services. Use high quality information and analysis to drive predictive health interventions, clinical decision making and service planning to reduce health inequalities. Service users have the choice to access our services using safe and secure digital tools where appropriate, to stay as healthy as possible. 	Confirmed Current Assurance Level (QSC – quality perspective): 2. Limited Confirmed Current Assurance Level (Finance and & Performance perspective): 1. Low				
 Theme 2: Learning for improvement – we will Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families. Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste. 	 We will know we have been successful when: We consistently adopt a continuous improvement approach, share learning and creating opportunities for our people to develop their improvement and innovation skills. We have a vibrant portfolio of research that guides clinical and service decisions 	Confirmed Current Assurance Level: 3. Significant				

Strategic Priorities – Assurance Level

	ntly deliver good quality, safe and effective mental health and ph e needs of our communities, with a focus on reducing health ine	1
 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 	 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 	Confirmed Current Assurance Level (QSC):
 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 	 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. 	2. Limited Confirmed Current Assurance Level (MHLC – restrictive practices):
		2. Limited

Bradford District Care

Best Quality Services: Theme 1: Access & Flow

Metric`	Туре	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Reportable Out of Area - Inappropriate (Monthly)	Strategic	Jul 24	299				589	
Number of people with inpatient length of stay <=3 days	Strategic	Jul 24	2	твс	00 ⁰ 00		3	
Number of people with inpatient length of stay > 60 days	Strategic	Jul 24	10	0		۳.	14	HANNY MANT
Consultant led waiting times (incomplete) referral to treatment	Strategic	Jul 24	50.6%	92%		۳}	61.9%	



Best Quality Services: Theme 2: Learning for Improvement

Metric	Туре	Reporting month	Performance	Target	Summary
% of staff trained as a CTW Champion	Strategic	Jul 24	44.3%	50%	
% of staff trained as a CTW Leader	Strategic	Jul 24	22.8%	20%	
% of staff trained as a CTW Practitioner	Strategic	Jul 24	35.7%	3%	
% of staff trained as a CTW Sensei	Strategic	Jul 24	77.7%	0.5%	
No of participants in research studies (YTD)	Strategic	Jul 24	42	380	



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

				-				
Metric	Туре	Reporting month	Performanc e	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	May 24	36	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	May 24	11	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	May 24	94%	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	May 24	50	0	N/A	N/A	N/A	The set of



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

Metric	Туре	Reporting month	Performanc e	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	Jul 24	33	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Jul 24	7	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Jul 24	96.1%	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	Jul 24	48	0	N/A	N/A	N/A	

* defined by subcategories: Admission: Bed Shortage, Failure/Delay to access service, Cancellation of clinic/appointment, Cancelled therapeutic activity, Delay in referral, Treatment or procedure delay/failure ** defined by subcategories: Appointment Cancellations, Waiting For Appointment/Visit, Length Of Waiting List

 Theme 1: Financial Sustainability – we will Ensure that all operational services and corporate functions optimise the use of resources, deliver best value and reduce waste within agreed budgets and with regard to environmental and social impacts 	 We will know we have been successful when: We are consistently delivering a financially balanced position at Trust and care group level. We can demonstrate the return on investment and value for money of investments in our physical and digital infrastructure 	PROPOSED Current Assurance Level: 1. Low
 Theme 2: Our environment and workspaces – we will Ensure that our people have opportunities to shape, test and implement digital solutions to stimulate innovation and creativity in service delivery. Co-design a revised green plan to embed sustainable healthcare models and to continually drive environmental improvements and innovation. Co-design spaces that meet the needs of our people and service users, are energy efficient and decarbonising and, where possible, use existing facilities in our neighbourhoods to reduce duplication and deliver care closer to home. Provide a robust, resilient and secure digital infrastructure that enables our people to do their job from anywhere, anytime 	 We will know we have been successful when: Services are co-located in shared health and care delivery spaces across Bradford and Craven, reducing our overall footprint. Sustainability and efficiency are embedded into all refurbishment and new build projects, using sustainability principles, completing sustainability impact assessments and taking account of NHS England's targets and guidance. We will have achieved the targets set out in our Trust's green plan by focusing on reducing waste, increasing recycling and reducing our carbon emissions. We have assessed our organisation as being digitally mature, including meeting/ exceeding all 10 standards within the data security protection toolkit 	PROPOSED Current Assurance Level: 1. Low
 Theme 3: Giving back to our communities – we will Contribute to the social, economic and cultural development of our place through social value led approaches, programmes and procurement 	 We will know we have been successful when: We can demonstrate that social value is built into all material investment and procurements. We have delivered the ambitions in our joint climate change adaptation plan, shared with Bradford Teaching Hospitals NHS Trust and Airedale NHS Foundation Trust. 	PROPOSED Current Assurance Level: 2. Limited

Good governance: Good governance, accountat	pility and effective oversight	
We will	We will know we have been successful when:	CONFIRMED
Have in place good governance arrangements that	We have well embedded governance processes that are clear and	Current
ensure we make the best decisions	effective	assurance
		level:
		3. Significant

Board of Directors – Meeting held in public

25 September 2024

Paper title:	Committee Alert, strategic risk sum	Advise, Assure + Decision (AAA+D) – mary	Agenda Item			
Presented by:	Fran Stead, Trust	Fran Stead, Trust Secretary				
Prepared by:	Fran Stead, Trust	Secretary				
Committees wh been discussed	nere content has d previously	Mental Health Legislation Committee; Qua Committee; Finance & Performance Comm Committee, People & Culture Committee				
Purpose of the Please check <u>O</u>		□ For approval□ For inform☑ For discussion	ation			

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

Purpose of the report

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

Executive Summary

In September and October 2023, the Board moved to new arrangements whereby each Committee is asked to explicitly consider the strategic risks identified as a result of considering all of the information and evidence shared with them. They are then asked to identify how assured they are that appropriate mitigations are in place.

These risks are identified within the AAA+D of each Committee, with the supporting narrative within the AAA+D providing the supporting detail. In order to ensure clarity for Board, these strategic risks are summarised in this over-arching cover paper to the AAA+D reports. This paper should be read in conjunction with the AAA+D of each Committee.

In support of continuous improvement, work is taking place to consider a reporting template which integrates:

- strategy deployment
- strategic risk
- strategic performance
- strategic assurance.

An important factor within this is showing integration & dependency across these areas, & providing a Board Assurance Framework, which is responsive & allows movement.

Linked to this, consideration is also being made to the Audit Committees role in reviewing the establishment & maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust, that supports the achievement of the Trust's strategic objectives. As part of the Audit Committees integrated approach, it will have effective relationships with other key Committees so that it understands processes and linkages.

Work will also take place to ensure we have embedded dynamic reporting arrangements, from Committee, to Audit, to Board, in support of assurance & escalation reporting up, but also seeking further assurances/actions/mitigations back down. Part of this is to review the schedule of meetings to ensure that information is flowing adequately, & reviewing the work plans, & reporting templates as part of the development work. Complementing this work is a review of the strategic measures, which were agreed as part of the Better, Lives Together refresh July 2023.

Included within this report is the Board risk appetite & tolerance. The purpose of a Risk Appetite Statement is to articulate what risks the Board is willing or unwilling to take in order to achieve the Trust's strategic aims.

It is good practice to review the Risk Appetite Statement on an annual basis and/or following any significant changes or events.

Do the recommendations in this paper
have any impact upon the requirements
of the protected groups identified by the
Equality Act?

□ **Yes** (please set out in your paper what action has been taken to address this)

🛛 No

Recommendation(s)

The Board of Directors is asked to:

- Note the strategic risks identified by each Committee and discuss the implications for achievement of the Trust's overall Strategy.
- Note the update on ensuring an integrated model of good governance, assurance & risk is embedded robustly within the Trust.

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR: Not applicable
Care Quality Commission domains Please check <u>ALL</u> that apply	 □ Safe □ Caring □ Effective □ Responsive □ Vell-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: - Well Led - Provider Licence - NHS Act 2006 - Health & Care Act 2022 - Trust Constitution - NHS Code of Governance



Board of Directors – Meeting held in public

Committee AAA+D – strategic risk summary

1 Purpose

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

2 Delivering Better Lives Together (BLT)

BLT comprises of four strategic priorities, each of which have strategic measures & supporting measures associated with it. Each priority is broken down into a number of themes, which have been assigned to the relevant Board Committee(s) for monitoring. Underpinning the BLT strategy is a supporting principle of 'good governance, effective oversight & accountability', which has been assigned to the Audit Committee for monitoring.

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

Our core: Everything we do over the next 3-years will be focused upon making better lives together.

Our purpose: Supporting people to feel as healthy as they can be at every point in their lives& connecting people to the best quality care when & where they need it to make every contact count.

Our vision: To connect people to the best quality care when & where they need it, & be a national role model as an employer

3 Strategic risks and assurance of mitigation

December 2023, the Board received a report on the implementation of the refreshed strategic risk & assurance framework. This included confirmation that whilst the risks being identified by Committee's were different, it was possible to distil the risks to a top 3 overarching risks. They are:

- 1. There is a risk that the **inability to recruit and retain an appropriately skilled substantive workforce** will continue to negatively impact on the Trust's financial sustainability; the safety and experience of people who use our services & on the morale and experience of colleagues.
- 2. There is a risk that **continued increase in demand across many of our services** will continue to negatively impact on the quality of services we can offer, including maintaining unacceptable waits for treatment, safety concerns & potential impacts on outcome; that this will continue to negatively impact on the financial sustainability by driving the need for additional staffing related to additional activity & acuity of patients relating to the impact of waiting for treatment, & that this will impact on colleague experience due to increased workload & associated pressures as well as a lack of time to invest in development and support.
- 3. There is a risk that the **continued lack of available capital to invest across the estate** will lead to patient & colleague safety incidents as well as continued poor experiences for patients & colleague relating to an aging & inappropriate environment.

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

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing		Confidence level in mitigation / Management	Changes since last report update
Mental Health Legislation Committee	BPTW BQS	T1 T3	There is a risk that the safety and experience of service users and staff is materially compromised by a limited ability of the trust to respond, in a sufficiently coherent and rapid way, to estates issues and/or innovations.	New pressures on existing situation.	September 2023	Limited – due to a perceived lack of rapid/effective progress relating to (1) taking full advantage of the potential benefits of additional/new "safety pods"; and (2) making apparently	Static.



Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Changes since last report update
						necessary changes to the "hearing room" at Airedale.	
	BPTW BQS	T1 T3	There is a risk that the safety and experience of service users and staff is materially compromised by the unjustified or badly- managed use of restraint/intervention on the wards.	New pressures on existing situation.	January 2024	Limited due to new and emerging risk.	Static.
	BQS	Т3	There is a risk of sub- optimal application of "best interests" principles.	New pressures on existing situation.	March 2024	Limited.	Static.
	GG	-	There is a risk that the Trust may not act in a fully compliant / best practice way in relation to Associate Hospital Managers.	New pressures on existing situation.	May 2024	Limited.	Static.
Quality & Safety Committee	BPTW BQS	T1 T3	Continued pressure on our workforce impacting on quality of care to patients.	New pressures on existing situation.	September 2023	Limited.	Static.
	BPTW BQS	T1 T3	Continued demand & acuity in a number of services including acute inpatient, community MH, Children & Adults, Podiatry, LAC will have a negative impact on patient experience and outcomes.	New pressures on existing situation.	September 2023	Limited.	Static.



Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Changes since last report update
	BPTW BQS	T1 T3	Recruitment challenges to roles & services having a negative impact on wellbeing & culture.	New pressures on existing situation.	September 2024	Limited.	New.
Finance & Performance Committee	BUOR	T1	There is a maintained risk that the Trust will be unable to maintain its financial sustainability in the medium to long term.	New pressures on existing situation.	September 2023	Low – there are in year mitigations in place within the Trust, which is also contributed to by wider system pressures.	Static.
	BUOR BPTW BQS	T1 T1 T3	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.	New pressures on existing situation.	September 2023	Significant – improved position reported to September meeting.	Improved.
People & Performance Committee	BUOR BPTW BQS	T1 T1 T3	Continuing medical locum usage, associate quality & financial pressures associated with this strategic risk.	Existing.	September 2023	Limited.	Static.



Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Changes since last report update
	BUOR BPTW BQS	T1 T1 T3	Workforce utilisation and effective rostering as part of the Model Roster 3 programme.	New pressures on existing situation.	May 2024	Limited.	Static.
	BPTW	T1	Manager capability & competence, in light of new financial pressures/challenges.	New pressures on existing situation.	May 2024	Limited.	N/A – new.
	BPTW	Τ1	Threat to culture change in light of additional performance/financial pressures as 2024/25 progresses.	New pressures on existing situation.	July 2024	Limited.	N/A – new.

4 Continuous improvement

Part of the deployment of the refreshed BLT strategy included a review of the tools available to the Board to support robust oversight & good decision making. This included moving from a 'risk based' Board Assurance Framework (BAF), to an 'assurance based BAF. The Alert, Advise, Assure & Decision report including confirmation of the top strategic risks identified at each meeting.

Initial review identified the following learning:

- There is a potential mis-alignment in the assurance levels against the strategic priorities where those priorities overlap. More work to do on ensuring corresponding discussion on joint areas is taking place across the Committee's.
- Not all the Committee's strategic risks looked to be aligned, raising the question of whether all Board members had a shared view on the strategic risk being experienced.
- A need for an annual review as part of a Board Development Session. Being considered to take place during quarter four each year. Aligned to the effectiveness review, & forward planning for the year ahead.
- The importance of integrated reporting to ensure dynamic governance.
- Further consideration on the role of the Audit Committee.

5 Risk appetite 2024/25

The purpose of a risk appetite statement is to outline what risk the Board of Directors is willing/unwilling to take in order to achieve the Trust's strategic priorities. It is good practice to monitor & review the statement on an annual basis and /or following any significant changes or events. Well Led guidance reference:

- Colleagues & leaders ensure any risks to delivering the strategy, including relevant local factors, are understood & have an action plan to address them. They monitor & review progress against delivery of the strategy & relevant local plans.
- Leaders have the experience, capacity, capability & integrity to ensure that the organisational vision can be delivered & risks are well managed.
- The systems to manage current & future performance & risks to the quality of the service take a proportionate approach to managing risk that allows new & innovative ideas to be tested within the service.

This paper confirms the review for 2024/25, where the Board agreed the current risk appetite, aligned to the Good Governance Institute risk management matrix.

The acceptance of a greater deviation from our risk appetite for some individual areas of decision making and/or acceptance of the need to reprioritise previously agreed risk mitigation actions can be regarded as risk tolerance (the degree of variance from the organisation's Risk Appetite that the organisation is willing to tolerate).

Development work is taking place on the Trust's risk reporting arrangements, aligned to the Board confirming the risk appetite statement. The Compliance & Risk Group, Chaired by the Chief Executive, remains the receiver of this report. The outcome report from the Compliance & Risk Group, is presented to the Audit Committee.

Methods of controlling risks must be balanced. With the Board reminded about the importance of integrated reporting to ensure good decision making is in place as part of dynamic governance arrangements.

The risk appetite, Board effectiveness, & BLT strategy will be reviewed each year in a Board Development Session.



	0 - None Avoidance of risk is a key organisational objective.	1 - Minimal Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	2 - Cautious Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	3 - Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	4 – Seek Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	5 - Significant Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.
FINANCIAL How will we use our resources?	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk <u>as long as</u> appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
REGULATORY How will we be perceived by our regulator?	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
QUALITY How will we deliver safe services?	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless <u>absolutely essential</u> . We will avoid innovation unless established and proven to be effective in a variety of settings.	We prefer risk avoidance. But, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer- term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
REPUTATION How will we be perceived by the public and our partners?	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk <u>as long as</u> there is the potential for improved outcomes for our stakeholders. SI Pho ACC	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable taking decisions that may expose us to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes SK
PEOPLE How will we be perceived by our current / future workforce?	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment / retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve their skills /capabilities. We recognize innovation is likely to cause short term disruption with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.



Agenda

Item

12.0

Escalation and Assurance Report (AAA+D)

Report from the: Quality and Safety Committee (QSC)

Date of meeting: 11 September 2024

Report to the: Board of Directors

Top 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
Recruitment challenges to roles & services having a negative impact on wellbeing & culture.	New	Limited assurance

Key escalation and discussion points from the meeting

Alert

- Staff bank training compliance.
- Demand for beds.
- The Committee received the nursing services audit. The low figures for NEWS2 training were highlighted, and a further audit across the Trust was planned for later in the financial year. This upcoming audit will focus on the lessons learned and there was support for the robust plans implemented to address the decreased figures.
- Medication shortages, including quetiapine, remains a concern until the end of August, this has been listed on the risk register
- Staff shortages throughout various areas within the Trust. The Committee discussed the importance of the impact on patient safety, staffing models and business continuity plans. Incidents regarding capacity were increasing, there was a gradual increase in particular areas that had historically being at satisfactory levels.
- Recruitment challenges within Occupational Therapy had begun to impact current staff wellbeing.

Advise:

1. A presentation advised on a new approach to placement opportunities for medical students within the Trust, it had received a 100% satisfaction rate from student feedback and also was rated highly by service users. The approach was more time intensive, however, had a positive impact on; the quality of teaching; involvement of service users and on middle grade Doctors. The Committee discussed if this



innovative way of working could be incorporated into other teams (Nursing) and how the space requirements may be considered in the new building work Lynfield Mount. A report would be brought back to a future Committee.

- 2. Feedback from Involvement Partners; included effectiveness of personal budgets, food parcels on discharge and sensory room equipment an item would be brought back to the next meeting.
- 3. Community Dental Service was not currently meeting Return To Treatment rates
- 4. Fill rates for posts at Lynfield Moun and the high cost of parking for staff onsite (particularly for those on band 2) was being considered as an issue.
- 5. Early release from prison scheme, the Trust and Committee continued to be aware of the impact this may have on Services within the area.
- 6. Members discussed the importance of having end of life agreements in place (for equipment), these agreements were impacting on whether a service user could return home and causing discharge delays.

Assure:

- 1. Work is being undertaken to improve the readiness of service users for discharge.
- 2. Demand for beds was a continued risk, however, the Committee was assured that the Trust were responsive and innovative.
- 3. Daily Executive Panels were considering financial sustainability, however, the Trust was ensuring patient safety was paramount within these conversations to ensure a triangulated approach.
- 4. Service areas continued to make improvements and operational changes to mitigate any risks identified, for example within Community Dental Service.
- 5. There was a good reporting culture in terms of incidents.
- 6. Complaints waiting over 6-months had reduced to zero, teams were commended for this achievement as part of the planned improvement work.
- 7. Keeping Your Chest Healthy, Little Minds Matter and Wellbeing Services had been nominated for Health Service Journal Awards.
- 8. Safety insights highlighted demonstrated that targeted work to address emerging concerns had commenced.
- 9. There had been an increase in the uptake and feedback from Family and Friends.
- 10. A new team had been established to consider incidents of hate crime and encouraging and supporting staff to report these.
- 11. Committee noted World Suicide Prevention Day on 10 September 2024, and the Trusts commitment to their approach for zero suicides.
- 12. Plans were in place to fill vacant posts to address waiting list issues. New roles established would have a huge impact on the Trust,

Decisions / Recommendations:

Minutes of the previous Committee meeting. Actions listed as completed & those agreed within the meeting as closed.

Report completed by: Jess Greenwood-Owens - Corporate Governance Officer

Report approved by: Alyson McGregor

Chair of the Quality and Safety Committee

Date: 15th September 2024



Board of Directors

25 September 2024

Paper title:	NHS England Emergency Preparedness, Resilience & Response (EPRR) Assessment & Declaration	Agenda item
Presented by:	Kelly Barker, Chief Operating Officer (and Accountable Emergency Officer)	13
Prepared by:	Chris Wright, EPRR Manager	

Purpose of the report
NHS England requires all NHS organisations to annually assess
their ability to meet their EPRR statutory obligations. This

shows the results of our self-assessment for 2024.

assurance is sought each autumn, and Trust Boards are to be made aware of the level of preparedness achieved. This report

For approval	
For discussion	
For information	Х

Executive summary

NHS providers are required to provide annual assurance on their readiness to meet their Emergency Preparedness, Resilience & Response (EPRR) statutory obligations. Organisations must complete a formal self-assessment on several EPRR standards, as provided in the Civil Contingencies Act 2004, the Health & Social Care Act 2012, the Health Care Act 2022, NHS guidance and the NHS Operating Framework.

A regulated set of core items for all NHS providers is provided, with all questions to be answered showing the level achieved and actions to be taken to address any which fall below full compliance. BDCFT is assessed at **65.5%** (non-compliant).

Do the recommendations in this paper has any impact upon the requirements of the	'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
protected groups identified by the Equalit Act?	No	

Recommendation

The Board of Directors is asked to:

- Note the findings of this report.
- Agree with the assessment of compliance as NON-COMPLIANT

Strategic vision

Please mark those that apply with an **X**



Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
х	Х	Х	Х	Х

Care Quality Commission domains				
	Please mark those that apply with an X			
Safe	Effective	Responsive	Caring	Well Led
x	X	x		x

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: All 	
Links to the Strategic Organisational Risk Register (SORR)	 The work contained with this report links to the following corporate risk(s) as identified in the SORR: All 	
Compliance and regulatory implications	 The following compliance and regulatory implications have been identified as a result of the work outlined in this report: Emergency Preparedness, Resilience & Response (EPRR) statutory obligations. 	



Comment by Accountable Emergency Officer

The annual self-assessment of EPRR core standards was dramatically overhauled by NHS England in 2023 and has been the subject of much controversy and debate by providers and ICBs at local, regional and national level as a result. The national lead for EPRR from NHS England has conceded that the methods used in the assessment trial last year were too stringent, recognising that they were unhelpful and excessive. NHS England have stated that they will introduce a more balanced set of assessment criteria for 2025, but that for 2024 the same criteria as last year were to be used.

This year, to achieve a more proportionate and accurate reflection of the EPRR standards being attained by providers, each organisation's self-assessment is initially being peer reviewed with partners ahead of individual meetings with the ICB to discuss their Core Standards submission. Whilst organisations are required to complete the full self-assessment, the ICB has advised that they will be concentrating on those areas where providers have improved their rating to be now be fully compliant in 2024.

Last year our original self-assessment of 86% compliance was reassessed under the revised NHS England framework which dramatically reduced it to 8%.

Our self-assessment return for 2024 shows an overall compliance rate of **65.5**%, having fully completed (green rated) 38 out of the 58 standards required. It is only the green rated items which count towards the competency assessment, but in addition the Trust is partly compliant (amber rated) in 17 standards, and there are still 3 (red rated) standards where we have no level of compliance (*see diagram below*).

Please select type of organisation:	Mental Health Providers					Publishing Approval Reference: 000719			
Click button to format the workbook	Format W	orkbook							
Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant	Overall assessment:	Non compliant			
Governance	6	4	2	0					
Duty to risk assess	2	2	0	0					
Duty to maintain plans	11	10	1	0	Compliance Percentage:	65.52%			
Command and control	2	1	1	0					
Training and exercising	4	2	2	0	24				
Response	5	4	1	0	Assurance Rating Thresh	olds			
Warning and informing	4	2	2	0	Fully Compliant = 100%				
Cooperation	4	4	0	0	Substantially Compliant = 99-8	39%			
Business Continuity	10	9	1	0	Partially Compliant = 88-77%				
Hazmat/CBRN	10	0	7	3	Non Compliant = 76% or less				
CBRN Support to acute Trusts	0	0	0	0					
Total	58	38	17	3	Calculated using the number of	of FULLY compliant standards			
Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant					
Cyber Security	11	0	0	0					
Total	11	0	0	0					

The areas where we are less than fully compliant relate primarily to personal EPRR training records, 24/7 cover requirements and Chemical, Biological, Radiological & Nuclear (CBRN) capabilities. Comments on these areas is contained in this report.

<u>EPRR Training Portfolios</u>. NHS England has recently introduced a requirement for personal training records for all those with incident management responsibilities, including on call directors and managers. It has been acknowledged that this is a



NHS Foundation Trust significant task with continued work taking place across EPRR leadership groups. Reporting on training completed is to be introduced in September 2024.

<u>24/7 Cover</u>. In addition to the on-call first and second level management staff (managers and directors), the Core Standards continue to require out of hours cover to be in place for some other specified roles, i.e. Communications, Loggist, CBRN response. This is a recurring assessment thread, and one which the Trust Board has previously decided that BDCFT does not require these roles to be staffed on a 24/7 basis. It is considered that the arrangements we have in place are adequate and appropriate for our incident response requirements, given that the Trust is not a Category 1 responder under the terms of the Civil Contingencies Act 2004.

<u>Chemical, Biological, Radiological & Nuclear (CBRN)</u>. BDCFT has retained the same 3 non-compliant (red rated) items as we had last year, and all are contained within the CBRN domain. Our community and mental health provider colleagues each have the same non-compliance issues, due to the discrepancy between Core Standard requirements and the realistic capabilities of non-acute provider organisations. To address this, specialist CBRN training staff from Yorkshire Ambulance Service (YAS) have been tasked with assessing the actual facilities, resources and potential of non-acutes. LYPFT are working closely on this with YAS, scoping out more appropriate and applicable CBRN standards to be introduced in 2025. Until this work is completed, we have self-assessed as partially compliant (amber rated) due to our limited capacity to only undertake dry decontamination for any self-presenting CBRN casualties.

<u>Summary</u>

As an Organisation significant progress has been made in compliance levels now prescribed under the revised NHS England assessment regime, that is demonstrated within the assessment findings compared to last year.

NHS England received feedback and held learning sessions with EPRR leads and AEOs on the revised NHS England assessment regime and have helpfully taken that learning and adapted its approach for this year based on that feedback and learning from experts.

BDCFT retains a realistic level of assurance and compliance against the revised NHS England framework and remain confident in our ability to maintain effective EPRR measures for any incidents which may affect delivery of our services. This is borne out by the effectiveness of the Trust response to a number of recent incidents where our contingency measures have been activated.

Our completed assessment return has been compared and peer reviewed with other community and mental health provider organisations across the whole of the Yorkshire and Humber region, and our findings largely reflect their own. BDCFT has the same level of compliance as both LYPFT and SWYFT.

We will continue to work collectively with fellow MH and community Trusts, ICB and NHS England EPRR leads on the areas where improvement actions are required to redress areas of non-compliance. Any emerging risks or issues will be communicated up through the appropriate organisation and system structures.



Kelly Barker Chief Operating Officer (Accountable Emergency Officer) Bradford District Care Foundation Trust 4th September 2024



Board of Directors – Meeting held in Public

Wednesday 25 September 2024

Paper title:	Trust self-assessi provision	on education	Agenda Item				
Presented by:	Phillipa Hubbard Director of Nursin	hief Executive	14				
Prepared by:	Sarfaraz Shora - Deputy Medical Director Mahmood Khan - Associate Medical Director Debbie Cromack - Operational Preceptorship Lead/Operational Manager						
Committees where content has been discussed previously		Not applicable for this item					
Purpose of the paper Please check <u>ONE</u> box only:		☑ For approval□ 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	Looking after our people					
to Work	Belonging to our organisation					
	New ways of working and delivering care					
	Growing for the future					
Delivering Best Quality	Improving Access and Flow					
Services	Learning for Improvement					
	Improving the experience of people who use our services					
Making Best Use of	Financial sustainability					
Resources	Our environment and workplace					
	Giving back to our communities					
Being the Best Partner	Partnership	х				
Good governance	Good governance Governance, accountability & oversight x					



Purpose of the report

To provide an overview of the 2024 self-assessment evidence collated for the trust from across the professions who support and deliver education provision. The self-assessment evidence will demonstrate the high-quality learning environments provided across the organisation, measures to maintain the safety and protection of learners alongside current challenges.

Executive Summary

The NHS England Self-Assessment Return (SAR) is an annual process by which organisations carry out their own quality evaluation of education provision against a set of standards. It is based on the philosophy of continuous quality improvement, the identification of quality improvement potential, the development of action plans, implementation, and subsequent evaluation.

Placement providers are asked to complete an online form indicating where they have or have not met the standards as set out in the self-assessment. There is the opportunity under most of the questions for placement providers to provide evidence to support their answers

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? ☐ **Yes** (please set out in your paper what action has been taken to address this)

🛛 No

Recommendation(s)

The Board of Directors is asked to:

- Review the evidence presented within the 2024 self-assessment return.
- Highlight any omissions/amends required
- Board sign off of content prior to organisational submission to NHSE by 1st October deadline. Name and email of board member to be added to last page of the online document.

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR:Not applicable to this agenda item				
Care Quality Commission domains Please check <u>ALL</u> that apply	 ☑ Safe ☑ Effective ☑ Responsive ☑ Caring ☑ Well-Led 				
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report:NHS Funding agreement 2024				



	 NHS England Education Quality Framework NHSE Educator workforce strategy NHSE Safe Learning Environment Charter (SLEC)
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Board of Directors – Meeting held in Public

Wednesday 25th September

Trust self-assessment return to NHS England on education provision

1 Purpose

The annual multiprofessional NHS England Provider Self-Assessment return (SAR) provides a crucial insight into the quality of healthcare placements for learners. It is set against a set of standards and is based on the philosophy of continuous quality improvement, development of action plans, implementation and evaluation. Placement providers are asked to complete an online form indicating where they have or have not met the standards as set out in the SAR. There is the opportunity to provide evidence to highlight best practice alongside detail of current challenges.

The NHS England Quality Framework identifies the standards that organisations are expected to meet to provide high quality learning environments. The NHS Education Funding Agreement (2024) requests all providers to fulfil the obligations of their roles and responsibilities set out in the NHS England Education Quality Framework and to submit a return to NHS England on their compliance with the agreement. There is the requirement via the NHS Education Funding Agreement that organisations will undertake this annually which is fulfilled via the SAR.

The content of the SAR is required to have board oversight and approval prior to submission to the quality team at NHSE.

2 Proposed Outcome

The self assessment document with BDCFT evidence for 2024 is hosted on Smart Survey https://poll.hee.nhs.uk/s/3XDFH6/?uid=248609972&edit=dwszdU2GninXOZZEYZescgQSN

Key highlights from the SAR evidence

<u>Achievements</u>: Collaboration is a strong golden thread running across the professions in terms of enhancement of the quality of practice learning and new learning opportunities. This is both in-house, with our regional HEIs and external stakeholders.

Despite noted placement capacity concerns the trust continues to offer extremely well evaluated learning experiences with a high number of learners looking to the organisation for there first destination posts.

With a national reduction in education funding the trust has been proactive in growing its in-house capacity to deliver new and innovative provision across the professions for example; expansion of medical staffing and the education team, development of the Centre for Clinical Education and Professional Development at Daisy Hill House enabling a portfolio of 90 new training offers for support staff and registrants across



nursing and the allied health professions and the development of the P2P3 (pathways to

progression) online training platform designed by BDCFT on behalf of the ICS to support the CPD of Assistant Psychologists and supporting them into PT professional training

<u>Challenges</u>: Placement capacity for both undergraduate and postgraduate remains a challenge for 24/25 with the continued large numbers of learners requiring an allocation alongside staffing challenges in clinical practice. This is being felt across medical, pharmacy, AHP and nursing. Despite ongoing and proactive work to look at alternative placement pathways/innovative learning experiences challenge is felt around staff culture and readiness to embrace new or different models of practice learning.

Capacity of staff who are trained and prepared to provide supervisory/assessor roles is a challenge shared across the professions to maintain quality. For medical education with an increased pressure for additional placements comes the challenge for the organisation to recruit and retain sufficient supervisors to maintain quality. Likewise pharmacy are facing a limited number of pharmacists with the specialised knowledge required to effectively train newly qualified pharmacists. This constraint results in insufficient supervision in clinical practice as there are too few specialists available to facilitate the necessary training.

For nursing and AHP there is a shared concern around the amount of additional support needed in practice for pre-registration learners. The is a notable increase in learning challenges, significant reasonable adjustments and mental health needs as well as concerns observed by placement staff about the quality of students and professionalism. There are a number of active partnership workstreams looking at this with HEI colleagues.

Psychological therapies are facing continued concern around NHSE funding availability for some key pieces of role development and challenging timescales provided when monies are made available at short notice which impacts on effective investment and utilisation.

3 Options

The 2024 BDCFT self-assessment return has highlighted some common themes running across the professions both in terms of best practice/achievement and ongoing challenges. There is a lot of great work happening which is both profession specific and on a wider scale linking in with the multiprofessional Bradford District and Craven placements group, ICB forums and our education providers in higher education.

The evidence provides organisational assurance that the education environment and trust approach to the governance and quality assurance of its practice learning complies with the requirements of the NHS Funding agreement 2024, NHS England Education Quality Framework and NHSE Safe Learning Environment Charter (SLEC). The recently published NHSE Educator workforce strategy has been partially implemented and has some outstanding elements to be addressed across 2024 in terms of building educator capacity into workforce planning and affording educators continued development as part of their role.



There is ongoing focus on how the challenge of placement capacity (which is felt nationally) can be addressed whilst maintaining the focus on gold standard practice learning provision. This will require a focused and strong approach to culture change across the supervisor, assessor and educator workforce to look further than historical block placements in one team/ward which are at saturation point. Student led clinics, utilising areas of the organisation not currently hosting substantive students (eg R&D, corporate functions, leadership), placement pathways with our acute, Private, independent and voluntary organisations (PIVO) and social care partners are all in discussion alongside the incorporation of additional in-house clinical skills workshops and engagement with cross field/profession education.

4 Risk and Implications

- Lack of supervisors particularly for medical education and pharmacy to support increasing numbers of learners
- Continued pressures on placement capacity across the professions due to the large number of learners needing to be accommodated across the Bradford place and overlaps in students from different parts of the programme needing placements at the same time. Quality however continues to be met and student experience overall remains very positive.
- Measures and processes are in place in terms of routes of escalation for any concerns around capacity and learner experience to manage, record and address these in a timely manner
- Reduced/removed funding streams for some profession specific programmes of study are a notable challenge in terms of workforce planning/development

5 Results

- This annual exercise is presented to board and then once approval confirmed is forwarded to the quality team within NHSE for review.
- The SAR provides the organisation with assurance around the quality of its education provision but also evidence to inform ongoing action plans to address areas of concern/challenge.
- The SAR provides information to the quality team at NHSE in advance of its senior leadership visit from the Deanery/Quality team where best practice and challenge is discussed and trust performance benchmarked against regional and national KPIs.

Name of author/s Sarfaraz Shora, Mahmood Khan, Debbie Cromack Title/s Consultant Psychiatrist and Assistant Medical Director Consultant Psychiatrist and Director of Medical Education Operational Manager Centre for Clinical Education and Professional Development Date paper written: 9/9/24





Sent by email:

- To: Director of Medical Education Medical Education Manager
- Cc: Chief Executive Medical Director Chief Nurse Head of Learning and Development Education Contract Lead

NHS England Blenheim House Duncombe Street Leeds LS1 4PL

23 July 2024

Dear colleague

Annual Self-Assessment for Placement Providers 2024

We will be running the Multiprofessional NHS England Provider Self-Assessment (SA) in 2024. I enclose a couple of guidance documents from the Quality Team.

The SA provides a crucial insight into the quality of healthcare placements for learners. It is set against a set of standards and is based on the philosophy of continuous quality improvement, development of action plans, implementation and evaluation. The <u>2023 Provider Self-Assessment National Highlights</u> summarises the response from providers.

The SA is completed on line and gives providers the option of providing details to support the submitted answers. The questions have been reviewed to reduce the completion burden and to align with documents (such as the Quality Framework and the Long-Term Workforce Plan).

The SA is hosted on Smart Survey and can be accessed via your own trust's unique link: <u>https://poll.hee.nhs.uk/s/3XDFH6/?uid=248609972&edit=dwszdU2GninXOZZEYZescgQSN</u>

There are:

- Separate sections to allow completion by appropriate learner groups
- Drop-down lists to enable categorisation of challenges and achievements
- A print function prior to submission and an automatic save function

We thank your continued support of the SA. For any help or queries please do not hesitate to contact the quality team at england.qualityteam@nhs.net

The deadline for completion is 1st October 2024

Kindest regards

Jon Hossain Deputy Postgraduate Dean and Director of Quality NHS England

Enclosures:

- 1. Annual Self-Assessment for Placement Providers, Guidance 2024
- 2. A word version of the SA

CPD Investment and Assurance Workforce Transformation Plan

Background:

The purpose of this reporting template is to provide a standard tool for reporting on the utilization of the CPD funding allocation for Nursing Associates, Nurses, Midwives and AHPS in NHS organisations/Training Hubs.

This will aid in providing a transparent report on how and where the CPD funding is utilised across the region aligned to NHSEs five key enablers of workforce transformation (previously the HEE Star) - Supply, Up-skilling, New roles, New ways of working and Leadership CPD funding should be aligned to these five enablers (at least one or more), to ensure appropriate use of resource and establish a common understanding of shared workforce priorities.

The reporting framework is aligned to the five key enablers to facilitate aggregation and analysis at regional and national level – providing improved oversight of economies of scale, gaps in activity and impact/outcomes

Instructions for completion:

The **<u>Contact details sheet</u>** (Tab 2) asks for the details of the main contact for this information and the details of the Senior Responsible Officer who has overall accountability for the CPD funding on behalf of the organisation.

The **Assurance sheet** (Tab 3) please describe the steps you took to ensure effective governance, advance equality of opportunity and eliminate discrimination and the benefits and outcomes of this investment.

Education Provider: Please state the education provider for the CPD activity

Provider Type: Select from the list

Description of activity: State the CPD title or description of CPD activity (e.g. course name)

Activity category: Select from key enablers of workforce transformation

Activity type: Select from the list

Planned Delivery: Select which quarter the CPD activity will be delivered

Unit cost: The cost per person for full CPD completion

Nursing Staff Group: Select from the list

Number of places for Nurses/Midwives: State the number of participants on the specified CPD activity (E.G. '10' not 'ten')

Nursing & Midwifery Cost: This is automatically calculated. Do not edit this column.

AHP Staff Group: Select from the list

Number of places for AHPs: State the number of participants on the specified CPD activity (E.G. '10' not 'ten')

AHP Cost: This is automatically calculated. Do not edit this column.

Total amount: This is automatically calculated. Do not edit this column.

Spend status: Select from the list the current status of spend for that activity (select 'planned' for spend that is expected / intended to take place; select 'actual' for spend that has already taken place)

Intended Impact of Activity: Select from the list of impacts based on the following description of each:

I o maintain/refresh existing skills = Activity that supports the maintenance of existing skills used within current role (e.g. an update or refresher course)

To develop new skills/techniques = Activity that provides learning in a new skill that will be used within existing role (e.g. expanding breadth *To support career progression* = Activity that supports readiness for progression to next step

To respond to a new service need = Activity that supports delivery of a service in a new way (e.g. system/strategic priorities) **Additional Info**: This column is optional. You may fill it with any notes to help you track your organisation's CPD plan.

The <u>CPD investment plan summary sheet (Tab 5)</u> The majority of this tab is automatically populated from the investment plan detail sheet (tab 3). <u>You only need to populate the Trust Allocation and Trust Headcount (yellow shaded cells) on this tab.</u> This information can

be found in the schedule within your CPD allocation letter.



Organisation Contact details

Name of organisation: Bradford District NHS Foundation Trust

Contact Name (person completing this Investment plan):	Debbie Cromack
Job title:	Operational Manager Centre for Clinical Education and Professional Development
Telephone number:	07957211372
Email address:	debbie.cromack@bdct.nhs.uk
ma of Organizational Executive Sponsor/SPO:	Phillipa Hubbard

Name of Organisational Executive Sponsor/SRO: Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief

Job title: Executive

Telephone number: 07715 038563 Email address: phillipa.hubbard@bdct.nhs.uk

NHS

Assurance

Governance

Describe what governance arrangements you put in place to: assure funds were deployed in a timely manner and were utilised as stated in the guidance; assured the quality of upskilling purchased or delivered; identify and effectively manage risks and issues; and evaluate impact on investment (200 words).

The BDCFT learning needs analysis scoping tool is a live document open across the year. This has afforded named representatives from across the professions to input and update learning needs alongside projected demand and preferred quality assured training provided if know. This scoping tool requires information around staff groups, role, banding alongside a rag rating for prioritisation/demand. Consideration is made to the frequency of delivery of courses/training programmes and timetabling of HEI modules in terms of the realistic ability for the organisation to release staff. This has been managed by offering a cohort approach where numbers of staff are higher to enable equity of access for those needing the training/upskiling. The learning need priorites are discussed at forums such as nursing council, AHP council, safer staffing and senior leadership forums across the year to ensure that all priorities are captured and themes coming through as learning opportunities for the workforce are addressed. There are also regular conversations at place to compare priorities, in-house provision that can be opened up to neighbouring organisations where capacity allows and content meets the identified need and discussion around where a joint commissioning approach may be appropriate if no known provider identified.

Equality Impact Analysis

Describe what you did to promote equality of opportunity amongst all eligible staff and eliminate discrimination (200 words).

As detailed above the live learning needs spreadsheet has nominated leads from each service area across nursing and the allied health professions. This has enabled an overarching review of priorities submitted, w

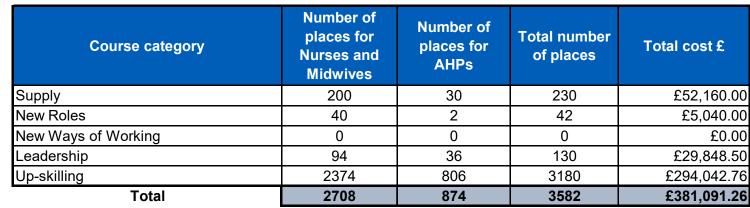
Impact & Value

Describe the **benefits and outcomes** of the utilisation of the CPD funding in relation to the development of the clinically registered workforce. (200 words).

CPD funding has enabled the organisation to address priority learning requirements and recommendations from skill gap analysis workstreams. Staff have been able to access a wide range of learning and develop

Education Provider eds Beckett University	Provider Type	Ear care	Activity Catego Up-skilling	Other	Planned Delivery Q2 2024/25 Q3 2024/25		Nursing Starr Group Nu 0 Multiple Nursing Groups	ber of places for Nursing 8 rses/ Midwives Co 20	£3,000.00	Number of places for AHPs AHP Cost £ £0.00		
ls Beckett University ls Beckett University ls Beckett University	In-region HEI In-region HEI In-region HEI In-region HEI	CVAD/PICC line training Interpreting bloods Basic ECG interpretation Intro to Cognitive Behavioural Therapy	Up-skilling Up-skilling Up-skilling Up-skilling	Courses – Not accredited Courses – Not accredited Courses – Not accredited Courses – Accredited	Q2 2024/25 Q2 2024/25 Q2 2024/25 Q3 2024/25	£150.00 £150.00 £150.00 £150.00	D Adult D Multiple Nursing Groups D Multiple Nursing Groups D Multiple Nursing Groups	20 40 10	£3,000.00 £6,000.00 £1,500.00 £1,500.00 Multiple AHP groups	10 £1,500.00	£3,000.00 £6,000.00	D
s Beckett University s Beckett University s Beckett University	In-region HEI In-region HEI In-region HEI	Dual diagnosis Portfolio development Assessment & management of complex health conditions	Up-skilling Up-skilling Up-skilling	Courses – Accredited Courses – Accredited Courses – Accredited	Q4 2024/25 Q3 2024/25 Q3 2024/25	£1,000.00 £1,000.00 £1,000.00	0 Mental Health 0 Multiple Nursing Groups 0 Adult	10 10 5 4	£10,000.00 £5,000.00 £4,000.00	£0.00 £0.00 £0.00 £0.00	£10,000.00 £5,000.00 £4,000.00	
Beckett University ersfield University T	In-region HEI In-region HEI	Adv anced health assessment Adv anced remote clinical assessment skills Preceptorship framework materials		Courses – Accredited Courses – Accredited	Q3 2024/25 Q2 2024/25 Q2 2024/25	£1,000.00		10	£4,000.00 £10,000.00 £1,800.00	£0.00 £0.00	£4,000.00 £10,000.00 £1,800.00	
Г	NHS organisation	for protected monthly day training AHP preceptorship - development of BDCFT framework materials aligning with NHSE framework		Other	Q2 2024/25 Q2 2024/25	£12.00		150	£1,800.00 £0.00 Multiple AHP groups	30 £360.00	£1,800.00 £360.00	
	NHS organisation	Development of supporting materials for Portfolio of new in- house offer of 100 training topics for NA,Nurses and AHP workforce	Up-skilling	Courses – Not accredited	Q3 2024/25 Q3 2024/25		Multiple Nursing Groups	150	£3,000.00 Multiple AHP groups	60 £1,200.00 20 £2,880.00	£4,200.00 £5,760.00	
	Priv ate provider Priv ate provider	Motiv ational interviewing Maastricht interviewing technique		Courses – Accredited Courses – Accredited	Q4 2024/25	£90.00	Multiple Nursing Groups Mental Health	15	£2,880.00 Multiple AHP groups £0.00 £1,350.00 Occupational Therapists	£0.00 5 £450.00	£0.00 £1,800.00	
nmas Hospice	Priv ate provider Other		Up-skilling	Courses – Accredited Courses – Not accredited	Q3 2024/25	£40.00		15	£1,350.00 Occupational Therapists £0.00	5 £450.00 1 £0.00 £0.00	£0.00 £0.00 £400.00	
mmas Hospice nal performance ory group afe	Other NHS organisation Private provider	Dementia in end of life care National district nursing network Suite of simulation medication Advanced diabetes care and	Up-skilling Leadership Up-skilling	Courses – Not accredited Other Other	Q3 2024/25 Q2 2024/25 Q3 2024/25	£540.00 £20.00	0 Multiple Nursing Groups	10 2 100	£400.00 £1,080.00 £2,000.00	£0.00 £0.00 £0.00	£1,080.00 £2,000.00	
inspire-me-events.co.uk		management Care of the dying patient with dementia for nurses and AHPs Level one Theraplay and MIM	Up-skilling Up-skilling Up-skilling	Courses – Not accredited Courses – Accredited Courses – Accredited	Q3 2024/25 Q4 2024/25 Q2 2024/25	£1,000.00 £170.00 £1,000.00	D Adult	15	£2,000.00 £2,550.00 Multiple AHP groups £0.00 Occupational Therapists	£0.00 5 £850.00 1 £1,000.00	£3,400.00 £1,000.00	
nodel.org	Other c Priv ate prov ider	Introduction to BUSS Webinar Sensory Intergration Module 3	Up-skilling Up-skilling	Online Learning – Not accredited Courses – Not accredited	Q2 2024/25 Q3 2024/25	£70.00			£0.00 Occupational Therapists £0.00 £0.00 Occupational Therapists £0.00 Occupational Therapists £0.00	1 £70.00 £0.00 4 £4,000.00 £0.00		
nix Health Care ersfield University atry Dept ary Care Dermatology	Priv ate prov ider In-region HEI	Laser & TECAR Therapy One Day Course LA Update	Up-skilling Up-skilling	Courses – Not accredited Courses – Not accredited	Q3 2024/25 Q3 2024/25	£100.00 £134.00			£0.00 Chiropodists/Podiatrists £0.00 Chiropodists/Podiatrists	2 £200.00 10 £1,340.00	£200.00	
ary Care Dermatology ety ary Care Dermatology ety ary Care Dermatology	Priv ate prov ider Priv ate prov ider	Essential dermatology 1 Dermascopy training part 1	Up-skilling Up-skilling	Courses – Not accredited Courses – Accredited	Q3 2024/25 Q3 2024/25	£100.00 £125.00			£0.00 Chiropodists/Podiatrists £0.00 Chiropodists/Podiatrists	2 £200.00 2 £250.00	£200.00 £250.00	
ety ary care dermatology ety al College of Podiatry P	Priv ate prov ider Priv ate prov ider Other	Dermascopy training part 2 Essential dermatology 2 FDUK Society Conference Wounds UK conference and	Leadership Up-skilling Leadership	Courses – Accredited Courses – Not accredited Conferences / Seminars – Accredited	Q3 2024/25 Q4 2024/25 Q3 2024/25	£125.00 £100.00 £288.00			£0.00 Chiropodists/Podiatrists £0.00 Chiropodists/Podiatrists £0.00 Chiropodists/Podiatrists	2 £250.00 2 £200.00 2 £576.00	£250.00 £200.00 £576.00	
inds UK ary care dermatology ety	Priv ate prov ider Priv ate prov ider	Wounds UK conference and Update Dermatology from scratch	Leadership Up-skilling	Conferences / Seminars – Accredited Courses – Not accredited	Q2 2024/25 Q3 2024/25	£288.00 £60.00			£0.00 Chiropodists/Podiatrists £0.00 Chiropodists/Podiatrists	4 £1,152.00 2 £120.00	£1,152.00 £120.00	
associates.co.uk municationmatters.org.uk	Priv ate prov ider k Priv ate prov ider	Dysphagia (paed) x 2 Nasendoscopy x 1 Communication Matters conference x 2	Up-skilling Up-skilling e Leadership	Courses – Not accredited Courses – Not accredited Conferences / Seminars – Not accredited	Q3 2024/25 Q3 2024/25 Q2 2024/25	£350.00 £491.00			£0.00 Speech and Language Therapists £0.00 Speech and Language Therapists £0.00 Speech and Language Therapists	2 £0.00 1 £350.00 4 £1,964.00	£0.00 £350.00 £1,964.00	
	Priv ate prov ider Priv ate prov ider Priv ate prov ider	Smile Therapy x 2 Gestalt Language Processing Language for Behaviour and Emotions x 6	Up-skilling Up-skilling Up-skilling	Courses – Not accredited Courses – Accredited Courses – Not accredited	Q3 2024/25 Q3 2024/25 Q3 2024/25	£700.00 £340.00 £150.00			£0.00Speech and Language Therapists£0.00Speech and Language Therapists£0.00Speech and Language Therapists	2 £1,400.00 6 £2,040.00 6 £900.00		
echildinteraction.org	Priv ate prov ider Priv ate prov ider	VERVE initial VERVE coaching	Up-skilling Up-skilling	Courses – Not accredited Courses – Not accredited	Q3 2024/25 Q3 2024/25	£67.00 £200.00			£0.00Speech and Language Therapists£0.00Speech and Language Therapists	15 £1,005.00 6 £1,200.00		
nal paranoia society life ACDMweb ACDMweb	Priv ate prov ider Priv ate prov ider Priv ate prov ider	Maastricht interviewing technique Otago exercise ADCM	Up-skilling Up-skilling Up-skilling	Courses – Accredited Courses – Not accredited Courses – Accredited Other	Q4 2024/25 Q2 2024/25 Q4 2024/25 Q2 2024/25	£90.00 £400.00 £90.00 £50.00		15	£1,350.00Occupational Therapists£0.00Phy siotherapists£0.00Occupational Therapists	5 £450.00 2 £800.00 £0.00 20 £1,000.00		
D-ExpLOR (rcot.co.uk)		MOHO explore COPM evidence based psychological interventions	Up-skilling Up-skilling Up-skilling	Other Other Courses – Not accredited	Q2 2024/25 Q2 2024/25 Q3 2024/25	£40.00 £53.00 £300.00			£0.00 Occupational Therapists £0.00 Occupational Therapists £0.00 Occupational Therapists	8 £320.00 8 £424.00 3 £900.00	£320.00	
antraining.co.uk	Other Priv ate prov ider	Home Based Memory rehabilitaion Cognitive Stimulation Therapy 3 hours via zoom	Up-skilling Up-skilling	Courses – Not accredited Courses – Not accredited	Q3 2024/25 Q3 2024/25	£400.00 £40.48	D B		£0.00 Occupational Therapists £0.00 Multiple AHP groups	8 £3,200.00 12 £485.76	£3,200.00 £485.76	5 5
· · ·	NHS organisation Priv ate prov ider	KUF training- personality disorder acupuncture for chronic pain	Up-skilling Up-skilling	Courses – Not accredited Courses – Accredited	Q4 2024/25 Q3 2024/25	£150.00 £589.00	0		£0.00 Multiple AHP groups £0.00 Phy siotherapists	6 £900.00 2 £1,178.00	£900.00 £1,178.00	
Beckett University ton.org proachtofeeding.com	In-region HEI Priv ate prov ider Priv ate prov ider	motiv ational interviewing applied Makaton SOS Feeding	Up-skilling Up-skilling Up-skilling Up-skilling	Courses – Not accredited Courses – Not accredited Courses – Accredited	Q4 2024/25 Q3 2024/25 Q3 2024/25	£1,000.00 £81.00 £640.00		5	£5,000.00Multiple AHP groups£0.00Dietitians£0.00Dietitians£0.00Dietitians	3 £3,000.00 4 £324.00 4 £2,560.00 2 £0.00	£8,000.00 £324.00 £2,560.00 £0.00	
AED beckett university k.com	NHS organisation	Arfid Adv anced course Applied Cognitive Behavioural Therapy Adv ancing Practice in Food Service (BDA) 2 day	Up-skilling Up-skilling Up-skilling Up-skilling	Courses – Not accredited Courses – Accredited Courses – Not accredited	Q3 2024/25 Q4 2024/25 Q4 2024/25	£200.00 £1,000.00 £440.00			£0.00 Dietitians £0.00 Dietitians £0.00 Dietitians £0.00 Dietitians	2 £0.00 2 £400.00 5 £5,000.00 1 £440.00		
uk.com uk.com Parkinson ory integrationeducation.c	Other Priv ate provider c	Enhancing delivery of group education (BDA) Occupational Formulation Yearly subscription to sensory	Up-skilling Leadership	Courses – Not accredited Courses – Not accredited Other Other	Q4 2024/25 Q4 2024/25 Q3 2024/25 Q3 2024/25	£440.00 £190.00 £27.65 £195.00	5		£0.00Dietitians£0.00Occupational Therapists	1 £440.00 4 £760.00 10 £276.50 1 £195.00	£760.00 £276.50	
sociationuk.com	Priv ate provider Priv ate provider NHS organisation	Yearly subscription to vocational rehab network Newcastle Voice Conference this year, 3rd and 4th December 2024	Leadership Leadership	Other Other Conferences / Seminars – Accredited	Q3 2024/25 Q3 2024/25 Q3 2024/25	£195.00 £85.00 £350.00			£0.00 Occupational Therapists £0.00 Occupational Therapists £0.00 Speech and Language Therapists	1 £195.00 1 £85.00 2 £700.00	£85.00	
FT	NHS organisation	Occupational Therapy - OT Brief training day - x4 24 hour postural management for Adults with Complex needs	Up-skilling Up-skilling	Other Courses – Not accredited	Q4 2024/25	£350.00 £50.00 £150.00			£0.00Occupational Therapists£0.00Phy siotherapists	20 £1,000.00 3 £0.00	£1,000.00 £0.00	
ersity of Bradford PLD h thoracic society	In-region HEI Other Other	Respiratory assessment ACPPLD Annual Learning Event fo Learning Disability Physios British Thoracic Society Conference 3 days	Leadership	Courses – Not accredited Conferences / Seminars – Accredited Conferences / Seminars – Accredited	Q4 2024/25 Q3 2024/25 Q3 2024/25	£170.00	0		£0.00 Phy siotherapists £0.00 Phy siotherapists £780.00 Phy siotherapists	6 £900.00 4 £680.00 1 £780.00	£680.00	
n thoracic society D sea Bay University	Other Out-of-region HEI	Conference 3 days PCPLD Conference Positive Behavioural Support Leve 4 ADHD awareness	Up-skilling	Conferences / Seminars – Accredited Conferences / Seminars – Accredited Courses – Accredited	Q3 2024/25 Q3 2024/25 Q3 2024/25	£400.00 £745.00	D Learning Disabilities	2	£780.00 Phy siotherapists £0.00 Phy siotherapists £1,490.00	3 £1,200.00 £0.00 £0.00	£1,200.00 £1,490.00 £0.00	
Beckett University CAPBS	NHS organisation In-region HEI Other	ADHD awareness Applied Cognitive Behavioural Therapy BILD annual conference	Up-skilling Up-skilling Leadership	Courses – Not accredited Courses – Accredited Conferences / Seminars – Accredited	Q3 2024/25 Q3 2024/25 Q4 2024/25	£1,000.00 £449.00	 D Learning Disabilities D Multiple Nursing Groups D Learning Disabilities D Learning Disabilities 	25 5 2	£500.00Multiple AHP groups£5,000.00Multiple AHP groups£898.00Phy siotherapists£0.00Control of the second s	10 £200.00 5 £5,000.00 2 £898.00 £0.00	£10,000.00 £1,796.00 £0.00	
ncare conferences UK N n Ruskin	Other Priv ate prov ider Out-of -region HEI In-region HEI	intensive interaction role of the nursing associate Professional Nurse Advocate Professional Nurse Advocate	Up-skilling Leadership Up-skilling Up-skilling	Courses – Not accredited Online Learning – Not accredited Courses – Accredited Courses – Accredited	Q4 2024/25 Q3 2024/25 Q3 2024/25 Q3 2024/25	£354.00 £1,000.00	 D Learning Disabilities D Adult D Multiple Nursing Groups D Multiple Nursing Groups 	25 1 8 10	£1,000.00	£0.00 £0.00 2 £2,000.00 £0.00		
ast	Priv ate prov ider	provide scenarios based on Physical Health conditions and identifying unwell and deteriorating patients		Other	Q4 2024/25		0 Multiple Nursing Groups		£25,000.00 Multiple AHP groups	120 £12,000.00		
FT	NHS organisation	Suicide prevention - the design and implementation of a portfolio of training for nursing and AHP neck breathers (suctioning &		Other	Q4 2024/25		0 Multiple Nursing Groups		£13,200.00 Multiple AHP groups	100 £6,600.00	£19,800.00	
T nal paranoia society	NHS organisation Priv ate prov ider Priv ate prov ider			Courses – Not accredited Courses – Accredited Courses – Accredited	Q3 2024/25 Q3 2024/25 Q4 2024/25	£150.00 £170.00 £90.00		30 18 15	£4,500.00 Phy siotherapists £3,060.00	5 £750.00 £0.00 5 £450.00	£5,250.00 £3,060.00 £1,800.00	
lered intelligence aton.org s Beckett University	Priv ate prov ider Priv ate prov ider In-region HEI	Trans awareness - the basics (online) makaton Introduction to CBT Leadership in diabetes care 10	Up-skilling Up-skilling Up-skilling	Courses – Not accredited Courses – Not accredited Courses – Not accredited	Q4 2024/25 Q3 2024/25 Q4 2024/25	£3.03 £81.00	 3 Multiple Nursing Groups 0 Children 0 Children 	50 20 10	£151.50 Multiple AHP groups £1,620.00	50 £151.50 £0.00 £0.00	£303.00 £1,620.00	
ingham city university ingham city university		credit online Care and prevention or diabetes related complications 20 credit online Diabetes course for nurses and	Leadership Leadership	Courses – Accredited Courses – Accredited	Q4 2024/25 Q3 2024/25	£400.00 £784.00		15 5	£6,000.00 £3,920.00	£0.00 £0.00		
sory integrationeducation.c	Priv ate prov ider c Priv ate prov ider In-region HEI	AHP - study day online sensory integration module 2 symptom management in life limiting illnesses	Up-skilling Up-skilling Up-skilling	Courses – Not accredited Courses – Not accredited Courses – Accredited	Q3 2024/25 Q4 2024/25 Q4 2024/25	£170.00 £1,000.00 £1,800.00		15	£2,550.00Multiple AHP groups£0.00Occupational Therapists£36,000.00	8 £1,360.00 3 £3,000.00 £0.00	£3,910.00 £3,000.00 £36,000.00	
y a Wallbank	Other	restorative resilience through	New Roles	Other	Q2 2024/25		Multiple Nursing Groups	40	£0.00 £4,800.00 Occupational Therapists	2 £240.00	£0.00	
calskills.net	Private provider NHS organisation	months B5 MH nursing dev elopment programme B6 MH nursing dev elopment	Up-skilling Leadership	Online Learning – Not accredited Courses – Not accredited	Q2 2024/25 Q4 2024/25	£100.00	 Multiple Nursing Groups Mental Health Mental Locath 	1059 30	£6,459.90 Multiple AHP groups £3,000.00	171 £1,043.10 £0.00	£3,000.00	
DFT discuss with Bradford versity to develop/deliver aford University - to cuss development of 2	NHS organisation	programme Continence issues and management in children with SEND Long Term Health Conditions (LTC's- Asthma, epilepsy &	Leadership Up-skilling	Courses – Not accredited Other	Q4 2024/25 Q3 2024/25		0 Mental Health 0 Children	30	£2,000.00 £9,000.00	£0.00 £0.00	£2,000.00 £9,000.00	
y days frord University - to uss development of study s	In-region HEI ly In-region HEI	allegies) in children child development including the teenage brain	Up-skilling Up-skilling	Other Other	Q4 2024/25 Q3 2024/25		0 Children 0 Children	30 30	£9,000.00 £9,000.00	£0.00 £0.00	£9,000.00 £9,000.00	
v.british-sign.co.uk	Voluntary organisation	Development/delivery of a portfolio of education and competency sign off capacity for		Courses – Accredited	Q4 2024/25	£3.00	D Multiple Nursing Groups	50	£150.00 Multiple AHP groups	30 £90.00	£240.00	
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Bradford District NHS Foundation Trust



Trust allocation (to be added manually) £385,229 1230 Trust head count (to be added manually) 2352 Variance in headcount to places accessed -£4,137.74 Underspend Investment plan variance to allocation

Activity Analysis

Note: The activity analysis below will work well once you have filled all the columns in the 'CPD investment plan detail' spreadsheet.

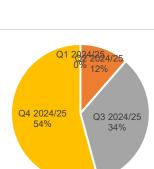
Activity by planned delivery

Planned Delivery	Number of places for Nurses and Midwives	Number of places for AHPs	Total number of places	Total Cost £
Q1 2024/25	0	0	0	£0.00
Q2 2024/25	1341	251	1592	£43,413.00
Q3 2024/25	540	246	786	£131,039.26
Q4 2024/25	827	372	1199	£206,639.00
Total	2708	869	3577	£381,091.26

Activity by spend status

Spend Status	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Total Cost £
Actual	£0.00	£0.00	£0.00	£0.00	£0.00
Planned	£0.00	£0.00	£0.00	£0.00	£0.00
Total	£0.00	£0.00	£0.00	£0.00	£0.00

Activity by staff group and number of places					
Nursing Staff Group	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Total number of places
Adult	0	22	94	100	216





Q1 2024/25

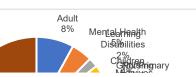
Retainal @95 0%





Supply,	14%
K	New Ways of Working, 0% [%]
	Leadership, 8%
	Leadership, 8%

Q2 2024/25	Q3 2024/25	Q4 2024/25
Altanaa Gebb 0%	Addamaal Gebds 0%	Petranaal @2tb 0%





Activity Category (NHSE key enab	lers)
Supply	Identifying current and future workforce availability in terms of skills, capabilities and
Supply	numbers, in order to identify the appropriate workforce interventions
	Health and care roles designed to meet a defined workforce requirement, warranting a
	new job title; the likely ingredients including additionality to the workforce, a formal
New Roles	education and training requirement (whether that be vocational or academic), an agreed
	scope within the established Career Framework, and national recognition (although not
	necessarily regulatory) by clinical governing bodies.
New Ways of Working	Emphasis on developing an integrated workforce culture that empowers it to break
New Ways of Working	through system barriers and deliver person centred care.
	The support of individuals, organisations and systems in their leadership development -
Leadership	ranging from individual behaviours and skills, to organisational development of systems
	through partnerships.
Up-skilling	Focused on role enhancement; increasing the depth of a job by extending the skills and
Op-skiiling	responsibilities of an existing role to enable practice at the top of one's license.

Provider Type	Nursing Staff Group	
In-region HEI	Adult	
Out-of-region HEI	Mental Health	
Private provider	Learning Disabilities	
NHS organisation	Children	
Voluntary organisation	Midwives	
Other	GPN/Primary Care Nurse	
	Nursing Associates	
Activity Type	Multiple Nursing Groups	
Courses – Accredited	_	
Courses – Not accredited	AHP Staff Group	
Conferences / Seminars – Accredite Art Therapists		
Conferences / Seminars – Not accre Drama Therapists		
Online Learning – Accredited	Music Therapists	
Online Learning – Not accredited	Chiropodists/Podiatrists	
Other	Dietitians	
	Occupational Therapists	
Planned Delivery	Operating Department Practitioners	
Q1 2024/25	Orthoptists	
Q2 2024/25	Osteopaths	
Q3 2024/25	Paramedics	
Q4 2024/25	Physiotherapists	
	Prosthetists and Orthotists	
Spend Status	Radiographers	
Planned	Speech and Language Therapists	
Actual	Multiple AHP groups	

Intended Impact of Activity
To maintain/refresh existing skills
To develop new skills/techniques
To support career progression
To respond to a new service need



Agenda

ltem

17

Escalation and Assurance Report (AAA+D)

Report from the: Finance and Performance Committee (FPC)

Date of meeting: 12 September 2024

Report to the: Board of Directors

Top strategic risks identified by Committee	Now / oxisting	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		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		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

- Use of out of area placement (OAPs) beds (particularly related to the Forensic pathway). There was 1 PICI (Psychiatric Intensive Care Unit) appropriate, however, the Trust expected the use of unplanned OAP beds to reduce.
- Dental Return to Treatment (RTT) (general anaesthetics and theatre capacity) further investment was required for a waiting list initiative, without this the trajectory would remain static (see **Assure** for the recovery fund bid details).
- OAPs and temporary staff costs, plans were in place to address these key areas (see **Assure** for further details).
- Cost Improvement Plans (CIP) risk at month 5 was approx. £1.9 million and forecast to be £6.7 million, this was an improvement on month 4 (approx. £7 million).
- Use of Bank Staff continued to impact the finances, this was larger than the use of agency staff.
- At Month 4, the Place position for Health showed an adverse variance to plan of £3.2m (year-to-date). Full year forecast outturn was in-line with plan with a forecast deficit of £39.6m, although there was significant risk.
- £1m likely case gap to the break-even budget for this financial year, with an expectation that this would be closed by improvements in out of area placements/reduced temp labour costs.
- The main risks associated to each of the provider collaboratives related to Exceptional Packages of Care and OAPs.
- Migration from SystmOne to Cerner at Airedale (due to go live in November) could cause disruption due to the need for unplanned development efforts to ensure that links are effectively managed. The additional development work required to maintain these integrations could divert resources from planned Digital Services projects,

potentially delaying key deliverables and impacting overall programme timelines. Mitigations were in place. NHS England had been notified of this risk.

Advise:

- 1. Eating Disorders Service had improved performance.
- 2. A focus on senior clinical leadership around treatment had proven to be beneficial as well as collaborative working regarding bed bases. The Trust would continue to work alongside the Police and Local Authority regarding how to address acute bed use.
- 3. The Trust would continue to consider how to reduce long lengths of stay and support flow within the organisation.
- 4. The Committee received a presentation on both the current year CIPs, and future sustainable planning; this should be structured, well governed and deliverable. It was proposed two key Programme boards should be mobilised 1 to cover organisational sustainability and 2 to cover wider organisational transformation activity. Supported by a centralised PMO.
- 5. The Committee received a report on the Partnership Agreements, this included, risk share calculations, recovery plans, financial implications, changes requested by BDCT to the membership and the importance of Board oversight within this area.
- 6. Data quality importance and improvements within this area, discussion was also held around how the Trust could utilise data better and how to improve the quality.

Assure:

- 1. A £1-million-pound recovery fund for Yorkshire and Humber (for dental services) was available through a competitive bidding process.
- Spending on temporary staff continued to reduce, the Trust were currently under the agency cap (largely related to registered Nurses). Students who would become qualified from September – November would be offered positions and the use of Health Care Assistants to aid with rosters would continue. A reduction in the use of locums would also be a focus.
- 3. Mitigations were in place to address the pay award funding gaps.
- 4. Vacancy control measures were currently in place, a Panel met daily to consider vacancies.
- 5. An outline was provided of the new governance arrangements to ensure overall CIP delivery is as rigorous as possible. The process outlined a clear and consistent method to identify and deliver programmes of work. Work would be undertaken to use current resources and re-purpose meetings already established.
- 6. Financial situation and work to collaborate across West Yorkshire on key issues.
- 7. The Trust had received a 'good' outcome for its digital maturity assessment, a thematic review would also be provided.
- The Committee received a Digital Strategy update which focused on the NHS Englandfunded Front Line Digitisation (FLD) programme and broader digital initiatives. It was expected that initiatives would save costs in the medium/long term. Future updates would be focused on actual activity delivery including impact on colleagues/service users.
- 9. An update provided early assurance to the Committee on the Lynfield Mount investment. A project plan was provided to the Committee with key dates and



estimated spending for each phase of the development (which would be circa £50 million). The Committee would continue to have oversight of this project.

Decisions / Recommendations:

Minutes of the previous Committee meeting.

Actions listed as completed & those agreed within the meeting as closed.

The report and proposal CIP Governance & PMO Arrangements was agreed by Members.

Report completed by:	Jess Greenwood-Owens - Corporate Governance Officer
Report approved by:	Maz Ahmed
	Chair of the Finance and Performance Committee (FPC)
Date:	17 September 2024



Board of Directors – public

25 September 2024

Paper title:	Provider Collabor	ative Partnership Agreement	S	Agenda Item
Presented by:	Mike Woodhead,	like Woodhead, Chief Finance Officer		
Prepared by:	Claire Risdon, Op	Claire Risdon, Operational Director of Finance 18		
Committees where content has been discussed previously				
Purpose of the paper Please check <u>ONE</u> box only:		☐ For approval☑ For discussion	□ For informa	ation

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	Looking after our people		
to Work	Belonging to our organisation		
	New ways of working and delivering care	\checkmark	
	Growing for the future		
Delivering Best Quality	Improving Access and Flow	\checkmark	
Services	Learning for Improvement		
	Improving the experience of people who use our services	\checkmark	
Making Best Use of	Financial sustainability		
Resources	Our environment and workplace		
	Giving back to our communities		
Being the Best Partner	Partnership 🗸		
Good governance	Governance, accountability & oversight	✓	

Purpose of the report



The purpose of the report is to provide an update and timescale for the revised Partnership Agreements for the three live Provider Collaboratives (PC). The Executive Management Team considered the current agreements at its meeting on 27th August, and have requested changes as detailed in the report below.

The report also highlights the current financial performance of the provider collaboratives and the associated risk share for members. BDCFT share of risk, based on Month 4 forecast is £448k.

Executive Summary

The Partnership Agreements outline the responsibilities of each of the partners, and the associated governance arrangements to support the Boards in delivering the objectives agreed and outlined in the PC Business Plans.

The membership of the various provider collaboratives are representative of the partners who have the expertise, influence and decision making authority to meet the collaborative objectives. Each member organisation has a seat on the respective Provider Collaborative Board.

The West Yorkshire Commissioning Hub supports the PCs in all areas of governance, quality assurance, contracting, risk assessment, escalation and assurance.

The main highlights to draw out from the Partnership Agreements are as follows:

Adult Secure Services (ASS): Lead Provider - SWYMHFT

Partners in the collaboration are:

- SWYMHFT
- LYPFT
- BDCFT
- Cygnet
- InMind

The risk share agreement for surplus/ deficit shares is limited to NHS Providers, and is based on adult populations size. Operational over/ underspend on budgets remains the responsibility of individual providers.

The main risks associated to each of the provider collaboratives relate to Exceptional Packages of Care and Out of Area placements. Where costs exceed the funding available, the risk share agreement will be enacted based on the following organisational percentage shares:



	Adult		Provider Risk Share %		
CCG	Population	%	BDCFT	SWYPFT	LYPFT
NHS Calderdale CCG	165,488	<mark>8.9</mark> %		8.9%	
NHS Wakefield CCG	276,606	14.9%		14.9%	
NHS Leeds CCG	628,205	33.9%			33.9%
NHS Bradford District and Craven CCG	441,652	23.8%	23.8%		
NHS Kirklees CCG	341,270	18.4%		18.4%	
West Yorkshire Total	1,853,221	100.0%	23.8%	42.3%	33.9%

At the outset of the ASS PC an investment fund was held to prioritise investment in services to meet the objectives of the PC. At the time of writing, the investment fund has been fully deployed.

Adult Eating Disorders (AED): Lead Provider - LYPFT

Partners in the collaboration are:

- SWYMHFT
- LYPFT
- BDCFT

The risk share agreement for surplus/ deficit shares is based on adult populations size. Operational over/ underspend on budgets remains the responsibility of individual providers.

The main risks associated to each of the provider collaboratives relate to Exceptional Packages of Care and Out of Area placements. Where costs exceed the funding available, the risk share agreement will be enacted based on the following organisational percentage shares:

	Adult		Provider Risk Share %		
ссб	Population	%	BDCFT	SWYPFT	LYPFT
NHS Calderdale CCG	165,488	8.9%		8.9%	
NHS Wakefield CCG	276,606	14.9%		14.9%	
NHS Leeds CCG	628,205	33.9%			33.9%
NHS Bradford District and Craven CCG	441,652	23.8%	23.8%		
NHS Kirklees CCG	341,270	18.4%		18.4%	
West Yorkshire Total	1,853,221	100.0%	23.8%	42.3%	33.9%

Children and Young People (CYP) Mental Health Inpatient Services: Lead Provider – LYPFT

Partners in the collaboration are:

- SWYMHFT
- LYPFT
- BDCFT
- LCH



The risk share agreement for surplus/ deficit shares is based on 0-17 years populations size. LYPFT will take a 10% share of risk (as unit provider to incentivise effective patient flow) and the remaining 90% with be shared between community providers proportionate to local CCG 0-17 population. Operational over/ underspend on budgets remains the responsibility of individual providers.

The main risks associated to each of the provider collaboratives relate to Exceptional Packages of Care and Out of Area placements. Where costs exceed the funding available, the risk share agreement will be enacted based on the following organisational percentage shares:

	0-17		Provider Risk Share %		
CCG	Population	%	BDCFT	SWYPFT	LYPFT/LCH
NHS Calderdale CCG	45,951	8.5%		8.5%	
NHS Wakefield CCG	74,986	13.8%		13.8%	
NHS Leeds CCG	170,581	31.4%			31.4%
NHS Bradford District and Craven CCG	151,758	27.9%	27.9%		
NHS Kirklees CCG	100,020	18.4%		18.4%	
West Yorkshire Total	543,296	100.0%	27.9%	40.7%	31.4%

Next steps and timescales

Members of the Provider Collaboratives are taking the Partnership Agreements through their respective governance arrangements during August/ September.

The Commissioning Hub will collate all responses/ amendments and where necessary update the Partnership Agreements. Final versions of the Partnership Agreements will be shared back with partners in late September.

The final agreements are expected to be presented to individual provider Trust Boards in October for ratification in advance of representatives signing the agreements.

Executive Management Team – feedback

The Executive Management Team reviewed the current Partnership Agreements at its meeting on 27th August, and have requested that the following considerations be taken into account before finalising the revised agreements:

CYP Mental Health inpatients

The current risk share agreement is based on appropriate population sizes. It was felt that this does not reflect the maturity of the full pathways for CYP at the various Places, with some partners having more robust service offers to support out of hospital care. It was requested that a more representative risk/ gain share approach is developed to ensure that the risks are appropriately shared.



As the partnership agreements are revisited on an annual basis, it was felt that the opportunity to revisit the risk share could be updated when pathways across the PC become more consistent – and therefore in future years a population share may be the right approach, subject to review.

Adult Eating Disorders (AED)

The Executive team feel that the scope of the AED PC has been narrowed as it excludes ARFID. At the time that the PC was established there were very few ARFID cases, however with population changes across West Yorkshire these cases have now increased. It was felt that the principles of the PC should include all associated AED pathways, with ARFID included within PC scope.

Current Financial Performance/ risk share for the Provider Collaborative

The Provider Collaboratives are experiencing pressures which are impacting on the financial performance and associated risk to providers, including:

- National issues with forensic bed base Patients awaiting transfer into Forensic pathway are experiencing delays, which is impacting on all areas of the secure bed base and local PICUs
- Increased acuity and the need for Exceptional Packages of Care is creating a financial pressure across the PCs
- Out of area placements are higher than planned levels

The current forecast position and associated risk share is included below, and it is to be noted that the risks in the CAMHS PC could be far greater at c£3m (net of contingency). The risk share for BDCFT is £448k, which is included in the Month 4 financial forecast.

Risk Share	Adult Secure £'000	Adult Eating Disorders £'000	CAMHS £'000	Total £'000
BDCFT	£122	£47	£279	£448
SWYMHFT	£216	£84	£407	£707
LYPFT	£173	£67	£100	£341
LCH	£0	£0	£214	£214
	£511	£199	£1,000	£1,710

At the Executive Management Team meeting on 27th August, it was requested that all PC Board members test the robustness of PC plans to mitigate against current financial pressures and escalate concerns through the relevant governance structures.



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)

Trust Board is asked to:

- Note the changes requested to the partnership agreements from BDCFT
- Receive a further update when changes to the agreements from other PC members is known
- Note current financial performance of the Provider Collaboratives
- Note that NHS England have issued a new template for Partnership Agreements, and therefore content/ format may be subject to change
- Note that final partnership agreements will be presented to Trust Board for approval

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



Escalation and Assurance Report (AAA+D)

Report from the: Audit Committee

Date of meeting: 11/09/24

Report to the: Board of Directors

Agenda Item **19**

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

Key escalation and discussion points from the meeting

Alert

Nothing to report.

Advise:

- The Review of Losses and Compensations report was received, noting the 15 losses totalling £32.667. Payments made under legal obligations amount to £31.7k of the losses reported (97%). A further £899 of losses relate to damage of personal belongings whilst caring for service users, and loss of service users' monies and belongings.
- Following a verbal update the Committee noted there had been no waiver of standing orders and standing financial instructions.
- Following a verbal update the Committee noted there had been no Proposed Write off Outstanding Debt.
- Internal Audit progress report was presented.

 Data Protection & Security Toolkit Final report Substantial Assurance
 Medical Records Management Final Report -Significant Assurance
 Mortality Data Draft Report Significant Assurance
 Freedom to Speak Up Report Draft Report Report to be issued Significant Assurance
 Disciplinary & Grievance Draft Report Report to be issued Limited Assurance
 expected. A deep dive will take place at the November Committee meeting with management. Overall the Committee noted the progress on the delivery of the audit plan and the progress made on the implementation of internal audit recommendations and actions

 Internal Audit: Follow Up report No overdue recommendations. 9 recommendations revised date was agreed. Further improvement and engagement work taking place in this area on managing recommendations and ensuring delivery.

Assure:



- The Strategic Assuance Report and Compliance report was discussed in detail with the significant level of assurance being noted. Benchmarking work currently being undertaken on Committee effectiveness and supporting governance, which will be presented at the November meeting.
- The Annual Litigation report was presented with a good level of assurance that learning from claims will be shared through the Patient Safety and Learning Group, Patient Safety Executive Panel, and Health and Safety Group. Any significant risks identified through a claim will also be escalated to the Compliance and Risk Group. The Committee was assured that the number of claims overall remains low.
- The Committee was assured by the technical update from KPMG, External Auditor and work underway in the Trust on national changes, for example the Annual Accounts framework for 2024/25.
- The Local Counter Fraud Progress report was noted and updated details of 4 ongoing cases. The Committee was assured on ongoing engagement / training.

Decisions / Recommendations:

- Minutes of the previous Committee meeting.
- Confirmation of any actions listed as completed.

Report completed by: Nazmeen Khan, Corporate Governance Officer Report approved by: Christopher Malish – Chair of Audit Committee Report completed on: 16/09/2024

Escalation and Assurance Report (AAA)

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

Agenda Item **20**

Date of meeting: 15th July 2024

Key escalation and discussion points from the meeting					
Alert	Action (to be taken)	By Whom	Target Date		
N/A					
Advise:					
To optimise attendance at future meeting a review of best days/times will be made across the WYCHS members.					
It was agreed that the Community Collaborative would discuss with the ICB taking forward the Urgent Care board 2024/25 work priority of Integrated care Co-ordination via delegated responsibility.					
It was agreed that the October 2024 meeting would be repurposed as a time out to agreed the ambition and strategy for the community collaborative going forward					
Assure:					
The WY Community Dental Collaboration provided an update on progress to date and next steps. It is clear much progress has been made since the WY Community Dentral Service providers began working as a Collaborative in June2023. The WYCDS Collaborative explained they have four pillars of joint working (efficiencies, system leadership, sustainable workforce, parity) and it was felt this framework should be considered across all the Community Collaborative work.					
Report completed by:					

Becca Spavin

Programme Director: West Yorkshire Community Healthcare Provider Collaborative

22.7.24

Report distribution:

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