

Council of Governors – held in public

Date: Thursday 21 November 2024

Time: 17:00-18:30

Venue: Meeting to be held on Microsoft Teams

AGENDA

We welcome stakeholders to submit questions to the Council of Governors. Questions can be submitted in advance of the meeting (contact details are at the end of the agenda).

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

Strategic Priority			Lead	Time
GG	1	Welcome and apologies for absence (verbal)	LP	5.00pm
	2	Declaration of any conflicts of interest (verbal)	LP	-
	3	3.1 Minutes of the previous meeting held on 18 July 2024 (enclosure)	LP	-
		3.2 Minutes from the Annual Members' Meeting held 19 September 2024 (enclosure)	LP	
	4	Matters arising (verbal)	LP	5.05pm
	5	Action log (enclosure)	LP	5.10pm

Governor Feedback and Involvement

All	6	Issues and Questions from Communities (verbal)	Governors	5.15pm
<u>Strategy and partnerships</u>				
All	7	Chair's Report (enclosure)	LP	5.25pm

<u>Best Quality Services & Best Use of Resources</u>				
BUoR	8	Appointing the External Auditor - Progress update (enclosure)	CR	5.35pm
	9	Integrated Performance Report and Finance update (enclosure)	KB/CR	5.45pm
	10	Lynfield Mount update (enclosure)	SE/CR	5.55pm

Good Governance

GG	11	Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures) 11.1 Audit Committee held September 2024 11.2 Finance and Performance Committee held September 2024 11.3 Mental Health Legislation Committee held September 2024 11.4 Quality and Safety Committee held on September 2024 11.5 People and Culture Committee held September 2024	CM MA SL AM MR	6.10pm
	12	Any other business (verbal)	LP	6.25pm
	13	Comments from public observers (verbal)	LP	-
	14	Meeting evaluation (verbal)	LP	-

Date of the Next Meeting: Wednesday 22 January 2025 – final details to be confirmed by Corporate Governance Team

Questions for the Council of Governors can be submitted to:

Name: Fran Stead (Trust Secretary)

Email: fran.stead@bdct.nhs.uk

Name: Linda Patterson (Chair of the Trust)

Email: linda.patterson@bdct.nhs.uk

Expressions of interest to observe the meeting using Microsoft Teams:

Email: corporate.governance@bdct.nhs.uk

Strategic Priorities (Key)

Best Place to Work	Theme 1 – Looking after our people	BP2W:T1
	Theme 2 – Belonging in our organisation	BP2W:T2
	Theme 3 – New ways of working and delivering care	BP2W:T3
	Theme 4 – Growing for the future	BP2W:T4

Best Use of Resources	Theme 1: Financial sustainability	BUoR:T1
	Theme 2: Our environment and workspaces	BUoR:T2
	Theme 3: Giving back to our communities	BUoR:T3
Best Quality Services	Theme 1 – Access and Flow	BQS:T1
	Theme 2 – Learning for improvement	BQS:T2
	Theme 3 – Improving the experience of people using our services	BQS:T3
Good Governance	Governance, accountability and effective oversight	GG

Council of Governors' Meeting held in Public
Thursday 18 July 2024 at 5.05pm
Virtual meeting held on Microsoft Teams

**Agenda
item**

3.1

Present:	Dr Linda Patterson OBE FRCP Mufeed Ansari Councillor Andy Brown Connor Brett Deborah Buxton Councillor Alison Coates Umar Ghafoor Terry Henry Aurangzeb Khan Councillor Sabiya Khan Mike Lodge Linzi Maybin Hannah Nutting Trevor Ramsay Tabaro Rwegema Emmerson Walgrove	Chair of the Trust, Chair of the Council of Governors Public Governor: Bradford East Appointed Governor: North Yorkshire Council; Public Governor: Keighley Appointed Governor: Barnados Appointed Governor: Bradford Council Public Governor: Bradford South Staff Governor: Non-Clinical Public Governor: Bradford East Appointed Governor: Bradford Council Public Governor: Rest of England Staff Governor: Clinical (Interim Lead Governor) Public Governor: Shipley Public Governor: Bradford West Staff Governor: Non-Clinical Public Governor: Bradford West
In Attendance	Fay Davies Simon Lewis Chris Malish Sally Napper Therese Patten Phil Hubbard Mark Rawcliffe Claire Risdon Tim Rycroft Dr David Sims Fran Stead	Deputy Chief People Officer Deputy Chair, Non-Executive Director (for agenda item) Non-Executive Director, Audit Chair Non-Executive Director, Senior Independent Director Chief Executive Director of Nursing, Care Standards & Professions, Deputy Chief Executive Non-Executive Director Operational Director of Finance Chief Information Officer Medical Director Trust Secretary (Interim Secretariat)

MINUTES

Item	Discussion	Action
022	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the hybrid. Apologies for absence had been received from: Joyce Thackwray, Public Governor; Jimmy Vaughan Public Governor: Keighley; Michael Frazer, Public Governor: Bradford East; Imran Khan, Public Governor: Bradford West; Clinical; Professor Zahir Irani, Appointed Governor: Bradford University; Sue Francis, Staff Governor: Non-Clinical; Paul Hodgson,</p>	

Item	Discussion	Action
	<p>Public Governor: Shipley; Arshad Ali, Staff Governor: Clinical; Maz Ahmed, Non-Executive Director; & Alyson McGregor, Non-Executive Director.</p> <p>The meeting was quorate.</p>	
023	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
024	<p>Minutes from the previous Council of Governors meeting held in public (agenda item 3)</p> <p>The minutes from the last Council of Governors meeting held in public were agreed as a true & accurate record.</p>	
025	<p>Matter arising: External Audit tender (agenda item 4)</p> <p>C Risdon presented the report & explained why the external audit tender required, which was due to the existing contract reaching its full term & a new contract required commencing 1 April 2025. The timeline for the tender process was presented, with the process which would involve reviewing, scoring, & presenting the outcome formally for decision. Governors were asked to express their interest if they had relevant experience & would like to be involved, with two Governors forming part of the panel.</p> <p>A discussion took place which included the contract value; the external audit provision; & feedback from other Foundation Trusts who were partway through their tender process. C Risdon confirmed that the existing external audit, KPMG, could apply through the tender process, but the Audit Director had to rotate every five-years.</p> <p>No other matter arising were discussed.</p>	
026	<p>Action Log (agenda item 5)</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> noted the contents of the action log; agreed to close the actions that had been listed as completed; noted that updates would be provided with actions overdue; and no further actions were required associated with the contents of the log. 	
027	<p>Feedback from Governors & Communities (agenda item 6)</p> <p>The following feedback was presented:</p> <ul style="list-style-type: none"> T Ramsey said that some service users had reported a change in their medication whilst on the acute liaison pathway. P Hubbard confirmed that changes were made following discussion with the Consultant, Care 	

Item	Discussion	Action
	<p>Coordinator, & service user. P Hubbard asked for specific examples to be shared for investigation if the discussions had not taken place.</p> <ul style="list-style-type: none"> • T Ramsey said that some people were waiting a long time for a carers assessment. P Hubbard said that a review had taken place & agreed to share further information on current performance for carers assessments. • Councillor S Khan shared feedback that had been reported from communities following the Panorama episode relating to the maternity issues at Bradford Teaching Hospital NHS Foundation Trust. T Patten confirmed that a discussion had taken place to understand how engagement could take place to re-assure communities on the quality of services & improvements made from historical issues. • C Brett enquired on the Trust's referral process for dental care & suggested that consideration could be made on developing partnership arrangements to support efficiencies within the pathway. The Chair confirmed that this would be escalated appropriately to the primary care liaison group. • A Khan enquired on the process of gaining a letter from a GP when someone requires legal aid, sharing an example of someone who had recently been affected. The Chair confirmed that this would be escalated appropriately to the primary care liaison group. • E Walgrove noted that Out of Area Placements (OAPs) were being utilised through Cygnet & enquired on the Trust quality assurance framework. P Hubbard confirmed that the Trust continued to enforce a quality assurance process for all OAPs which adhered to the same standards within the Trust which included assessment to ensure quality oversight was in place. Ongoing engagement with the providers & the Care Quality Commission took place, with any issues responded to quickly. 	<p>PH</p> <p>PH</p>
028	<p>Youth Involvement feedback (agenda item 7)</p> <p>L Maybin shared an update on the Young Dynamos group to include development within the Trust across volunteering & membership, & with partners outside of the Trust to create opportunities. The Governors were reminded about a membership event that was taking place on 12 October, 'Step Into The NHS'. Governors were asked to contact the Corporate Governance team if they were able to volunteer at the event.</p>	
029	<p>Chair's Report (agenda item 8)</p> <p>The Chair presented the report & drew the Governors attention to the following areas:</p> <ul style="list-style-type: none"> • The partnership working continuing at Place (Bradford District & Craven); System (West Yorkshire); & nationally. • Satisfactory completion of the Chair & Non-Executive Director appraisal process, & Fit Proper Person Regulation compliance. Both of which were compliant with national guidelines. 	

Item	Discussion	Action
	<ul style="list-style-type: none"> Lead Governor report presented by A Scarborough, who retired from the role April 2024. The nomination & election process for the new Lead Governor, which would commence shortly starting with eligible Governors invited to submit a nomination. Following the appointment, L Maybin would return to the role of Deputy Lead Governor. Plans for the 2024 Annual Members' Meeting, which would include presentation of the Annual Report & Accounts 2023/24. <p>T Ramsey noted that following the election, a new Member of Parliament was elected for Shipley, & asked how the Trust was engaging with them. T Patten said an introduction letter had been sent to formally welcome them to the role. It was confirmed that the West Yorkshire Integrated Care Board had written to all MPs.</p>	
030	<p>Finance & Operational Performance report (agenda item 9)</p> <p>C Risdon presented the report & drew the Governors attention to the financial performance, which was reported for quarter one as £243,000 off track negatively. The Board had agreed a break-even financial target for 2024/25, which included a degree of significant risk. C Risdon said some of the drivers for financial risks were temporary staffing arrangements, & OAPs required to safely manage service users. An increasing unusual trend for demand of PICU beds had been noted May, which was also reported by other providers nationally. Increased performance reporting & management controls had been implemented within the Trust, which included a daily executive approval panel.</p> <p>T Patten confirmed that quality & safety reds lines had been agreed at the Trust, which would be utilised to support decision making being balanced. The Board Committee's would continue to maintain close monitoring of the ongoing situation. Nationally, regulatory interventions were taking place within other NHS organisations in response to financial performance issues.</p> <p>T Patten said that ongoing discussion was taking place on the early prison release schemes nationally, & the implications that could have on demand & acuity within services.</p> <p>Councillor Khan recognised the importance of partnership working when dealing with challenges & enquired if colleagues were kept updated on the evolving situation. T Patten confirmed that internal communications were continuing, with partners agreeing to use the same terminology to support clarity.</p> <p>C Risdon confirmed that the Trust had not implemented a vacancy freeze but had implemented management controls to approve spend. Significant work had taken place to reduce agency spend, with a decrease seen in Healthcare support Workers, from reduction plans put in place 2023. More work was taking place</p>	

Item	Discussion	Action
	<p>on specialist & qualified clinical roles which were being filed on a temporary basis.</p> <p>E Walgrove referenced the early prison release scheme & asked what quality safety processes would support decision-making. P Hubbard confirmed that the Trust had in place a robust equality impact assessment process, which had also been mobilised at Place. The process also considered service user experience, outcomes, & colleague experience.</p>	
031	<p>Alert, Advise, Assure & Decision Report: Audit Committee (agenda item 10.1)</p> <p>C Malish presented the reports from the June & July Committee meetings, noting the remit of the Committee was monitoring good governance, effective oversight & accountability within the Trust. There were not any high risks to report & C Malish drew the Governor's attention to the detail outlined within the documents.</p>	
032	<p>Alert, Advise, Assure & Decision Report: Charitable Funds Committee (agenda item 10.2)</p> <p>M Rawcliffe presented a verbal update from the July Committee meeting & drew the Governors attention to the key risks that had been discussed. They were: competition with other local charity providers, & partnership working; key person dependencies due to a small delivery team; ongoing progress on viability of the charity. It was noted that an external auditor was being sought for the Annual Accounts, & separately for the Charity Accounts. C Risdon explained that due to the different scope of each opportunity a local audit firm was being sought through the competitive tender process for the Charity Accounts.</p>	
033	<p>Alert, Advise, Assure & Decision Report: Finance & Performance Committee (agenda item 10.3)</p> <p>On behalf of M Ahmed, M Rawcliffe presented the verbal report from the July Committee meeting. He said that re-assurance was received on the clear understanding, commitment, & learning previous experiences that continued to take place within the Executive Management Team. This had included deep dives into key issues, & a commitment to link the Committee's together across finance, people, quality & safety to ensure triangulation & ensure informed choices were made.</p>	
034	<p>Alert, Advise, Assure & Decision Report: Mental Health Legislation Committee (agenda item 10.4)</p> <p>S Lewis presented the reports from the May & July Committee meetings. He drew the Governor's attention to the alerts outlined within the reports which related to the Associate Hospital Managers, employment status, & training of Non-Executive Directors.</p>	

Item	Discussion	Action
035	<p>Alert, Advise, Assure & Decision Report: Quality & Safety Committee (agenda item 10.5)</p> <p>On behalf of A McGregor, S Napper presented the update & drew Governor's attention to the detail outlined within the documents. The risks related to limited assurance being received linked to the ongoing level of demand & acuity within clinical services. A discussion took place on the national early prison release scheme. P Hubbard confirmed that ongoing discussions were taking place, reports would be scheduled to Board & Quality Safety Committee as required.</p>	
036	<p>Alert, Advise, Assure & Decision Report: People & Culture Committee (agenda item 10.6)</p> <p>M Rawcliffe presented a verbal update from the July Committee meeting & drew the Governors attention to three risks, which were: capacity & efficiency, in particular relating to Model Roster 3; capability of leaders; maintaining culture of the Trust.</p>	
037	<p>Any Other Business (agenda item 11)</p> <p>M Lodge queried what support was available to Non-Executive Directors in terms of peer support, & learning opportunities, including benchmarking. It was confirmed that benchmarking does take place periodically, reported through Committee's. Peer support was in place for individual roles, with all Board members receiving ongoing learning opportunities through formal networks.</p> <p>Councillor A Coates noted the workforce challenges & asked what future workforce mapping was taking place within partnership working. P Hubbard confirmed that ongoing discussion was taking place, including in year changes as appropriate, & talent management. M Rawcliffe provided an update on the development work within the apprenticeship levy. C Brett asked what overseas recruitment activity was taking place at the Trust. D Sims outlined development work within this area, including recruitment of consultants, & sharing learning with overseas healthcare partners.</p> <p>No other items of business were raised.</p>	
038	<p>Meeting Evaluation (agenda item 12)</p> <p>A discussion took place to evaluate the meeting in line with the commitment for continuous improvement within the Trust.</p>	

Annual Members' Meeting
Thursday 19 September 2024

Meeting held in public: Bradford City Football Club, Valley Parade, Bradford.
BD8 7BY

Present:	Dr Linda Patterson OBE FRCP	Chair of the Trust
	Michael Frazer	Public Governor: Bradford East
	Linzi Maybin	Staff Governor: Clinical (Deputy Lead Governor)
	Trevor Ramsay	Public Governor: Bradford West
	Emmerson Walgrove	Public Governor: Bradford West
	Terry Henry	Staff Governor: Non-Clinical
	Paul Hodgson	Public Governor: Shipley
	Deborah Buxton	Appointed Governor: Barnados
	Cllr Sabiya Khan	Appointed Governor: Bradford Council
	Mike Lodge	Public Governor: Bradford East
	Mufeed Ansari	Public Governor: Bradford East
In Attendance:	Therese Patten	Chief Executive, Place lead for Bradford District and Craven Health and Care Partnership. National Director of Place Development for NHS England
	Salma Younis	KPMG (External Audit)
	Kelly Barker	Chief Operating Officer
	Bob Champion	Chief People Officer
	Philippa Hubbard	Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive, Director of Nursing and Quality for Bradford District and Craven Health and Care Partnership
	Nazmeen Khan	Corporate Governance Officer (Secretariat)
	Simon Lewis	Non-Executive Director
	Christopher Malish	Non-Executive Director
	Alyson McGregor	Non-Executive Director
	Sally Napper	Non-Executive Director
	Tim Rycroft	Chief Information Officer
	Dr David Sims	Medical Director (for agenda item 4)
	Fran Stead	Trust Secretary
	Rachel Trawally	Corporate Governance Manager
	Mike Woodhead	Chief Finance Officer and Place Director of Finance for Bradford District and Craven Health and Care Partnership

- 83 Members of the Trust and members of the public attended.

Minutes

Item	Discussion	Action
127	<p>Welcome & apologies for absence (agenda item 1)</p> <p>The Chair of the Trust opened the meeting at 12.30pm and welcomed the public, members', governors, Trust colleagues and Board members to the Annual Members Meeting.</p> <p>Dr Patterson thanked the Trust colleagues and partners who showcased their work as part of the Care Trust Marketplace.</p> <p>A background to the Annual Members' Meeting was provided. It was shared that this was a statutory meeting and a requirement for all Foundation Trust's to hold this meeting open to members and the wider public. It was also noted that the Annual Accounts and Report 2023/24 had been shared.</p> <p>Apologies for absence were then noted: Aurangzeb Khan: Public Governor: East, Robert James, Appointed Governor: Bradford University, Joyce Thackwray Public Governor: Bradford South, Mark Rawcliffe: Non-Executive Director, Clinical, James Vaughan: Public Governor: Keighley, Maz Ahmed, Non-Executive Director, Hannah Nutting, Public Governor: Shipley, Cllr Allison Coates: Appointed Governor: Bradford Council, Susan Francis: Staff Governor, Connor Brett: Public Governor: Keighley,</p> <p>The Annual Members' Meeting was quorate.</p>	
128	<p>Declaration of any conflicts of interest (agenda item 2)</p> <p>There were no declared conflicts of interest in respect of any agenda items.</p>	
129	<p>Minutes of the previous meeting: 21 September 2023 (agenda item 3)</p> <p>The minutes from the Annual Members Meeting held on 21 September 2023 were agreed as a true and accurate record.</p>	
130	<p>Matters arising (agenda item 4)</p> <p>There were no matters arising.</p>	

Item	Discussion	Action
131	<p>Introduction</p> <p>Dr Patterson started her introduction by thanking everyone for attending and explained the Annual Members Meeting is a statutory meeting when the annual report and annual accounts are reviewed and accepted.</p> <p>Dr Patterson reflected on the recent unrest and violence riots over the summer. She explained the Bradford District Care Foundation Trust serves a multi-cultural, and multi-ethnic community. The Trust stood by its values of inclusivity and commitment to equality and diversity and employs multi-cultural and multi-ethnic staff. She commented there was no room for hate or discrimination. The Trust supports the staff and communities.</p> <p>Dr Patterson reflected on 2023/24 and also looked to the year ahead. She referred to how 2023/24 was another challenging year due to the continued national pressures on demands for services and national financial constraints. The Trust continued to work NHS organisations, as part of the West Yorkshire Integrated Care System, this consisted of local authorities (Bradford & North Yorkshire) Voluntary Care Sector in Bradford District and Craven, Airedale General Hospital, Bradford Teaching Hospital. The Trust works with service users to support and enable them to take control and lead healthy and productive lives. One of the Trusts strategic aims is the 'Be the best partner'.</p> <p>Dr Patterson advised there was a statement from Lord Darzi about the diagnosis and state of the NHS. The government would launch a 10 year plan early next and staff, governors, and the public would be able to take part in the consultation.</p> <p>She finished with the recent good news of the Lynfield Mount Hospital development funding.</p>	
132	<p>Annual Report – “Looking back, with an eye on the future” (agenda item 5)</p> <p>Ms Patten started her presentation by thanking everyone for attending.</p> <p>Ms Patten then delivered a brief presentation, which reflected on 2023/24 and also looked to the year ahead. She referred to how 2023/24 was another challenging year due to the continued national pressures on demands for services and national financial constraints and explained how working collaboratively was extremely important</p> <p>Ms Patten then reflected on how the Trust had continued to work closely with communities, partners, service users and carers to work creatively and innovatively to ensure person centred services continued to be delivered. The Trust cares for service users from birth to the end of life.</p>	

Item	Discussion	Action
	<p>Highlights from across the year were shared:</p> <ul style="list-style-type: none"> • New Initiative with Natural England 260 trees planted at Lynfield Mount Hospital by service users, carers, and staff to support green therapy . • The opening of a sensory room on the Dementia Ward to enhance healing environment for service users. • A new secure Chat Health Service – easier for parents, children, and young people to contact health visitors, breastfeeding support, or school nurse by text. • Sports equipment installed at Lynfield Mount Hospital – to help service users wellbeing. • Results of Place Based Assessments of inpatient care were and amazing 99% exceeding national average for cleanliness, privacy, dignity, and wellbeing. • Launched a new look for talking therapies – now called Bradford District and Craven Talking therapies. • Back into work. • Learning Disabilities Team - Keeping My Chest Healthy app and digital hub won the HSJ (Health and Safety Journal) Patient Safety Award • Youth Justice - Help force Champion. • Dr Sarfaraz Shora Deputy Medical Director won the Psychiatric Educator of the year. • Diversity Inclusion Award. • Refreshed Strategy – Best Quality Service, Best Partner, Best use of Resources and Best Place to Work. • People Matter - Trust now offers Apprenticeships in some area. • New Induction event takes place for all new starters, which includes a follow up. • Mental Health Team work collaboratively with colleagues across West Yorkshire. <p>Looking to the future, Ms Patten anticipated further challenges as with the rest of the wider NHS on the constraints to finances and workforce. She was delighted that Lynfield Mount Hospital secured £50 million capital funding to improve the hospital.</p> <p>Ms Patten finished her presentation by thanking everyone for attending the Annual Members Meeting.</p>	

Item	Discussion	Action
133	<p>Annual Accounts and the financial Outlook (agenda item 6)</p> <p>The Chief Finance Officer presented a report on the Trust's financial position that outlined the key performance metrics and a forward look at the key challenges and opportunities that the Trust would be facing in the next financial year.</p> <p>Financial highlights 2023/24:</p> <ul style="list-style-type: none"> • Delivering a revenue surplus of £1.215 million (m) before technical adjustments. • Continued investment in the Trust's estates and digital infrastructure that is critical in supporting service delivery. • Additional funding secured over a 3-year period to support the improvements for frontline digitisation of patient records. • Retaining a healthy cash balance of £21.2m. • Prompt payment of invoices resulting in 95% of non-NHS organisations and 92% of NHS organisations being paid within 30-days • A total of £7.6m had been invested in developing and maintaining the Trust's assets and infrastructure, as follows: <ul style="list-style-type: none"> • £2.2m enabling works at Lynfield Mount Hospital to support future development on the site; • £1.4m improving the inpatient estate; • £1.2 has been invested across the wider Trust estate; • £2.7m has been invested in Digital infrastructure; and • £0.1m has been spent on equipment. <p>Mr Woodhead gave a breakdown of the trusts £216.1 million income and £214.09 million expenditure.</p> <p>Mr Woodhead concluded his presentation by advising the Trust had robust risk management arrangements in place and has identified mitigations in respect of the key financial risks. The Trust had developed a range of high priority programmes which will help to deliver its overall £14.2m efficiency target.</p> <p>The Trust's capital allocation for 2024/25 is £7m which provides limited funding to invest in bringing the estate up to the required standard. Plans to build a new hospital at Lynfield Mount in Bradford was still a major priority.</p>	

Item	Discussion	Action
134	<p>Presentation from the Trust's External Auditor (agenda item 8)</p> <p>Salma Younis KPMG LLP provided a presentation on the findings from the Trust's 2023/24 Annual Report and Accounts. She outlined the scope of the work and outlined responsibilities as an independent provider of the external audit services, including the audit of the financial statements.</p> <p>Ms Younis stated that the audit found that the Trusts Annual Accounts for 2023/24 gave a trusted and fair view of the Trust's performance during the year with one adjusted audit difference which had no impact on the financial position. It was demonstrated that no significant recommendations were raised for the financial statements</p> <p>In terms of value for money, the approach to the audit was shared. It was found that KMPG LLP did not identify any significant weakness with regards to the Trusts arrangements nor were significant control recommendations raised</p> <p>In relation to the whole of government accounts, Ms Younis confirmed that the Trust received an unqualified consistency certificate and no inconsistencies between the financial statements and information included in the consolidation schedules were found.</p> <p>Finally, Ms Younis confirmed that there had been no inconsistencies identified in relation to the Trust's Annual Report</p>	
135	<p>Presentation from the Interim Lead Governor on behalf of the Council of Governors (agenda item 8)</p> <p>The Interim Lead Governor Linzi Maybin started by explaining that it was a privilege to speak at the Annual Members' Meeting and detailed the topics that would be covered in the presentation:</p> <ul style="list-style-type: none"> • current membership; • in year achievements; • focus into the future. <p>Ms Maybin drew attention to the ethnicity numbers and how more work was needed to get more representation from the ethnic minorities.</p> <p>Ms Maybin explained how the Governors aimed to be the voice of the Trust staff, members, and service users. It was highlighted that one of the main jobs of the Governors was to challenge and hold Non-Executive Directors to account.</p>	

Item	Discussion	Action
	<p>Governor involvement was shared, it was noted that the Governors had helped with Non-Executive Directors appraisals, Non-Executive and Associate Non-Executive recruitment, Staff Engagement Sessions, Partnership Events Go See Visits to Trust Services and Governor training. There had been a focus on working alongside partners within the Integrated Care System and Bradford and Craven Place.</p> <p>Ms Maybin ended her presentation by providing detail on the Governors in the Trust.</p>	
136	<p>Approval of changes to the Trust constitution (agenda item 9)</p> <p>The Trust Secretary gave an overview of the Trust Constitution and explained the changes to the Trust Constitution had already been approved by the Board and Council of Governors. F Stead requested all attendees to use the slips on the table to vote. The slips were collected and collated by the Corporate Governance Team.</p>	
137	<p>Question and answer session (agenda item 10)</p> <p>The Chair thanked the presenters and then opened the meeting to receive questions, noting that one question had been submitted in advance of the meeting.</p> <p>The following question had been received in advance for the Board of Directors:</p> <p><u>Question 1:</u> What happened to the Trust wide Involvement Group meeting? Recognising importance of input from all services.</p> <p><u>Answer:</u> TWIG was put on hold in 2023 following feedback from participants to allow time to review its purpose and functionality to ensure it was fit for purpose as the organisation embraced new ways of working post COVID. Staffing limits within the team had meant this reset work had been delayed, however TWIG was recognised by Involvement Partners and staff alike as fulfilling a valuable function in connecting and informing, and so the team endeavoured to review and restart in the near future.</p>	

Item	Discussion	Action
	<p><u>Question 2:</u> Mental Health, carers assessments, update on Triangle of Care work within the Trust, people waiting over 6-months.</p> <p><u>Answer:</u> We were unsure what the 6-month wait referred too, possibly MH assessment, which was not within the remit of the PCEIT team to be able to respond to. Triangle of Care update - Triangle of Care was currently being rolled out within phase 3 (Adult Physical Health) services. This meant that all staff within those teams were receiving Carer Awareness training, all services were nominating staff to become Carer Champions, and all teams were completing self-assessments to determine where they were with the 6 key principles of ToC (Triangle of Care). This work would lead up to a submission to the Carers Trust in late 2024 or early 2025, at which point we would hopefully be awarded a 3rd gold star for the trust. Whilst this work was ongoing, we were continuing to support our previous phases (Inpatient and Crisis services and Community Mental Health services) to complete their self-assessments every 6 months and to uphold the Toc (Triangle of Care)work within their services.</p> <p><u>Question 3:</u> Deaths after discharge from hospital, how will the national learning be reflected within the Trust?</p> <p><u>Answer:</u> Since 2019 we had reviewed all deaths of those within our mental health services and carried out reviews of those where there could be an impact from treatment failure or treatment impact. We review those with continued input from all our services including those discharged from hospital and those who had contact with our services in the last 6 months.</p> <p>This would particularly include those in this review. A Patient Safety Executive Panel is held every 2 weeks. In addition to our local learning there is an agenda items to review other reports, including from coroners as well as national reports such as planned from Essex.</p> <p>The learning from these reports could lead to specific teams being asked to provide actions or through the patient safety learning forum for actions for the whole organisation which were monitored then through our clinical board. The governance of clinical board was through the Quality and Safety Committee.</p> <p>D Sims commented that after the Essex investigation report – PSEP Patient Safety Executive Panel had set up a Task & Finish Group.</p> <p>The remaining questions had then been raised during the meeting:</p>	

Item	Discussion	Action
	<p><u>Question 4:</u> K Double Involvement Partner stated 'the cancellation of TWIG and a number of other meetings disappeared without explanation</p> <p><u>Answer:</u> The Chief Operating Officer advised that they were working on this and endeavoured to give better information. Learning from TWIG would be fed back, to ensure people had a better understanding.</p> <p><u>Question 6:</u> Paul Hodgson, Public Gover, was interested in the clinical and non-clinical break down of staff at the Trust.</p> <p><u>Answer:</u> The Finance Officer advised that benchmarking against other Trusts was undertaken, it was sometimes unclear which roles fall under clinical/non clinical. Changes were happening in some areas.</p>	
138	<p>Thank you and close of the Annual Members' Meeting (agenda item 11)</p> <p>The Chair of the Trust thanked colleagues for participating in the Annual Members' Meeting and formally closed the meeting at 1.30pm.</p>	

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

Action Key	Green: Completed		Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
2. 13/07/2023	<u>Chairs Report</u> The Chief Executive to provide a deep dive into the Universal Schools Offer at a future meeting.	Therese Patten	July November 2024	Completed: has been added to the forward plan for the CoG.
5. 13/07/2023	<u>Any Other Business</u> Head of Charity & Volunteering to have a discussion about how resources could be provided to the 'Well Together Programme'.	Catherine Jowett	July November 2024	Completed: discussion has taken place
6. 01/02/2024	<u>Issues raised from Communities</u> An update on suicide prevention work at Bradford District and Craven Place and the role of the Trust within this to be presented.	Chris Dixon	July November 2024	Ongoing: to schedule for January 2025
7. 01/02/2024	<u>Chair's Report</u> Go See update to be presented to Governors.	Fran Stead	July November 2024 Early 2025	Ongoing: A refresh of the Go See framework is currently taking place, an update will be scheduled for Governors in the coming months, including an overview of how Governors can get involved.

Actions closed at the last meeting				
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
	None			

Council of Governors – meeting held in public

21 November 2024

Paper title:	Chair of the Trust's Report	Agenda Item 07.0
Presented by:	Dr Linda Patterson, Chair of the Trust	
Prepared by:	Corporate Governance team	
Committees where content has been discussed previously	Board of Directors – September 2024	
Purpose of the paper Please check <u>ONE</u> box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

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

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

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

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

Links to the Strategic Organisational Risk register (SORR)	N/A
Care Quality Commission domains Please check <u>ALL</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> Well-Led Compliance NHS Code of Governance NHS Act Health and Social Care Act Health and Care Act Nolan Principles Provider Licence

Council of Governors – meeting held in public

21 November 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
2 September	Strategic Staff EDI Partnership 2024/2025 series
4 September	Lead Gov/Deputy Lead Gov Meeting
5 September	Leading Better Lives, Together event
6 September	BDC Partnership Board - formal Board meeting
10 September	Health Devolution Commission meeting focused on Public Health - House of Lords
11 September	External Panel - Chair Recruitment Airedale
12 September	Catch up with Cathy Elliott
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
30 September	GoSee Visit – Early Intervention Psychosis Risk Cluster
3 October	You're a Star awards
8 October	Trust Welcome day
9 October	West Yorkshire Chairs Forum – Provider Collaboration
9 October	Yorkshire & Humber Chairs Meeting
14 October	Executive Board to Board Trust & Bradford University
16 October	Joint Committee Development Session
17 October	CQC Quarterly Informal Meeting
18 October	Bradford District & Craven Partnership Board – Development Session
22 October	West Yorkshire Chairs Forum
22 October	West Yorkshire Partnership Board Meeting
11 November	NHS Providers Conference Liverpool

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

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

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

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

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

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

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

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 want 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.

People

Lead Governor election – Autumn 2024

As agreed previously by the Council of Governors, an election campaign has taken place for a Lead Governor. The election involved a self-nomination phase, where nominees were invited to submit a short statement outlining why they wished to be considered for the role, aligned to the role specification. Following the nomination phase, a ballot took place, where all Governors were invited to vote. Thank you to all Governors for their involvement. Thank you also to Linzi Maybin, who was Interim Lead Governor since May 2024.

The ballot has closed, with Mike Lodge appointed as Lead Governor. An extract of Mike's supporting statement is below:

"I worked closely with the NHS for many years when I was in local government, significantly with senior managers and non-executives both in Calderdale and Bradford through my work in overview and scrutiny and in providing support to Calderdale Health and Wellbeing Board. This has given me a good understanding of NHS structures and the way it works, and the challenges that the organisation faces. I am confident working alongside people placed at a senior level. Overview and scrutiny is a "critical friend role" providing appropriate challenge, but also adopting an appreciative enquiry approach, "catching people doing right", if you will. My work in scrutiny often required me to listen to the diverse views of councillors and to represent those views to others, often when they were not views, I totally shared I recognise the importance of developing good professional relationships and I am confident that I will be able to do that. Most importantly, my priority is to work within the governance system to make my best contribution to helping the Trust provide the most effective service we can to the people who use our services and to support the staff who work so hard for our service users."

Item 08.0

Appointing the External Auditor — Progress Update

Claire Risdon, Operational Director of Finance
Council of Governors
21 November 2024

Role of the Governor (CoG) - recap

- National Health Service Act 2006
 - NHS Foundation Trust must have an External Auditor
 - Appointed by the Council of Governors (CoG)
 - Audit Committee support CoG in making their decision
- CoG is supported by the Audit Committee in running the process to appoint the external auditor, but the CoG has ultimate oversight of the appointment process.
- CoG take the lead in agreeing with the Audit Committee the criteria for appointing, re-appointing and removing external auditors.
- At least two Governors are required to join a Selection Panel, with support also provided from the Audit Committee.

Progress to Date - CoG

The Council of Governors (CoG) meeting held on 18th July 2024 covered the following areas:

- Governing law in appointing the external auditor in the NHS Foundation Trust,
- Current arrangements with the existing external auditor KPMG,
- Process for re-tendering of the external audit provision,
- Role of the Council of Governors (CoG),
- Role of the Selection Panel,
- Request to Governors, expressions of interest to be a member on the Selection Panel,
- Knowledge and experience of the lead Governors on the Selection Panel,
- Timetable of key dates.

Progress to Date – Audit Committee

The Audit Committee (private) meeting held on the 11th September 2024 covered the following areas:

- Current position of the contract for external audit services,
- Process of appointing the external auditor,
- Roles and responsibilities of Audit Committee, Council of Governors, Selection Panel and Trust Board,
- Approval of the members of the Selection Panel,
- Review and consideration of the draft specification document, including:
 - Tendering framework requirements,
 - Tendering evaluation requirements.
- Approval of the tender documents to be presented to the Selection Panel, on behalf of the Council of Governors,
- Next steps and timescales.

Approved Selection Panel Members

Selection Panel members were approved by the Audit Committee on 11th September 2024. Two governors have joined the panel, on behalf of the Council of Governors. The Selection Panel includes the following approved members;

- Two Governors (Paul Hodgson & Mike Lodge)
- Procurement Lead – Deputy Head of Procurement or Senior Contracts Manager
- Finance Lead – Head of Financial Accounting or Senior Finance Manager
- Audit Committee Chair – Also Chair of the Selection Panel
- Executive Team Member or Operational Director of Finance

All Selection Panel members have reviewed the tender specification documents and have approved the final version.

The two Governors on the Selection Panel, reviewed and approved the final version on behalf of the Council of Governors.

Timetable – Key Dates (completed)

KET DATES AND MEETINGS		Completed
LEAD		DATE
CoG	COUNCIL OF GOVERNORS (CoG) - Briefing on process, role of the Governor, person specification and key dates	18 July 2024
CoG	COUNCIL OF GOVERNORS (CoG) - (Virtual) Confirm the two named Governors for the Selection Panel - to be submitted to the Audit Committee Chair and Head of Financial Accounting & Capital	by 26 July 2024
Selection Panel	Appoint the Selection Panel - CoG Chair to inform the Governors (virtually) who will be on the working group	by 29 July 2024
Procurement/ Finance	Production of the draft specification document - initially written by Procurement and Finance Leads, to be shared with the Selection Panel	by 23 August 2024
Selection Panel	Review the draft specification produced by Procurement/Finance, making any necessary amendments. All change requests to go to Procurement and Finance Leads	by 4 September 2024
Audit Committee	AUDIT COMMITTEE (Private) - Present tender specification document, finalise specification and evaluation criteria. Recommend final specification document for approval by the CoG	11 September 2024
CoG	COUNCIL OF GOVERNORS (CoG) - (Virtual) two CoG leads to approve the final specification document	by 13th September 2024
Trust Board	TRUST BOARD (Private) - Audit Committee Chair to update Trust Board on progress (verbal update)	25 September 2024
Procurement	On behalf of the Selection Panel, Procurement will Issue the formal INVITATION TO QUOTE	27 September 2024
Selection Panel	Bidder Presentations - (if required) all Selection Panel members must be available to attend, if presentations are required	by 5th November 2024

Timetable – Key Future Dates

KET DATES AND MEETINGS		
LEAD		DATE
Bidders	Quote return deadline (6 weeks)	17 November 2024
Procurement	Procurement to receive the submitted bids and collate all the information provided in the required format to present to the Selection Panel	by 1 December 2024
Selection Panel	Evaluation meeting with selection panel - panel to receive Procurement analysis for all submissions from the bidders - complete evaluation by Selection Panel	by 31st December 2024
Audit Committee	AUDIT COMMITTEE (Private) - Selection Panel recommend to Audit Committee, on the decision on awarding the contract - Approve recommendation to CoG	15 January 2025
COG	COUNCIL OF GOVERNORS (<i>either virtual or hold the CoG meeting in January 2025</i>) - Approval required by CoG, presentation by the Governors of the Selection Panel	TBC - Between 16th - 27th January 2025
Trust Board	TRUST BOARD - Audit Committee (Chair) to inform Trust Board of Selection Panel recommendation.	29 January 2025
Procurement	Awarding of the contract	31 January 2025
STANDSTILL PERIOD		1 February - 31 March 2025
CONTRACT COMMENCES		1 April 2025

Council of Governors – Public Meeting

21st November 2024

Paper title:	Performance Report	Agenda Item 09.0
Presented by:	Kelly Barker, Chief Operating Officer	
Prepared by:	Cliff Springthorpe, Head of Business Support	
Committees where content has been discussed previously	Board of Directors Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

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

Purpose of the report

The purpose of the performance report is to assist the Council of Governors in seeking assurance against the Trust's performance and progress in delivery of a broad range of key targets and indicators.

Executive Summary

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

This report presents two types of information:

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

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

2. Assurance levels (the Board Assurance Framework)

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

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

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

The detail and decision regarding each committee's confirmed assurance level is included in each committee AAA+D reports.

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

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

Recommendation(s)

The Council of Governors is asked to:

- consider the key points and exceptions highlighted and note the actions being taken.

Links to the Strategic Organisational Risk register (SORR)	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> • 2485: Reduced staffing levels in speech and language therapy core paediatric service due to vacancies • 2504: Waiting lists in memory assessment services • 2509: Community nursing services demand exceeding capacity • 2609: Organisational risks associated with out of area bed use (finance, performance and quality) • 2610: Core Children and Adolescent Mental Health Service waiting list • 2611: Improving Access to Psychological Therapies waiting lists • 2620: Increased demand on speech and language therapy community adult service • 2661: Increased demand on speech and language therapy paediatric complex needs service • 2672: Lynfield Mount Hospital – Estate condition, associated impacts & redevelopment requirements
Care Quality Commission domains Please check <u>ALL</u> that apply	<div> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring </div> <div> <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led </div> <div> <input checked="" type="checkbox"/> Responsive </div>
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • The NHS oversight framework describes how NHS England's oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.

Council of Governors Performance Report 21st November 2024 Meeting

Performance Data up to
September 2024

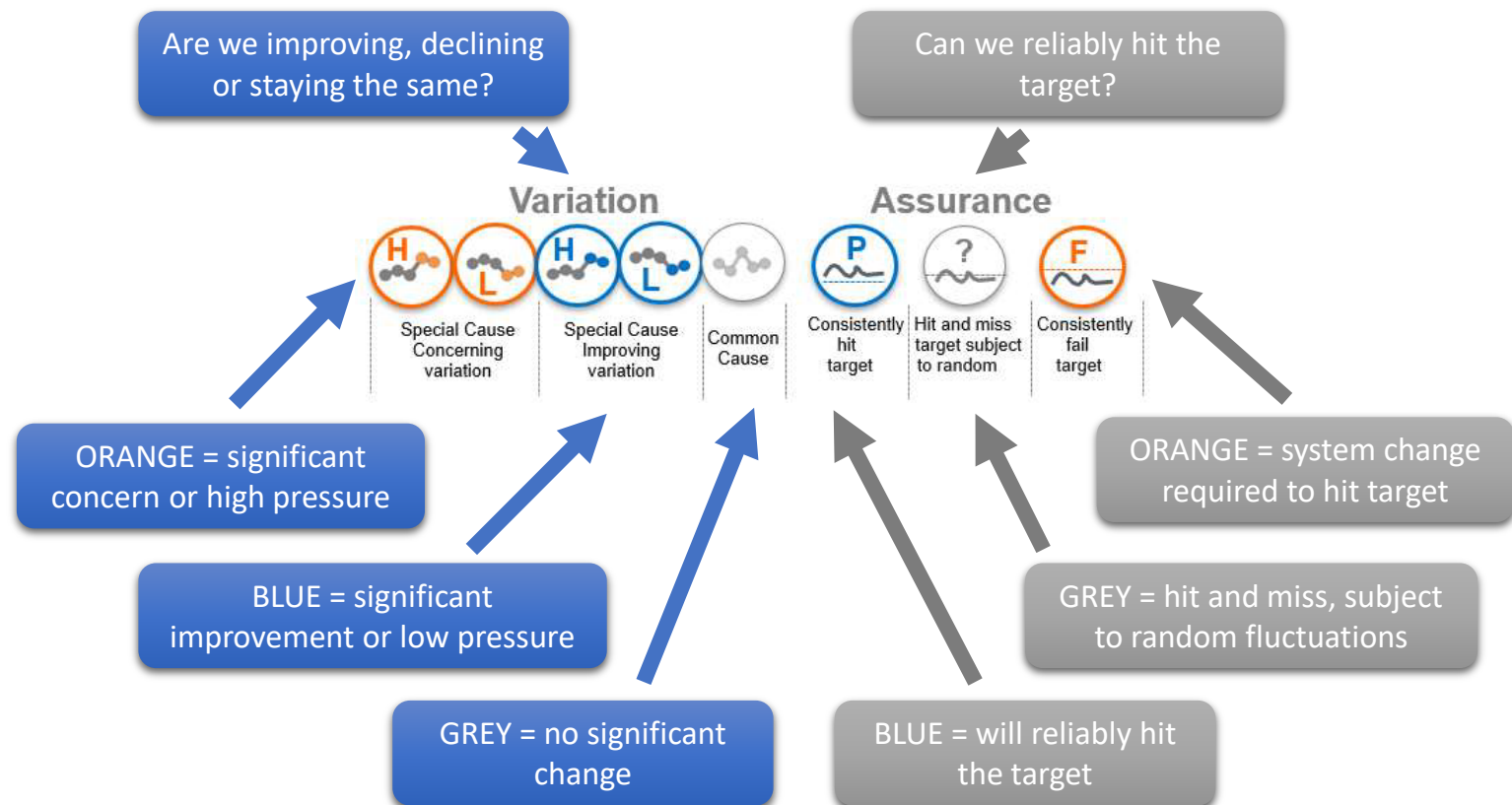


Good Governance; Accountability; Effective Oversight

A note on SPC charts

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

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



Delegated Strategic Priorities – Assurance Level

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

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

Delegated Strategic Priorities – Assurance Level

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

<p>Theme 3: New Ways of Working and Delivering Care - we will</p> <ul style="list-style-type: none"> • Make sure that our physical places of work are accessible, well-resourced, high quality and maximise opportunities for new and integrated ways of working with our partner organisations. • Create a digitally enabled workforce through training, education and support, and embedding digital clinical leadership across the organisation. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • Our people are digitally confident, have consistently positive experiences using devices, applications and workspaces, that enable them to do their job effectively, supported by clinical digital leaders. • We have tested creative hybrid roles across community and mental health. • We have developed and implemented transformation programmes that change the way we deliver services and take a more creative approach to skill mix and developing the workforce. 	<p>CONFIRMED Current assurance level:</p> <p>2. Moderate</p>
<p>Theme 4: Growing for the future – we will</p> <ul style="list-style-type: none"> • Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • Working with our education and training providers, we've developed pathways to increase the number and variety of roles that can be accessed through a vocational route. • A resourcing and recruitment programme, that recruits, trains and supports members of our local communities to become our future workforce. • Introduce 'earn while you learn' with student nurses from local Higher Education Institutes, by joining the Trust bank alongside their academic training, with the first cohort by April 2024 as a feasibility pilot, with the potential to widen to a Bradford District and Craven offer from 2024 onwards. 	<p>CONFIRMED Current Assurance Level:</p> <p>3. Significant</p>

Key Performance Indicators

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

Metric	Type	Reporting Month/Year	Performance	Target	SPC / trend																																				
Staff survey – engagement levels	Strategic	2023	7.03	7.4 (best)	Staff engagement score remains stable/reduced slightly at 7.03 (-0.05);																																				
Staff survey - % would recommend the Trust as a place to work	Strategic	2023	62.33%	63% (sector)	<table border="1"> <thead> <tr> <th></th><th>2019</th><th>2020</th><th>2021</th><th>2022</th><th>2023</th></tr> </thead> <tbody> <tr> <td>Your org</td><td>58.11%</td><td>66.35%</td><td>63.17%</td><td>64.03%</td><td>62.33%</td></tr> <tr> <td>Best result</td><td>75.13%</td><td>77.76%</td><td>73.58%</td><td>73.01%</td><td>75.43%</td></tr> <tr> <td>Average result</td><td>61.79%</td><td>67.83%</td><td>63.17%</td><td>62.74%</td><td>65.59%</td></tr> <tr> <td>Worst result</td><td>42.82%</td><td>49.09%</td><td>43.43%</td><td>39.56%</td><td>39.46%</td></tr> <tr> <td>Responses</td><td>1297</td><td>1269</td><td>1412</td><td>1329</td><td>1671</td></tr> </tbody> </table>		2019	2020	2021	2022	2023	Your org	58.11%	66.35%	63.17%	64.03%	62.33%	Best result	75.13%	77.76%	73.58%	73.01%	75.43%	Average result	61.79%	67.83%	63.17%	62.74%	65.59%	Worst result	42.82%	49.09%	43.43%	39.56%	39.46%	Responses	1297	1269	1412	1329	1671
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Worst result	42.82%	49.09%	43.43%	39.56%	39.46%																																				
Responses	1297	1269	1412	1329	1671																																				
Labour turnover	Strategic	Sep 24	12.88%	10%																																					
Sickness absence related to stress / anxiety	Strategic	Sep 24	2.7% of the 6.95% (38.43% of all absence)	N/a																																					

Key Performance Indicators

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

Metric	Type	Reporting Month/Year	Performance	Target	SPC / trend
WRES data (number areas improved out of 8)	Strategic	2023/24	5/8 improved	8/8	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored alongside the Trust's EDI programme.
WDES data (number areas improved out of 12)	Strategic	2023/24	8/12 improved	12/12	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored alongside the Trust's EDI programme.
Gender pay gap (number areas improved out of 2)	Strategic	2023/24	1/2 improved	2/2	The average (Mean) GPG in favour of males reduced from 2023. The median GPG increased however the increase was in favour of females.
Annual Appraisal Rates	Strategic	Sep 24	70.9%	80%	
No grievances involving discrimination	Strategic	Sep 24	1 Grievance	N/a	

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	Sep 24	91.4% 6.63% Agency 84.81% Bank 8.56% Unfilled	100%	A reduction in bank and an increase in agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
% positive feedback re using digital technologies	Strategic				NEW METRIC TO BE ADDED
Vacancy rates	Strategic	Sep 24	10.7%	10%	Reduction

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

No apprenticeships	Strategic	Sep 24	117	63	Reduction
No 'new' roles recruited to (inc NAs and ANPs)	Strategic	Sep 24	2	N/a	Increase
Bank & Agency Usage (WTE)	Strategic	Sep 24	32.34 Agency 313.99 Bank Ratio: 9.34% Agency 90.66% Bank	N/a	A reduction in bank and an increase in agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity

Strategic Priorities – Assurance Level

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

Theme 1: Access & Flow – we will

- Implement 'right care, right place, right time' service delivery models to improve choice, access, reduce waiting times and enhance continuity in care, including working with our partners and those in our services, to identify where digitally enabled services will improve accessibility and experience.
- Enhance collaboration between mental, physical community health services, and social care and system partners for all services to 'make every contact count' and to bring new and innovative ways of working to our communities.
- Work collaboratively with partners in a locality-based model to reduce health inequalities by using data and evidence-based practices to maximise the impact and outcomes

We will know we have been successful when:

- We will have a coherent set of metrics to track performance and safety, highlight inequalities experienced by protected equality groups, identify improvements and consistently benchmark with others.
- We can demonstrate equitable access to all of our services.
- Use high quality information and analysis to drive predictive health interventions, clinical decision making and service planning to reduce health inequalities.
- Service users have the choice to access our services using safe and secure digital tools where appropriate, to stay as healthy as possible.

**Confirmed
Current
Assurance
Level (QSC –
quality
perspective):**

2. Limited

**Confirmed
Current
Assurance
Level (F&P –
performance
perspective):**

1. Low

Theme 2: Learning for improvement – we will

- Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families.
- Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste.

We will know we have been successful when:

- We consistently adopt a continuous improvement approach, share learning and creating opportunities for our people to develop their improvement and innovation skills.
- We have a vibrant portfolio of research that guides clinical and service decisions

**Confirmed
Current
Assurance
Level:**

3. Significant

Strategic Priorities – Assurance Level

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

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

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

We will know we have been successful when:

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

**Confirmed
Current
Assurance
Level (QSC):**


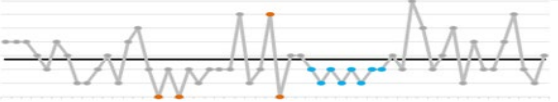


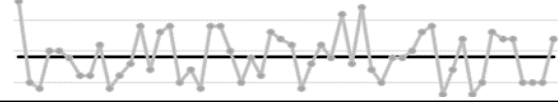




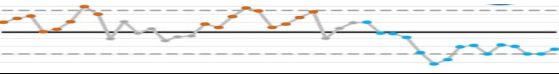
2. Limited

**Confirmed
Current
Assurance
Level (MHLC –
restrictive
practices):**

2. Limited

Key Performance Indicators

Best Quality Services: Theme 1: Access & Flow

Metric	Type	Reporting Month/Year	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Number of people with inpatient length of stay <=3 days	Strategic	Sep 24	3	TBC			3	
Number of people with inpatient length of stay > 60 days	Strategic	Sep 24	17	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Sep 24	63.7%	92%			61.8%	
Inappropriate Out of area bed days	Strategic	Sep 24	363				577	

Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Summary																										
% of staff trained as a CTW Champion	Strategic	Sep 24	43.4%	50%																											
% of staff trained as a CTW Leader	Strategic	Sep 24	22.5%	20%																											
% of staff trained as a CTW Practitioner	Strategic	Sep 24	34.6%	3%																											
% of staff trained as a CTW Sensei	Strategic	Sep 24	76.1%	0.5%																											
No of participants in research studies (YTD)	Strategic	Sep 24	42	380	<div><p>Total Number of Recruits per Month</p><table><thead><tr><th>Month</th><th>Recruits</th></tr></thead><tbody><tr><td>Oct-23</td><td>2</td></tr><tr><td>Nov-23</td><td>10</td></tr><tr><td>Dec-23</td><td>23</td></tr><tr><td>Jan-24</td><td>27</td></tr><tr><td>Feb-24</td><td>23</td></tr><tr><td>Mar-24</td><td>11</td></tr><tr><td>Apr-24</td><td>88</td></tr><tr><td>May-24</td><td>10</td></tr><tr><td>Jun-24</td><td>43</td></tr><tr><td>Jul-24</td><td>42</td></tr><tr><td>Aug-24</td><td>31</td></tr><tr><td>Sep-24</td><td>10</td></tr></tbody></table></div>	Month	Recruits	Oct-23	2	Nov-23	10	Dec-23	23	Jan-24	27	Feb-24	23	Mar-24	11	Apr-24	88	May-24	10	Jun-24	43	Jul-24	42	Aug-24	31	Sep-24	10
Month	Recruits																														
Oct-23	2																														
Nov-23	10																														
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Jan-24	27																														
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Apr-24	88																														
May-24	10																														
Jun-24	43																														
Jul-24	42																														
Aug-24	31																														
Sep-24	10																														

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	Sep 24	28	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Sep 24	13	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Sep 24	93.2	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	Sep 24	59	0	N/A	N/A	N/A	

Strategic Priorities – Assurance Summary

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

Theme 1: Financial Sustainability – we will

- Ensure that all operational services and corporate functions optimise the use of resources, deliver best value and reduce waste within agreed budgets and with regard to environmental and social impacts

We will know we have been successful when:

- We are consistently delivering a financially balanced position at Trust and care group level.
- We can demonstrate the return on investment and value for money of investments in our physical and digital infrastructure

CONFIRMED
Current
Assurance
Level:

1. Low

Theme 2: Our environment and workspaces – we will

- Ensure that our people have opportunities to shape, test and implement digital solutions to stimulate innovation and creativity in service delivery.
- Co-design a revised green plan to embed sustainable healthcare models and to continually drive environmental improvements and innovation.
- Co-design spaces that meet the needs of our people and service users, are energy efficient and decarbonising and, where possible, use existing facilities in our neighbourhoods to reduce duplication and deliver care closer to home.
- Provide a robust, resilient and secure digital infrastructure that enables our people to do their job from anywhere, anytime

We will know we have been successful when:

- Services are co-located in shared health and care delivery spaces across Bradford and Craven, reducing our overall footprint.
- Sustainability and efficiency are embedded into all refurbishment and new build projects, using sustainability principles, completing sustainability impact assessments and taking account of NHS England's targets and guidance.
- We will have achieved the targets set out in our Trust's green plan by focusing on reducing waste, increasing recycling and reducing our carbon emissions.
- We have assessed our organisation as being digitally mature, including meeting/ exceeding all 10 standards within the data security protection toolkit

CONFIRMED
Current
Assurance
Level:

1. Low

Theme 3: Giving back to our communities – we will

- Contribute to the social, economic and cultural development of our place through social value led approaches, programmes and procurement

We will know we have been successful when:

- We can demonstrate that social value is built into all material investment and procurements.
- We have delivered the ambitions in our joint climate change adaptation plan, shared with Bradford Teaching Hospitals NHS Trust and Airedale NHS Foundation Trust.

CONFIRMED
Current
Assurance
Level:

2. Limited

Strategic Priorities – Assurance Summary

Good governance: Good governance, accountability and effective oversight

We will Have in place good governance arrangements that ensure we make the best decisions	We will know we have been successful when: We have well embedded governance processes that are clear and effective	CONFIRMED Current assurance level: 3. Significant
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Council of Governors – meeting held in public

21 November 2024

Paper title:	Lynfield Mount Development update	Agenda Item 10.0
Presented by:	Claire Risdon, Operational Director of Finance & Shane Embleton, Deputy Director of Estates	
Prepared by:	Shane Embleton, Deputy Director of Estates	
Committees where content has been discussed previously	Finance & Performance Committee	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	

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

Purpose of the report
To provide the Council Of Governors with an assurance update on the Lynfield Mount Hospital (LMH) Redevelopment programme, notably the current status and next steps.

Executive Summary

The Trust were notified in August 2024 they had been successful in being allocated up to £50m of Capital funding for the project from DHSC. This was as a result of tireless lobbying and presentations of various models of funding to key regional and national decision makers and the development of a “Plan B” solution.

The ‘Plan B’ proposals (costing c.£49.5m) will provide:

- o Phase 2 – a new build ward block (2x18-bed wards) a new entrance with refurbishment programme of the main building
- o Phases 3 & 4 – refurbishment of 2 existing wards.

This will deliver 100% en-suite facilities – a key benefit of the development. Outline Planning Permission as been obtained with reserved matters to be discharged during the current design process.

The Trust have submitted an Outline Business Case (OBC) to NHS England following full support form Trust Board and letters of support from the ICS. Approval of the OBC is expected in February 2025. Subject to timely approval, a Full Business Case (FBC) will be developed and submitted.

Subject to FBC approval and a positive procurement, it is expected that work can begin on site in October 2025, with an overall completion date of March 2028. This is to align with national spending profiles.

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

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

Recommendation(s)

The Council of Governors is asked to:

- Note and gain assurance that the Trust have been allocated up to £50m capital funds for the LMH redevelopment programme, with clear plans for the development.

Links to the Strategic Organisational Risk register (SORR)

Care Quality Commission domains

Please check **ALL** that apply

- | | |
|---|-----------------------------------|
| <input checked="" type="checkbox"/> Safe | <input type="checkbox"/> Caring |
| <input checked="" type="checkbox"/> Effective | <input type="checkbox"/> Well-Led |
| <input type="checkbox"/> Responsive | |

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- None

Claire Risdon
Operational Director of Finance

Shane Embleton
Deputy Director of Estates & Facilities

12 November 2024

Council of Governors (public) 27th November 2024

Lynfield Mount Hospital Redevelopment update



High level progress update (1)

Purpose & Desired Outcome

- The Trust long-term ambition is to redevelop the LMH site into a best-in-class in-patient facility with a phased development over a potential 5-year period. This would comprise a re-build of the main block with 5 new wards, off ward therapy, support spaces and therapeutic gardens at a cost of £127m (2024 prices)

DHSC Capital Allocation

- The Trust were notified in August 2024 they had been successful in being allocated up to £50m of Capital funding for the project from DHSC. This was as a result of tireless lobbying and presentations of various models of funding to key regional and national decision makers and the development of a “plan B” solution.
- It should be noted that the allocated £50m capital funding is less than half of the funding required to realise our desired outcome / preferred option for LMH.

Progress in 2024/25

- A new 160 space secure car park costing £3.8m is nearing completion in December 2024. This has proved to be a shrewd investment decision which has delivered a key enabler to the next phases of the development to ensure the vacated space is ready to support future phases in a timely fashion. The existing main entrance car park will be decanted to the new car park in January 2025 allowing the vacated space to be redeveloped for Phase 2.

High level progress update (2)

- The 'Plan B' proposals (costing c.£49.5m) will provide:

Phase 2 – a new build ward block (2x18-bed wards) a new entrance with refurbishment programme of the main building

Phases 3 & 4 – refurbishment of 2 existing wards.

This will deliver 100% en-suite facilities – a key benefit of the development.

- Outline Planning Permission has been obtained with reserved matters to be discharged during the current design process.
- The Trust have submitted an Outline Business Case (OBC) to NHS England following full support from the Trust Board and letters of support from the West Yorkshire Integrated Care Board (ICB) . Approval of the OBC is expected in February 2025. Subject to timely approval, a Full Business Case (FBC) will be developed and submitted.
- Subject to FBC approval and a positive procurement, it is expected that work can begin on site in October 2025, with an overall completion date of March 2028. This is to align with national spending profiles.
- The Trust Board have approved an application to draw-down of funding (£1.275m) in relation to early professional fees and enabling works (agreed with support from NHSE). This demonstrates the Trust commitment to start works and also assists national capital cashflow in 2024/25.

High level progress update (3)

Risks & Benefits

A risk register has been developed which will be a working document as the approval process continues. Highest risks at this time are noted as follows;-

- The (OBC and/or the FBC will not be supported or delayed. This delay will alter the spend profile of the project – a key risk being the project cannot be delivered by the March 2028 deadline.
- New Cabinet Controls procedures (in place from 31 October 2024) could delay the start of the project. All public sector commercial activity over the value of £20m (ex VAT) needs Cabinet Office approval – *Note: The Trust have actively engaged with the process and have provided detailed assurance as to our spending plans. We are awaiting outcome of a decision whether the project will be classed as “assured” or require further “control” measures.*
- The spend profile is noted below which will be subject to change should business case approval be delayed.

Phase	Project Description	2024/25	2025/26	2026/27	2027/28	TOTAL
		£000	£000	£000	£000	£000
1	Enabling works; Demolition of Bungalows and new temporary entrance.	673				673
2	New modular two-storey ward building with associated external works. Refurbishment to main building cluster and external works.	602	25,044	17,098		42,744
3	Refurbishment of Ashbrook Ward ensuites.			1,690	1,409	3,099
4	Refurbishment of Oakburn Ward ensuites.				2,972	2,972
	TOTAL	1,275	25,044	18,788	4,381	49,488

High level progress update (4)

Project Timetable (Governance)

OBC Approval:	Q4 2024/25
Procurement process:	Q1 2025/26
FBC Approval:	Q2 2025/26
On site:	October 2025 <i>(enabling works may be earlier pending NHSE early works funding)</i>
Works complete:	March 2028

Outcomes & Next Steps

- Work in tandem with NHS England and Cabinet Office to secure the earliest possible approval for the OBC & FBC
- Continue detailed design process with key stakeholder involvement and discharge reserved matters planning conditions
- Procure the early works element (subject to NHSE approval) to enable a positive start for Phase 2

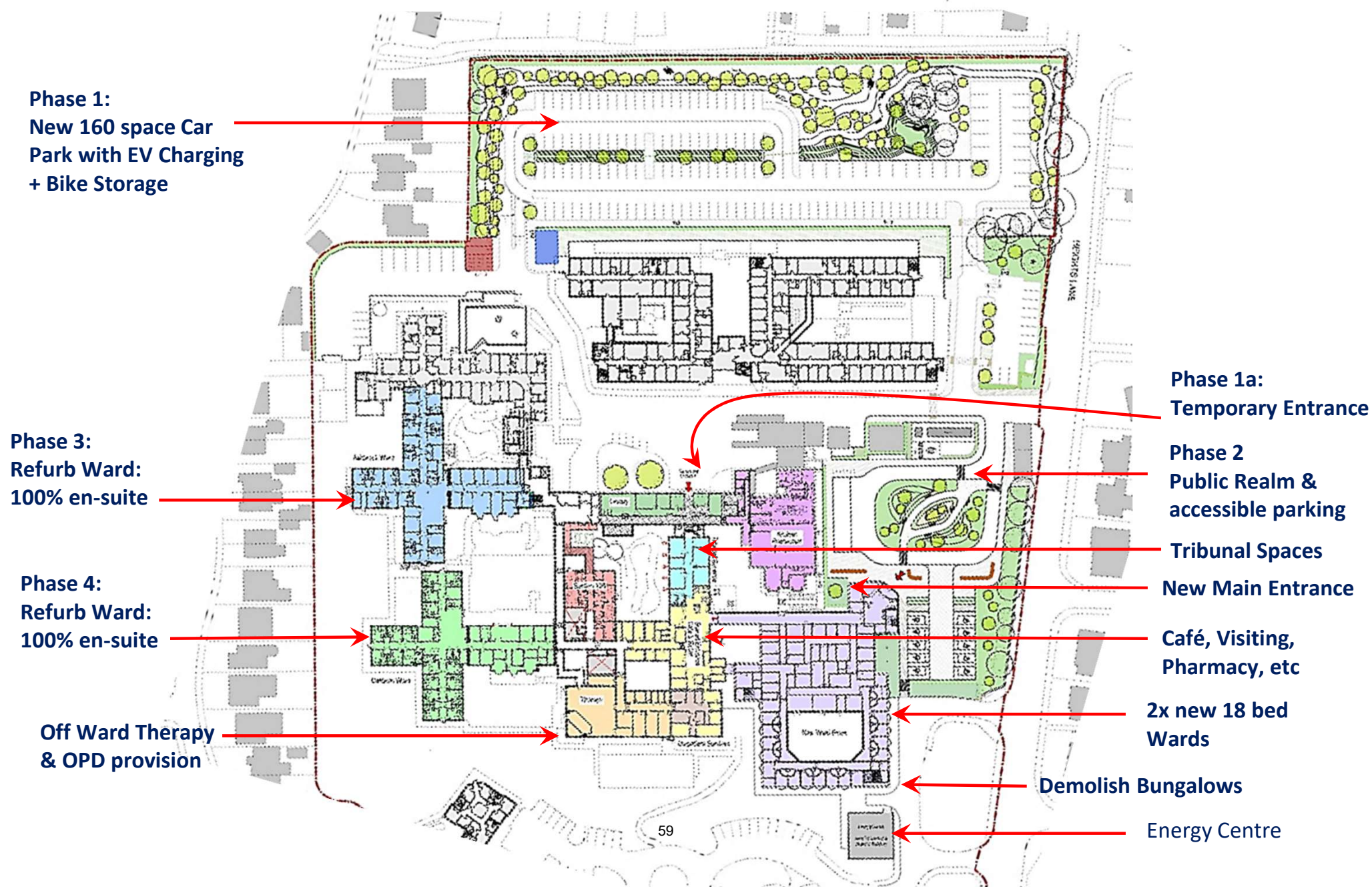
Summary financial overview

Headlines:

- Pay back period 5 years in 2028/29
- Additional **recurrent costs of £3.8m** will be incurred as the number of wards are increasing from 3 to 4 (with an increase in 10 beds), and an additional s136 suite including:
 - Staffing (Nursing and Medical)
 - Estates costs (Utilities, maintenance, house-keeping, food and linen)
 - Non pay costs – Prescribing, ward budget
 - Capital charges
- Net **non-recurrent costs of £2.2m** will be incurred during the build due to the number of beds temporarily reducing during the development.
- Total **cash releasing benefits of £5.8m** will be realised from improvements to the inpatient environment resulting in:
 - Reduction in average length of stay
 - Reduced staff absence and turnover
 - Reduction in violence and aggression
 - Reduction in acuity and special observation needs
 - Reduction in out of area placements reflective of 10 additional beds at LMH
 - Reduction in maintenance and utility costs

	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	TOTAL £'000	Recurrent £'000
Recurrent costs	£159	£824	£38	£2,802	£0	£3,823	£3,823
Non Recurrent incremental change in costs	£0	£516	£1,734	£0	£0	£2,250	£0
Total costs	£159	£1,340	£1,772	£2,802	£0	£6,073	£3,823
Cash releasing benefits	-£10	-£253	-£1,001	-£4,190	-£340	-£5,794	-£5,794
Net incremental annual cost/ (benefit)	£149	£1,087	£771	-£1,388	-£340	£279	-£1,971

Indicative Layout



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**

11.1

		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:	
<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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 Assurance 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+D)

Report from the: Finance and Performance Committee (FPC)

Date of meeting: 12 September 2024

Report to the: Board of Directors

Agenda
Item

11.2

Top strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
There is a maintained risk that the Trust will be unable to maintain its financial sustainability in the medium to long term	Existing	There are in year mitigations in place within the Trust, which is also contributed to by wider system pressures
There is a risk that ongoing lack of capital funding will mean we are unable to effectively address the short, medium and long term estates requirements at Lynfield Mount, impacting on the safety, experience and outcomes for patients and staff	Existing	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 PICU (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.
2. 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.
8. The Committee received a Digital Strategy update which focused on the NHS England-funded 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

Escalation and Assurance Report (AAA+D)

Report from the: **Mental Health Legislation Committee**
Date of meeting: **12.09.2024**
Report to the: **Board of Directors**

Agenda
Item
11.3

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

Top strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Associate Hospital Managers – There is a need for recruitment of AHMP (Associate Hospital Manager) who can take on the workload and training.	New	Limited
There is a risk that the safety and experience of service users and staff is materially compromised by a limited ability of the trust to respond, in a sufficiently coherent and rapid way, to estates issues and/or innovations.	Existing	Limited
There is a risk that the safety and experience of service users and staff is materially compromised by the unjustified or badly-managed use of restraint/intervention on the wards.	Existing	Limited
There is a risk of sub-optimal application of “best interests” principles.	Existing	Limited
There is a risk that the Trust may not act in a fully compliant / best practice way in relation to Associate Hospital Managers.	Existing	Limited

Key escalation and discussion points from the meeting
Alert

There is a risk that the Board will not be compliant with a recent government recommendation that “at least half” the Trust’s **NEDs** be “trained as hospital managers” under the MHA and “participate in hearings”.

Advise:

Mental Health Act (MHA) and Mental Capacity Act (MCA) training compliance all remain well above the Trust target of 80%. The training compliance for unqualified support staff has dropped below the 80% target but is beginning to rise back to expected compliance levels (74.51%). This can be explained by the way ESR records new starters and not giving 3 month’s grace before being counted in the numbers. Unable to change ESR, but they will continue to identify and mitigate any further compliance issues. Added an adjusted compliance figure, taking into account of allowed deductions (grace period and solely staff bank workers). As a consequence, all three courses are well above expected compliance levels.

Assure:

The Committee considered the content of the Integrated Strategic Performance Report, and Positive and Pro-active Group AAAD. Key Highlights presented were:

- Key Metrics on % of Sections Reviewed ahead of expiry and % of Sections considered to be free of any fundamental flaws.
- Positive and Proactive engagement.
- Compliance with Mandatory for Role training on: Mental Health Act and Mental Capacity Act are presented for the consideration of Committee.
- The numbers of full physical interventions has fallen since May 2023, the last quarter has fallen steadily from a high point in May 2024.
- Thornton, the Najurally Centre, Heather, Ashbrook, Oakburn and the Psychiatric Intensive Care Unit (PICU) wards have still had a number of patients with challenging behaviours, but even those wards (except Heather) have seen a lowering of incidents.
- Use of Rapid Tranquillisation has followed a similar pattern of overall decreased use, with another rise in slight rise in July 2024.
- There were four episodes of Seclusion in June 2024 and two in July 2024; all occurred on PICU.

Discussion took place regarding the role of the hearing Chair and how to get more experienced hospital managers to sign up to the role. It was identified as a risk due to current limits of individuals able to undertake the role. The Committee noted it was a significant role and level of responsibility.

Care Quality Commission Update: There had been 5 CQC visits over the last 12 months August 23 – August 24. Themes and learning had been identified which would be overseen by the Positive & Proactive Group, and Care Group Quality & Operations Group's.

Mental Capacity Act Update – as at June 2024 the audit reported 100% compliance. Staffing pressures continued to be reported on the wards, the Mental Capacity Act Lead to meet with clinical managers to support engagement & training. Committee heard that some wards were not completing audits due to staffing pressures with ongoing work identified to ensure compliance in all areas. A Task and finish group has been set up to look at compliance and internal benchmarking.

Sexual Safety Bi- Annual Report – The Trust is a Sexual Safety Charter member that is committed to implementing the principles with ongoing work around how policies within the Trust are reviewed aligned to this.

Ongoing work taking place with People Matters and Safeguarding around a new policy, which outlines ethical, safety, approach for service users and staff. Work is taking place with teams to understand issues and look at themes and trends, and with West Yorkshire Police around robust responses.

The next report will outline the response to essential and safeguard inspecting our Safeguarding Leads in the Trust and include a section on children going forward.

Decisions / Recommendations:

Minutes from the previous Committee meeting.
Actions listed as closed/complete within the action log.
Approved the Associate Hospital Managers Report.

Report completed by: Nazmeen Khan, Corporate Governance Officer

Report approved by: Simon Lewis – Chair of Audit Committee

Report completed on: 17/09/2024

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

Agenda
Item

11.4

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

Escalation and Assurance Report (AAA+D)

Report from the: People and Culture Committee (PCC)
Date of meeting: 12 September 2024
Report to the: Board of Directors

Agenda
Item
11.5

Top strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Continuing medical locum usage, associate quality & financial pressures associated with this strategic risk.	Existing	Limited
Workforce utilisation and effective rostering as part of the Model Roster 3 programme.	Existing	Limited
Manager capability & competence, in light of new financial pressures/challenges.	Existing	Limited
Threat to culture change in light of additional performance/financial pressures as 2024/25 progresses.	Existing	Limited

Key escalation and discussion points from the meeting
<p>Alert</p> <ul style="list-style-type: none"> Bank staff compliance with mandatory training the subsequent impact on being able to fill shifts with appropriately trained staff. A significant amount of collaborative work had been undertaken within this area to improve the position.
<p>Advise:</p> <ol style="list-style-type: none"> Mechanisms were in place to support training for bank staff and ensure compliance. 3% reduction in the number of ethnically diverse staff who had reported experiencing harassment, abuse or bullying in the last 12 months from patients, relatives and the public (26%). Incidents still occur regularly, the Trust was committed to the new 'See it, Say it, Stop it' Campaign to ensure consistent responses to any incidents that occur with the aim of reduction, prevention and providing support to those affected. Work was ongoing to address staff feedback, policy and process oversight and accountability, performance and governance, training and awareness, confidence and consistency and communication. The Committee acknowledged the huge impact this abuse had on staff. NHS Staff Survey 2023 - concerns had been raised over workloads, staff numbers, and the impact of transformational projects. The team were working on initiatives to address action planning. The Trust had signed up to the Neuro Diversity Employment Index, which would give an idea of Trust performance and what we could improve on to be an attractive and supportive employer for neuro diverse colleagues. You're a Star awards would take place in October. A collaboration with Digital Services was looking into an App that would accommodate appraisal activity.

7. The number of active employee relations cases had increased, these were in relation to inpatient environments and the People Matters Directorate focus on standards, expectations and not allowing behaviours to continue unchallenged.
8. Staff data regarding compliance required further investigation to ensure it was accurate (eg staff moving to new roles in the Trust being categorised as 'new' starters and being required to attend induction and new staff compliance with training).
9. At the May meeting of leading better Lives together, the Senior Leadership Team committed to undertaking several initiatives around improving the management processes, as well as things that would positively impact the working lives of Trust colleagues, ongoing updates would be provided on these.

Assure:

1. The Committee received a presentation on Workforce Race Equality - Standard, Metric 5: Abuse to staff from patients and the public, members were assured that there was a wealth of support available to staff and noted that work was always ongoing with external agencies (eg the police) to maintain a zero tolerance to this and help staff feel safe in their work environment.
2. NHS Staff Survey 2023 – there had been Positive increase in response rates across the whole Trust. There had been improved perceptions related to staff numbers, pay, recognition and learning.
3. The Trust had increased their response from colleagues who declared a disability on commencement of their contract (from 3% of people to 14% in 2023, the NHS average was 5%). Focused activity had been undertaken to attain this and the Trust was now in the top 10 NHS organisations within the UK to achieve this.
4. There had been a significant effort to coordinate a rapid process improvement workshop around sickness absence management.
5. The impact of the new staff induction and a concerted effort to nurture new employees, had led to a reduction in labour turnover and the number of leavers (with less than 12 months service) had reduced by 15% within the last month.
6. Compliance with appraisal and manager training was increasing.
7. A Daily Executive Panel was established to consider all vacancies with patient safety a key priority.
8. There was campaign to reduce the use of locums, savings were being made and would continue.

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: Mark Rawcliffe

Chair of the People and Culture Committee (PCC)

Date: 20 September 2024