

Name of meeting: Council of Governors - Public

Date: Thursday 20 July 2023

Time: 5.00pm until 6.30pm

Venue: Meeting held virtually using Microsoft Teams

Agenda

	Lead	Time
1 Welcome and apologies for absence (verbal)	LP	5.00pm
• Councillor Andy Brown, Appointed Governor: North Yorkshire Council		
2 Declaration of any Conflicts of Interest (verbal)	LP	
3 Minutes of the previous meeting held on 4 May 2023 (enclosure)	LP	
4 Matters arising (verbal)	LP	
5 Action log (enclosure to follow)	LP	
GOVERNOR FEEDBACK & INVOLVEMENT		
6 Issues and Questions from Communities (verbal)	Governors	5.10pm
7 Youth Views (verbal)	LM	
STRATEGIC CONTEXT		
8 Chair's Report (enclosure)	LP	5.20pm
9 Presentation of the Trust's Strategy: Better Lives Together (enclosure)	TP	5.30pm
QUALITY, SAFETY AND RISK		
10 Performance Report (enclosure)	KB	5.45pm
11 Presentation of the Trust's Quality Report (enclosure)	PH	5.55pm
12 Assurance Reporting (enclosures)		6.05pm
12.1 Audit Committee held on 6 April 2023	CM	
12.2 Charitable Funds Committee held on 30 March 2023	MR	

12.3	Finance, Business and Investment Committee held on 23 March 2023	MA/MR
12.4	Mental Health Legislation Committee held on 23 March and 25 May 2023	SL
12.5	Quality and Safety Committees held on 16 March, 20 April and 18 May 2023	AM

GOVERNANCE AND WELL LED

13	Council of Governors Annual Work Plan (enclosure)	For information	-
14	Any Other Business (verbal)	LP	-
15	Meeting Evaluation (verbal)	LP	6.30pm

The Annual Members Meeting will take place on 21 September 2023, time TBC.

The next public Council of Governors meeting will take place following the private meeting on:

Thursday 7 December 2023, 5.00pm until 6.30pm

**Council of Governors' Meeting held in Public
Thursday 4 May 2023 at 5.05pm
Virtual meeting held on Microsoft Teams**

Present:	Dr Linda Patterson OBE	Chair of the Trust (Chair of the Council of Governors)
	Helen Barker	Public Governor: Craven
	Kelly Barker	Interim Chief Operating Officer
	Dr Sid Brown	Public Governor: Shipley
	Bob Champion	Chief People Officer
	Sue Francis	Staff Governor: Non-Clinical
	Roberto Giedrojt	Staff Governor: Non-Clinical
	Simon Lewis	Non-Executive Director
	Linzi Maybin	Staff Governor: Clinical (Deputy Lead Governor)
	Sally Napper	Associate Non-Executive Director
	Trevor Ramsey	Public Governor: Bradford West
	Tim Rycroft	Chief Information Officer (for items 1-18)
	Anne Scarborough	Public Governor: Keighley (Lead Governor)
	Pamela Shaw	Staff Governor: Clinical
	Joanne Squires	Staff Governor: Clinical
	Fran Stead	Trust Board Secretary
	Alyson McGregor	Non-Executive Director
	Mark Rawcliffe	Non-Executive Director
	David Sims	Medical Director
	Jimmy Vaughan	Public Governor: Keighley
	Claire Risdon	Deputy Director of Finance, Planning & Performance
	Phillipa Hubbard	Director of Nursing, Care Standards & Professions
	Therese Patten	Chief Executive
	Helen Robinson	Deputy Trust Board Secretary (Secretariat)
	Holly Close	Corporate Governance Officer
	Hannah Nutting	Public Governor: Shipley
	Maz Ahmed	Non Executive Director
Apologies:	Anne Graham	Public Governor: Bradford West Appointed Governor:
	Zahir Irani	Appointed Governor: Bradford University
	Tina Butler	Appointed Governor: Bradford Assembly
	Sabiya Khan	Appointed Governor: Bradford Council
	Chris Malish	Non-Executive Director
	Deborah Buxton	Appointed Governor: Barnados
	Mike Woodhead	Director of Finance, Contracting and Estates

MINUTES

Item	Discussion	Action
1	Welcome and Apologies for Absence (agenda item 1)	

Item	Discussion	Action
	<p>The Chair opened the meeting at 5.00pm, welcoming everyone and noting the apologies received.</p> <p>The meeting was quorate.</p>	
2	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
3	<p>Minutes of the Council of Governors' meeting held on 2 February 2023 (agenda item 3)</p> <p>The minutes of the Council of Governors' meeting held on 2 February 2022 were agreed as a true and accurate record.</p>	
4	<p>Matters Arising (agenda item 4)</p> <p>There were no matters arising.</p>	
5	<p>Action Log (agenda item 5)</p> <p>In relation to the action regarding the length of time it had been taking to refer to social services using the new safeguarding system, the Interim Chief Operating Officer reported that shifts and capacity had been readjusted in order to address the issue, and she had not been made aware of any issues since the changes had been made. It was agreed that this action could be closed.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • noted the contents of the action log; • noted that no actions required further work; & • agreed to close the action listed as complete. 	
6	<p>Issues and Questions from Communities (agenda item 6)</p> <p>Mr Ramsay provided positive feedback regarding the support that a service user had received from dental service. Mr Ramsey also advised that staff from Bradford People First had not been receiving the correct referrals from First Response and questioned whether training could be provided for First Response staff regarding appropriate referrals. The Interim Chief Operating Officer agreed to ensure that the First Response service received the referral criteria for both Bradford People First and Keighley People First and were fully aware of referral routes.</p> <p>Mr Vaughan stated that he had heard various reports of issues in relation to First Response. The Interim Chief Operating Officer highlighted how important it was to hear both positive and negative experiences from service users and offered Mr Vaughan time outside the meeting to discuss the issues further.</p>	<p>KB</p> <p>KB</p>

Item	Discussion	Action
	<p>Dr Brown stated that he had attended a Patient and Participation Group meeting on the subject of Type 2 diabetes and it's connections to foot care, and that several of his constituents had not heard from the podiatry service since October 2020. The Chief Executive explained that the podiatry service was under considerable pressure, but she would be undertaking a Go See visit with the service shortly and would raise the concerns Dr Brown had made and then feed back to the Council of Governors.</p>	<p>TP</p>
<p>7</p>	<p>Youth Views (agenda item 7)</p> <p>The Deputy Lead Governor explained that some of the Governors had recently attended an NHS careers event at the Bradford Hotel. 17 young people had signed up to become members as a result of the event and some were interested in becoming Governors.</p> <p>Ms Maybin explained that a mapping exercise was being undertaken to define young people's groups in Bradford and Craven and see how connections could be made.</p> <p>It was also highlighted that the corporate governance team were working alongside HR to promote Trust membership sign ups at careers events.</p> <p>Mr Ramsay noted that Young Dynamos and Know Your Mind were other groups that could be used to build connections with, and Ms Maybin stated that a visit to the Young Dynamos had been planned for June.</p> <p>Ms Nutting then offered further connections to youth views through the Age of Wonder Study as part of the Born in Bradford Research.</p> <p>The Council of Governors noted the verbal update.</p>	
<p>8</p>	<p>Chair's Report (agenda item 8)</p> <p>The Governors received the Chair's report which detailed the key activities that had taken place over the last quarter and upcoming areas of interest for Governors to be aware of.</p> <p>The Chair updated the Governors on:</p> <ul style="list-style-type: none"> • The liaison and partnership working and engagement meetings that had been attended since the last meeting, advising that Governors could access minutes from those minutes if required. • The recent Community Provider Collaborative workshop • The work being undertaken at Place and the links between the Trust and Place 	

Item	Discussion	Action
	<ul style="list-style-type: none"> • Opportunities for Governors to observe public board and the Committee meetings • Development of the Trust strategy and the forthcoming engagement, which Governors were invited to participate in. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the partnership & engagement work that had taken place; • Noted and confirmed availability to observe public Board and Committee meetings; • Noted the refresh work taking place of the Trust’s overarching strategy: Better Lives, Together, including the consultation and engagement phase, where Governors were invited to take part • Noted the development work taking place on performance reporting; and processes within the Trust. 	
<p>9</p>	<p>Operational Plan Progress Update (agenda item 9)</p> <p>The Deputy Director of Finance, Planning & Performance provided an overview of 2023/24 operational plan priorities. The following was noted:</p> <ul style="list-style-type: none"> • At the end of the last financial year, the Trust exited with a £12.6m underlying deficit with the main pressures being around COVID-19 costs and supporting the transformation programmes. • For the 2023/24 financial year, the high level priorities had been agreed as reducing length of stay, reducing out of area placements for Mental Health, reducing COVID-19 and agency costs; and reducing the estate’s footprint. • For community services, focus would be made on enabling staff to deliver differently using workforce and digital approaches. Also, there would be an emphasis on accountability and responsibility and opportunities to secure investment and growth. • For Mental Health, focus would be on supporting service users much earlier in their journey, reducing over-reliance of acute inpatient beds, and making connections with local communities to deliver more further preventative options. • A break-even plan had been developed alongside a £17.38m efficiency programme. <p>The Chief Executive provided reassurance that it was right to focus on a small number of priorities, and the Trust would be held accountable on progress against the plan by the Committees.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted and provided feedback on the operational plan priorities for 2023/24; • Noted the requirement to resubmit final system plans on 4 May and the associated risks. 	

Item	Discussion	Action
10	<p>Performance Report (agenda item 11)</p> <p>(Agenda items taken out of order as items 9 and 11 were linked)</p> <p>The Deputy Director of Finance, Planning & Performance presented the report which aimed to assist the Council of Governors in seeking assurance against the Trust's performance and progress in the delivery of a broad range of key targets and indicators.</p> <p>Ms Risdon stressed the combined impact of increasingly high service demand, increased acuity and complexity and workforce pressures; and highlighted the improvements to vacancy rates and waiting times.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Considered the key points and exceptions highlighted and noted the actions being taken. 	
11	<p>Finance, Business and Investment Committee held on 26 January 2023 (agenda item 13.2)</p> <p>Mr Ahmed advised the Governors that he had felt more assured after the March 2023 meeting, as opposed to the January meeting for which they had received the escalation and assurance report. Mr Ahmed then highlighted an alert in the report regarding the 2023/24 financial plan and associated challenges.</p> <p>The renamed Finance, Performance and Investment Committee would now meet monthly with a shared focus on finance and performance.</p> <p>The Council of Governors welcomed the Finance, Business & Investment Committee AAA Report.</p>	
12	<p>The Children's Trust (agenda item 10)</p> <p>The Chief Executive explained to the Governors that the Children's Trust had been created due to Bradford Social Care being rated inadequate since 2018 by Ofsted. As such most of Bradford's Social Care would now be run as a separate non-profit company providing the majority of children's services within the Council.</p> <p>Ms Patten gave an update on the activity that the Children's Trust had been doing within its first five weeks, this included:</p> <ul style="list-style-type: none"> • Staff transferred from local authority to the Children's Trust • Executive team spending time visiting services and partner services • The most recent Ofsted report being reviewed and starting to think about where the Trust would be in four years. 	

Item	Discussion	Action
	<p>Ms Patten also detailed that the Children's Trust were keen to add value to system working and work alongside services as a multi-agency partner. Periodic updates would be brought back to the Council of Governors in the future.</p> <p>The Council of Governors noted the verbal update.</p>	
13	<p>Care Quality Commission Update (agenda item 12)</p> <p>The Director of Nursing, Care Standards & Professions and Deputy Chief Executive presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • The CQC were still working on the new assessment framework and appointing inspection managers. • The Medicines Optimisation inspection had been a pilot and the Trust would not receive a rating, but positive feedback had been received regarding the roll-out of electronic prescribing. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the Trust's progress in responding to CQC inspection activity. • Noted the current position with regard to CQC's ongoing consultation and implementation of a new model. 	
14	<p>Audit Committee held on 19 January 2023 (agenda item 13.1)</p> <p>The Council of Governors welcomed the Audit Committee AAA Report. There were no items identified that required escalation.</p>	
15	<p>Mental Health Legislation Committee held on 26 January 2023 (agenda item 13.3)</p> <p>The Chair asked when the changes for the Mental Health Act would be introduced, and the Medical Director explained that a final report had not yet been produced and the Act was still making its way through Parliament. The understanding was that the Act would not be completed during this parliament which posed the risk of a new government taking on a different view. Dr Sims stated that he would update the Governors further once more information had been shared.</p> <p>The Council of Governors noted the content of the Mental Health Legislation Committee AAA Report. There were no items identified that required escalation.</p>	
16	<p>Quality and Safety Committees held on 19 January and 17 February 2023 (agenda item 13.4)</p>	

Item	Discussion	Action
	<p>The Council of Governors welcomed the Quality & Safety Committee AAA reports, and noted the ongoing alert from the January meeting regarding high demand and acuity and vacancy pressures.</p>	
<p>17</p>	<p>Workforce and Equality Committee held on 16 February 2023 (agenda item 13.5)</p> <p>Mr Rawcliffe provided reassurance around the ongoing key performance metric concerns, with robust plans in place to address the issues which were now starting to come to fruition.</p> <p>Dr Brown raised the question around retention of staff. The Chief People Officer advised that the key to ensuring staff did not leave the organisation within their first or second year was to have an effective onboarding process. Mr Champion highlighted that he would write to staff in their first 6 months and then their first year as part of a new induction program. Furthermore, a new monthly induction day had been introduced so that new starters could come together at the beginning of every month to be welcomed into the Trust.</p> <p>The Council of Governors welcomed the Workforce & Equality Committee AAA Report. There were no items identified that required escalation.</p>	
<p>18</p>	<p>Staff Survey Full Results (agenda item 14)</p> <p>The Chief People Officer presented the report, and highlighted the following points:</p> <ul style="list-style-type: none"> • The survey had been undertaken during Autumn 2022 by a company called Quality Heath who benchmarked the Trust's results against the NHS average and 27 other mental health and community orientated provider organisations. • The response rate for 2022 had been 42%. • The majority of scores were consistent with previous years and with scores across the sector. • The strongest areas were around compassionate and inclusive leadership. • The weakest areas were around the learning concept of the organisation. <p>The results had been shared within care groups and actions had been requested by mid-June 2022.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the report and proposed recommendations for ongoing analysis, response to and dissemination of the results, both corporately and locally. 	

Item	Discussion	Action
<p>19</p>	<p>Annual Report Timetable 2022/23 (agenda item 15)</p> <p>The Trust Board Secretary outlined the timetable. Highlighting the Annual Members meeting which had been scheduled for 21 September 2023.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> noted the timescale that the Trust is working to for the production, adoption, and submission of the Annual Report, Annual Accounts, and Quality Report, and were assured that the Trust would remain compliant with nationally mandated guidance for production. 	
<p>20</p>	<p>Council of Governors Annual Declaration of Interest (agenda item 16)</p> <p>The Chair encouraged those Governors who had not yet made their annual declarations of interest to do so. The Trust Board Secretary explained that those who had not declared their interest would be chased and thanked those that had already sent in their declarations.</p> <p>The Council of Governors noted the update.</p>	
<p>21</p>	<p>Council of Governors Annual Work Plan (agenda item 17)</p> <p>The Council of Governors noted the work plan.</p>	
<p>22</p>	<p>Any Other Business (agenda item 18)</p> <p>There were no other items of business raised.</p>	
<p>23</p>	<p>Meeting Evaluation (agenda item 17)</p> <p>The Chair thanked the Council of Governors for their time. It was noted that all attendees had been given the opportunity to comment, and the authors and presenters were thanked for the quality of the information shared. The meeting was closed at 6.29pm.</p>	

Signed:

.....

Dated:

.....

Council of Governors – meeting held in public

20 July 2023

Paper title:	Chair’s Report	Agenda Item 8
Presented by:	Dr Linda Patterson OBE FRCP – Chair of the Trust	
Prepared by:	Corporate Governance Team	
Committees where content has been discussed previously	Board of Directors – May & July 2023	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input type="checkbox"/> Providing excellent quality services & seamless access <input type="checkbox"/> Creating the best place to work <input type="checkbox"/> Supporting people to live to their fullest potential <input type="checkbox"/> Financial sustainability, growth & innovation <input checked="" type="checkbox"/> Governance & well-led	
Care Quality Commission domains Please check ALL that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Caring <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input type="checkbox"/> Responsive	

Purpose of the report

Chair’s Report to the Council of Governors on key activities that have taken place over the last quarter, & upcoming areas of interest for Governors to be aware of.

Executive Summary

Chair’s Report to inform Governors on relevant partnership engagement & developments, system & integrated care partnership working, & activities with the Trust’s Council of Governors, staff, & Board of Directors.

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

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

Recommendation(s)
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • note the information provided within the report.

Relationship to the Board Assurance Framework (BAF)	
<p>The work contained with this report links to the following strategic risks as identified in the BAF:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> SO1: Engaging with our patients, service users & wider community to ensure they are equal partners in care delivery (QSC) <input checked="" type="checkbox"/> SO2: Prioritising our people, ensuring they have the tools, skills & right environment to be effective leaders with a culture that is open, compassionate, improvement-focused & inclusive culture (WEC) <input type="checkbox"/> SO3: Maximising the potential of services to delivery outstanding care to our communities (QSC) <input checked="" type="checkbox"/> SO4: Collaborating to drive innovation & transformation, enabling us to deliver against local & national ambitions (Board) <input type="checkbox"/> SO5: To make effective use of our resources to ensure services are environmentally & financially sustainable & resilient (FBIC) <input type="checkbox"/> SO6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC) 	
Links to the Strategic Organisational Risk register	N/A
Compliance & regulatory implications	<p>The following compliance & 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 • Foundation Trust Code of Governance • NHS Act • Health & Social Care Act • NHS England / Improvement Appraisal Framework for the Chair's & Non Executive Directors • Nolan Principles • Provider Licence

Council of Governors – meeting held in public

20 July 2023

Chair’s Report

Partnerships

Over the last three months I have been meeting with various stakeholders to introduce myself & to continue discussions on key issues. They include the following:

12 May	Bradford District & Craven Board meeting
6 June	West Yorkshire Partnership Board meeting
7 June	Trust Volunteer celebration event
9 June	Mental Health Chair’s meeting
3 July	West Yorkshire Community Providers Collaborative meeting
4 July	Born in Bradford event
5 July	Celebrating the 75 th anniversary of the NHS
6 July	Leading Better Lives event
7 July	Discussion with the West Yorkshire Integrated Care Board & partners on the provision of mental health services to children & young people

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

Further information on the partnership work can be found here:

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)

Meetings are held in public, with Board colleagues, Governors, staff, & our members encouraged to attend to observe the discussion & raise questions.

Listen In events

Bradford & Craven Partnership Board has conducted listening exercises across the whole district to get the public’s views on the local health & care services. The events aimed to uncover insights about:

- how people experience the challenges the Partnership aims to address
- local people’s expectations of what they would experience if the partnership were getting it right in each priority area
- assets in local communities that could be unlocked to address each priority area.

People

Deputy Chair – annual leave cover arrangements

On behalf of the Trust, I would like to thank Carole Panteli, Non-Executive Director (NED) & Deputy Chair, who acted as Chair of the Trust during my planned absence in June 2023.

Non-Executive Director appointment strategy

Carole Panteli, who has been with our Trust since 2018 will be leaving the NED role 31 August 2023. I would like to thank Carole who has provided exemplary leadership to the Trust & for the personal support she provided to me as I took over as the Chair. The Council of Governors are leading the appointment process for a new substantive NED to join the Board September, which saw a robust recruitment campaign take place during May & June. The campaign culminated in an assessment day, where shortlisted candidates were involved with a Service User & Carer Panel; External & Internal Stakeholder Panel; & Interview Panel, which comprised of a majority of Governors. The recommendation from the interview panel was approved by the Council of Governors Nominations & Remuneration Committee June, which will be presented to the Council of Governors private meeting in July to be ratified. Following which a full induction will be coordinated. Thank you to those Governors involved with the process.

Deputy Chair appointment process

The Council of Governors Nominations & Remuneration Committee in June also considered a proposal for the Deputy Chair role, which was approved. This approved proposal will be presented to the Council of Governors private meeting in July to be ratified. Thank you to those Governors involved with the process.

Chair & Non-Executive Director appraisal & objective setting

The Trust's annual process for delivering the appraisal & objective setting has now concluded. The process followed previous year's, individual Board members reflecting with their line manager on the past year's performance, including reviewing objectives from the last year & agreeing the next year's objectives & personal development plan. Simon Lewis, as Senior Independent Director, & Anne Scarborough as Lead Governor led to discussion for myself as Chair of the Trust. We continue to work to the national NHS England appraisal framework.

Trust welcome day

Since April 2023 we have held a monthly in-person welcome day for new starters joining the Trust. Several Board members are involved with the day in both delivery, & attendance to build relationships with colleagues. Thank you to the Human Resources team for delivering this key event, & to Board members for their continued involvement.

Staff Networks

The following Executive Management Team sponsors have been agreed with each of the staff networks:

Aspiring Cultures Network - Phil Hubbard lead & Bob Champion reserve

Beacon Network = - David Sims Lead & Tim Rycroft reserve

Rainbow Alliance - Kelly Barker lead & Mike Woodhead as reserve

The following Non-Executive Director sponsors have been agreed with the staff networks:

Aspiring Cultures Network – Simon Lewis

Beacon Network – Alyson McGregor

Rainbow Alliance – Chris Malish

Governor engagement & duties

Annual Members' Meeting

Planning & coordination work is now taking place to deliver this year's Annual Members' Meeting, which will take place on Thursday 21 September 2023 (venue & time to be confirmed). Governors will receive final details soon along-with the formal 'Notice of the Meeting'. Thank you to those Governors involved with the planning of this event. This key statutory event is a chance for our Trust members, service users, carers, staff, Governors, Directors & members of the public to come together to learn more about Trust.

Annual Report & Accounts 2022/23

At the Board meeting held in Private on 9 June, the Board adopted the Annual Report & Accounts for 2022/23. This was following assurance received by the Audit Committee. The document has been submitted to NHS England, & presented to Parliament for laying. Following confirmation that it has been laid in Parliament, the document will be presented to Governors, public, staff colleagues, partners & stakeholders at the Annual Members' Meeting.

Board of Directors & Committee meetings

There is the opportunity for Governors to observe public Board, & Committee meetings, chaired by our Non-Executive Directors. All meetings are currently held using Microsoft Teams. Please contact the Corporate Governance team corporate.governance@bdct.nhs.uk to arrange attendance. Attending will give you another opportunity to observe the Non-Executive Directors undertaking their role, whilst supporting you to observe the discussion that takes place to give you a greater understanding of the Trust.

Date of Meeting	Time	Meeting
27 July	9.30am	Mental Health Legislation Committee
27 July	12.30pm	Finance & Performance Committee
14 September	9.00am	Board of Directors held in public
19 September	9.30am	Quality & Safety Committee
28 September	9.30am	Mental Health Legislation Committee
28 September	12.30pm	Finance & Performance Committee
19 October	9.30am	Quality & Safety Committee
19 October	1.00pm	Charitable Funds Committee
26 October	9.30am	Workforce & Equality Committee
26 October	12.30pm	Audit Committee
9 November	9.00am	Board of Directors held in public
16 November	9.30am	Quality & Safety Committee
23 November	9.30am	Mental Health Legislation Committee
23 November	12.30pm	Finance & Performance Committee
7 December	1.00pm	Charitable Funds Committee

Governance matters

Effectiveness review

As good practice we periodically run effectiveness reviews of meetings, which is a series of questions aimed at finding out how the meeting is functioning. We will shortly be running an effectiveness review for the Council of Governors, the Corporate Governance team will be in touch soon to share details of this. The findings will be shared with Governors, where any actions can be agreed for change.

Council of Governors document & process review

The Corporate Governance team will be undertaking a review of the key documents that support the Council of Governors. This includes meeting Terms of Reference; job role descriptions; the Code of Conduct for Governors; & the process for running Governor elections. Further updates will be provided soon.

Dr Linda Patterson OBE FRCP

Trust Chair

March 2023

Council of Governors – Meeting held in public

20 July 2023

Paper title:	Refreshing the Trust strategy - better lives, together	Agenda Item 9
Presented by:	Therese Patten, Chief Executive	
Prepared by:	Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk	
Committees where content has been discussed previously	Executive Management Team meeting; Private Board of Directors Meeting	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input checked="" type="checkbox"/> Providing excellent quality services and seamless access <input checked="" type="checkbox"/> Creating the best place to work <input checked="" type="checkbox"/> Supporting people to live to their fullest potential <input checked="" type="checkbox"/> Financial sustainability, growth and innovation <input checked="" type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check ALL that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input checked="" type="checkbox"/> Responsive	

Purpose of the report

The purpose of this report is to update the Council of Governors on the process that has been undertaken to refresh the Trust’s strategy, better lives, together.

Executive Summary

Our 2019-23 strategic framework, better lives, together, clearly set out our values and priorities and our commitment to quality improvement guided by our Care Trust Way methodology. As this strategy was coming to the end of its natural lifespan a Strategy Steering Group was commissioned to lead on developing a refreshed strategy. This strategy refresh for 2023-2026 built on the strengths identified in the first better lives, together, reflected the changes that have happened in the health and social care landscape around us as well as how we have developed over the last few years.

The process of refreshing the strategy has involved engaging with staff, service users, stakeholders and the wider community to ensure that it not only aligns with local and

national priorities, but that it is meaningful to those people on whom it will have the greatest impact.

It is proposed, following a 'soft' internal launch by the end of July, the strategy will be formally launched at the Trust's Annual Members Meeting in September 2023.

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 the content of this report

Relationship to the Board Assurance Framework (BAF)

The work contained with this report links to the following strategic risks as identified in the BAF:

- SO1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)
- SO2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)
- SO3:** Maximising the potential of services to delivery outstanding care to our communities (QSC)
- SO4:** Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board)
- SO5:** To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC)
- SO6:** To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)

Links to the Strategic Organisational Risk register (SORR)

The work contained with this report links to the following corporate risks as identified in the SORR:

- N/A

Compliance & regulatory implications

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

- Well-led

Council of Governors Meeting

20 July 2023

Refreshing the trust strategy – better lives, together

1 Purpose

The purpose of this report is to update the Council of Governors on the process that has been undertaken to refresh the trust’s strategy, better lives, together.

2 Background and context

Our 2019-23 strategic framework, the first ‘better lives, together’ set out our values, priorities and commitment to quality improvement guided by our Care Trust Way approach. This strategy was due to be refreshed during 2023.

When considering what might need to change in the strategy, the following were taken into account:

- Along with other NHS trusts, the impact of COVID-19, increasing demand and workforce challenges that we are experiencing are unprecedented. The current financial pressures, along with national challenges in attracting and retaining staff, means that maintaining quality and access to services, whilst delivering care to an ageing and growing population, is a real and increasing challenge. This is against a background of widening health inequalities, worsened by the impacts of climate change and a desire to continue to improve the experience of people using our services.
- Over the past few years we have played a proactive role in developing the integrated care agenda in the Bradford District and Craven Health and Care Partnership and in the West Yorkshire Health and Care Partnership (also called the Integrated Care System). The challenges and changes that we are experiencing as a health and care partnership mean that we must continue to work together to plan and shape services and use resources in the most effective way possible, so the care we offer to the communities we serve is the best it can be.
- Our vision and values were co-developed in 2019 and guide what we do every day. Our values are really important to us; they are the strong foundation that guide how we work together and how we develop and deliver our services. We believe our values are strongly embedded in our organisation

Considering the above, the Board of Directors took the decision that the existing strategy should be refreshed, rather than rewritten, and that the values and vision for the trust should remain the same.



3 Developing the strategy

In September 2023, a small group of volunteers from across the trust’s leadership team came together, supported by Dawn Lawson (interim Strategy Lead), to guide the refresh of better lives, together.

Through a process of engagement with the senior leadership of the trust, and through a review of relevant national guidance, the strategies of the West Yorkshire Health and Care Partnership, and the Bradford District and Craven Health and Care Partnership, the group identified 4 key priorities evolving from the first better lives, together and taking into account the changes to our delivery landscape.

Best Place to Work

We will continue to strive to be a Smarter Working organisation, working together so everyone is proud to work here, feels they belong and are valued

Deliver Best Quality Services

We will consistently deliver good quality, safe and effective services, making every contact count, meeting the needs of communities, and focussing on reducing health inequalities.

Best Use of Resources

We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do.

Be the Best Partner

We will be at the forefront of integration, improvement and innovation, working with partners to deliver services that enable our population to live happier, healthier lives.

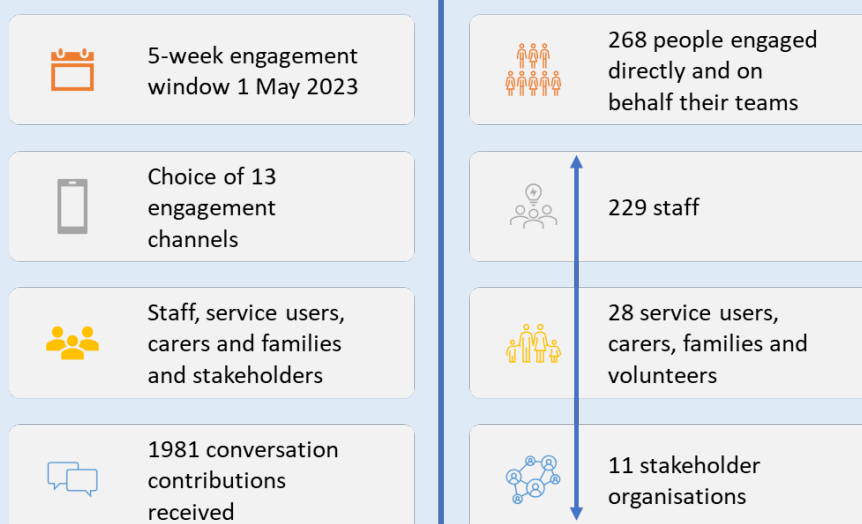


These priorities were ‘tested’ by consultation with staff, service users, stakeholders and the wider community to ensure that they not only aligned with local and national priorities, but that they were meaningful for those people on whom they would have the greatest impact.

During May 2023, staff from across the trust led a ‘big conversation’ ‘Creating better lives, together: 2023-2026 Ambition into Action’.

The intelligence gathered provided the strategy group with a better understanding of what each priority meant for the groups consulted with, what we were doing well as a trust and what we could do more of.

Using this intelligence, as well as further intelligence from across the senior leadership of the trust and conversations with our partners, each strategic priority was refined. Key areas of focus were developed under each priority as shown below.



Be the Best Place to Work	Make Best Use of Resources	Be the Best Partner	Deliver Best Quality Services
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	We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do	We will be at the forefront of the integration, improvement and innovation; working with partners to deliver community and mental health services that enable our population to live happier, healthier lives.	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.
Looking after our people	Financial sustainability	Partnership working	Improving access and flow
Belonging in our organisation	Our environment and workspaces		Learning for improvement
New ways of working and delivering care	Giving back to our communities		Improving the experience of people who use our services
Growing for the future			

One of the key pieces of learning from the 2019 version of better lives, together was that without tangible outputs and measures of impact, it was difficult for the Board of Directors to be assured that progress was being made against our ambitions. Therefore, each of the key areas of focus aligned to the strategic priorities within the refreshed strategy articulate:

- What actions we will take
- How we will know we have been successful; and
- What the impact of our actions will be

4 Launching the strategy

The draft text of the strategy was approved at the private meeting of the Board of Directors on 12 July 2023 and is currently going through finalisation of the finished document. The Board of Directors also approved that the formal launch of the refreshed strategy will happen at the Annual Members Meeting in September 2023.

It was agreed that, to allow us to continue the conversation with our staff and stakeholders about how we have responded to their feedback, there will be a ‘soft’ internal launch of the strategy in advance of the event in September using a variety of different communication channels such as e-comms and the weekly Executive Broadcast.

5 Recommendation

The Council of Governors is asked to:

- Note the content of this report

Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk
17 July 2023

Council of Governors - Public

20th July 2023

Paper title:	Performance Report	Agenda Item 10
Presented by:	Kelly Barker, Chief Operating Officer	
Prepared by:	Karthik Chinnasamy, Deputy Director of Performance and Planning	
Committees where content has been discussed previously	Board of Directors Quality and Safety Committee Mental Health Legislation Committee Workforce and Equality Committee Finance, Business and Investment Committee	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input checked="" type="checkbox"/> Providing excellent quality services and seamless access <input checked="" type="checkbox"/> Creating the best place to work <input checked="" type="checkbox"/> Supporting people to live to their fullest potential <input checked="" type="checkbox"/> Financial sustainability, growth and innovation <input checked="" type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check ALL that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input checked="" type="checkbox"/> Responsive	

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 report highlights the combined impact of high service demand, increased acuity and complexity and workforce challenges, exacerbated by industrial action, which affected performance and waiting times until March 2023, but there has been considerable recovery in some of the areas over the last few months such as sickness absence rates, waiting times, etc., which are detailed in the report.

The Council of Governors performance report uses selected narrative and slides from the Board integrated performance report. This complements the Alert, Advise, Assure reports received from Committees. Governors are also provided with a link to the full Board integrated performance report and data pack so they can access further detail if required.

The Trust's performance management framework is being reviewed. Changes will be reflected in future performance reports to the Council of Governors.

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.

Relationship to the Board Assurance Framework (BAF)

The work contained with this report links to the following strategic risks as identified in the BAF:

- SO1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)
- SO2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)
- SO3:** Maximising the potential of services to delivery outstanding care to our communities (QSC)
- SO4:** Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board)
- SO5:** To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC)
- SO6:** To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)

Links to the Strategic Organisational Risk register (SORR)

The work contained with this report links to the following corporate risks as identified in the SORR:

- 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)

	<ul style="list-style-type: none"> • 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
<p>Compliance & regulatory implications</p>	<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

20 July 2023 meeting

Performance Data up to May 2023

Combined impact of:

- **high service demands** - increased acuity and complexity;
- **workforce challenges** – High labour turnover although consistently improving over the last few months, continued difficulties in attracting and retaining professionally qualified staff, sickness absence remained higher than pre-COVID rates but positive improvement in the last 5 months, a higher proportion of long-term cases relating to anxiety, stress and depression than before the pandemic.

Improved flow through adult acute mental health inpatient beds, reduction in occupied bed days and reduction in out of area bed days are key priorities in the 2023/24 operational plan. Tactical actions to improve inpatient flow are being taken, including targeted intervention for service users with the longest length of stay. There is continued positive performance in many of the NHS Long Term Plan mental health metrics. However, workforce challenges, with a national shortage of qualified practitioners, coupled with increased service user complexity, continues to impact on access and waiting times in some areas.

Workforce Dashboard (May 2023)

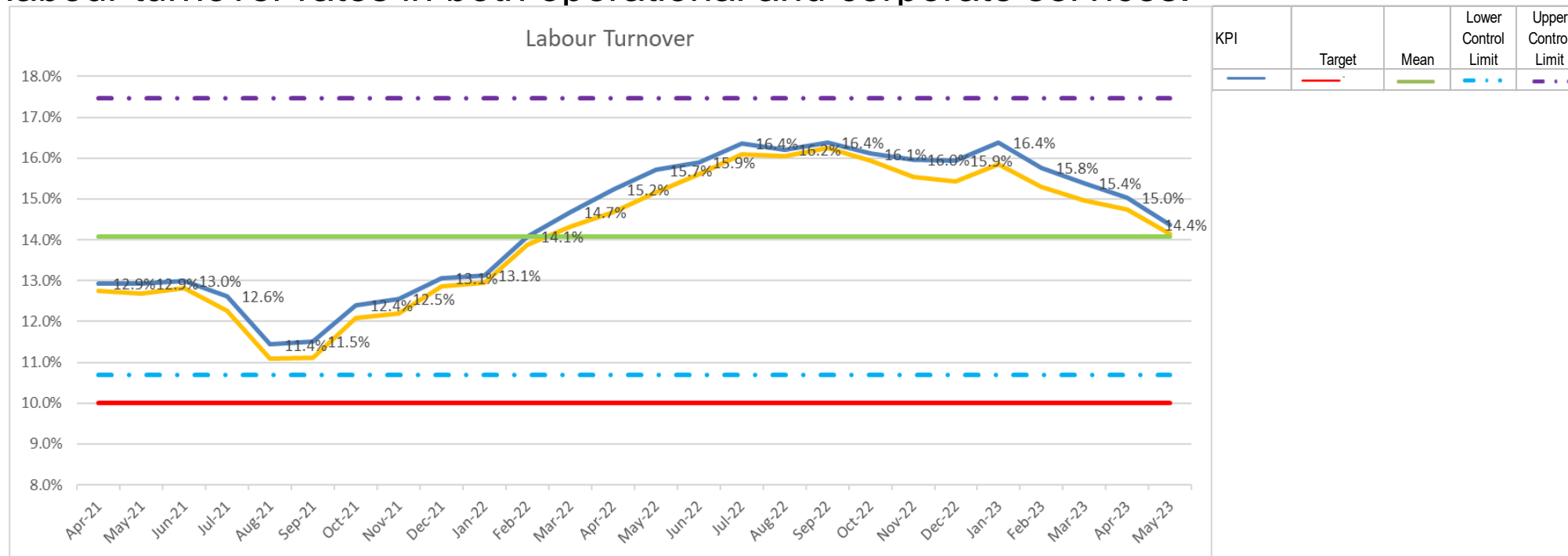
Metric	Goal & Assurance/ Action status		Current & Variation		Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		13.46%		Recruitment rate increased from start of 2022/23 and has remained above target
Key Workforce Metrics – Sickness Rate	4%		5.54%		Sickness rate has been reducing since December 2022
Key Workforce Metrics – Labour Turnover (LTO) Rate	10%		14.36%		LTO continues to be above target but has stabilised
Key Workforce Metrics – Vacancy Rate	10%		7.66%		Vacancy rate is now below the 10% target
Mandatory Training Summary	80%		93.48%		Overall compliance remains above 80%
Appraisal Rates Summary	80%		63.85%		Appraisal compliance has dropped significantly due to a technical recording issue which has now been resolved
Clinical Supervision Rates Summary	80%		84.40%		Compliance rate has been consistently above target
Safer Staffing – Compliance Levels/ Heat Map/ Working Time Directive Breaches / Bank and Agency - Fill Rates/ Booking reasons	-		-		Fill rates and bank and agency usage remain high due to Specialing, COVID impact. Working Time Directive breaches still difficult to manage

Workforce – Labour Turnover, Vacancy Rate, Sickness Absence



Bradford District Care
NHS Foundation Trust

- **Recruitment, retention and wellbeing of staff** continue to be a key concern and focus.
- **Vacancy rate** has continued to improve and met the 10% target in April (9%) and showing consistent improvement in May (7.7%).
- **Labour turnover** has stabilised and seeing an improving trend over the last 4 months. There are elevated labour turnover rates in both operational and corporate services.

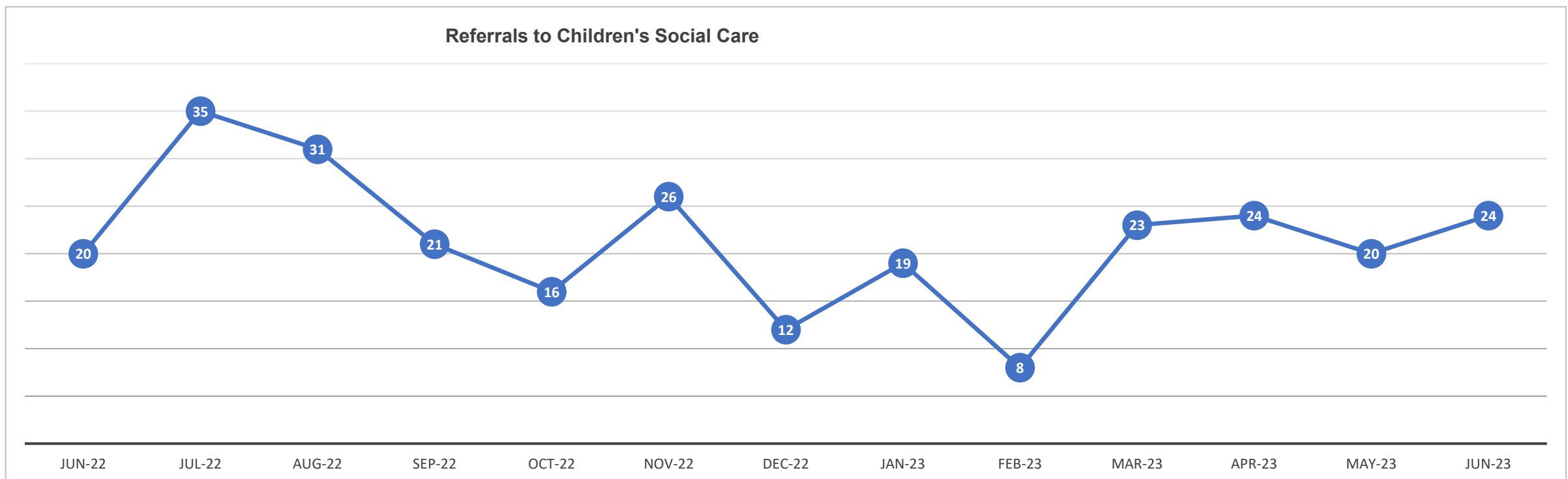


- **Retention plan actions** include:
 - reinforcing the comprehensive range of health and wellbeing resources and facilities;
 - establishing health & wellbeing and belonging & inclusion champion roles;
 - implementation of a new on-boarding and induction programme from April 2023, with all new recruits welcomed in-person, supported by a follow-up programme which includes a 30, 60 and 90 day check-in.
- Given there is a lag time between consistent implementation of actions and them having a discernible impact, a **gradual reduction in labour turnover has been agreed as part of the 2023/24 operational plan** (15% April and May, 14% June and July, 13% from August onwards).









Quality and Safety

Safeguarding Dashboard (May 2023)

Metric	Goal & Assurance/ Action status	Current & Variation		Average
Safeguarding Adult Referrals	N/A	10	N/A	12.0
Safeguarding Children Referrals	N/A	20 (Bradford)	N/A	21.2 (Bradford)
Duty Calls regarding adults	N/A	110 (Bradford)	N/A	100.9 (Bradford)
Duty Calls regarding children	N/A	52 (Bradford)	N/A	55.7 (Bradford)



Incidents Dashboard (May 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
All incidents	N/A 	796 	914.8
Violence & Aggression	N/A 	123 	193.4
Medication Errors	0 	16 	45.5
Near Misses	N/A 	6 	18.6

Patient Insight Report (May 2023)

How do we monitor patient experience?

We ask service-specific questions to patients using each of our services

The Friends and Family Test reports overall satisfaction

We present the positive answers to the question:

Overall, how was your experience of our care?

as a percentage of all those responding

The PX Score represents the patient experience

We ask questions about the experience of each of our services

Each response is scored on a scale of 1-100

The score is a composite measure representing all reported patient experience via Patient Connect

90

is our target for both measures

Scores need to be interpreted in context; Please check the volume of responses before drawing conclusions from scores.

What do our patients say about the Trust as a whole?

How did we do this month?

95.7%
FFT % positive

Overall, how was your experience of our care? 'Good' + 'Very Good' as a percentage of those answering the FFT question

537

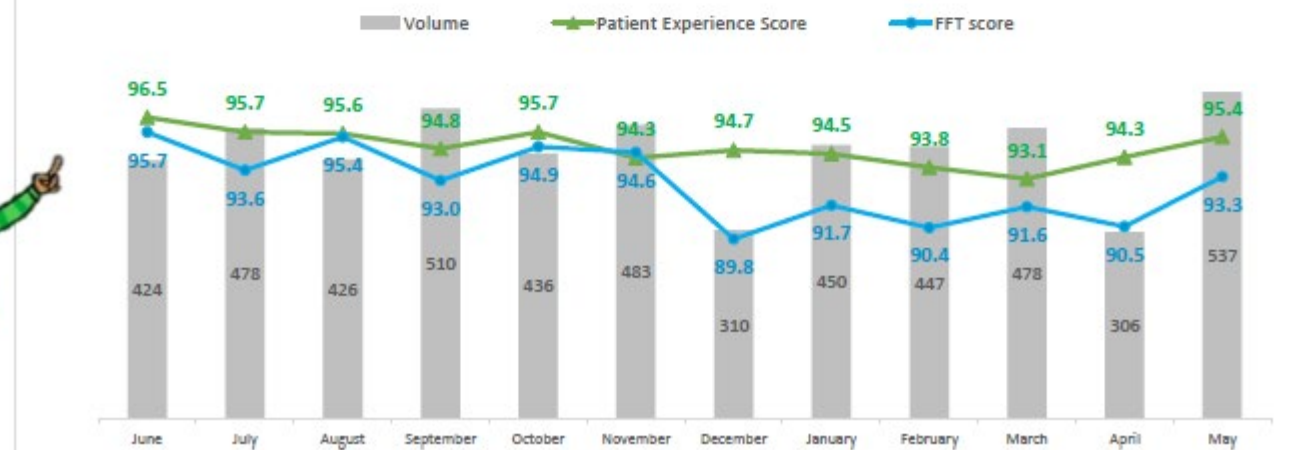
respondents to all questionnaires this month

95.4

Overall Patient Experience Score

Composite of all patient experience questions (where 100 = best answer, 1 = worst answer) all questionnaires

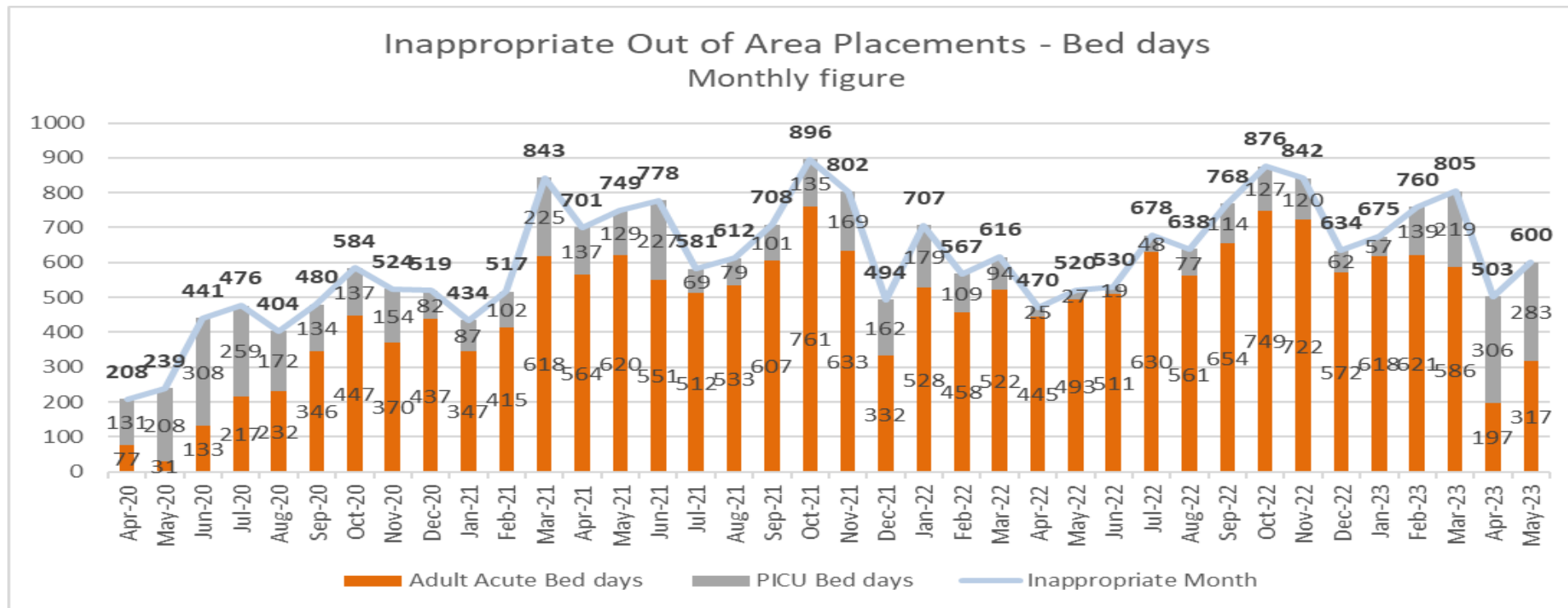
How has our performance changed over time? (Whole Trust, rolling year)



NHS Oversight Framework Metrics

– Out of Area Placements

- Usage of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds has continued due to a combination of acuity of service user presentation and reduction in bed capacity to support COVID infection prevention and control requirements for isolating and cohorting patients.



- Enhanced staffing in the Intensive Home Treatment Team to manage demand and extension of the hours of the bed management team service.
- Tactical actions to improve inpatient flow being taken, including targeted intervention for service users with the longest length of stay.
- One of the key 2023/24 operational plan priorities for the Trust, with place and system support, is adult acute mental health pathway transformation, across community and inpatient services, in order to reduce demand and admissions, length of stay, out of area placements and agency usage.
- Forward trajectory agreed as part of 2023/24 operational plan. Bed usage is being tracked through operational performance management structures

Waiting Times

- Demand is rising for many services and capacity is being constrained through a combination of staff absence, vacancies and infection prevention and control measures.
- The Senior Leadership Team continues to oversee processes to manage and reduce waiting lists, including support for people who are waiting.

Waiting times standards continue to be met in services including:

- Tissue viability;
- urgent community response (district nursing service) 2 hour response standard
- Child and Adolescent Mental Health Service (CAMHS) – referral to 1st appointment (assessment), referral to 2nd appointment (treatment);
- podiatry: non-emergency pathways; nail surgery;
- early intervention in psychosis
- children and young people with eating disorders – urgent cases

Waiting times have improved in some services including:

- talking therapy for anxiety and depression: waits between 1st and 2nd appointments;
- psychological therapies: community mental health services;

The main services where **waiting times standards are not currently being met** are:

- community dental service: treatment under general anaesthetic; clinic services;
- speech and language therapy: patients on non-emergency pathways; paediatrics;
- continence: referral to appointment;
- talking therapy for anxiety and depression – referral to 1st treatment *but performance improving*
- CAMHS: broader CAMHS pathways; neurodevelopment assessment;
- Memory Assessment and Therapy Service (MATS): referral to first appointment / diagnosis
- Bradford and Airedale Neurodevelopmental Service: adult autism; adult attention deficit hyperactivity disorder.

A note on the charts used in this data pack

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. We have also included ‘action status’ symbols to highlight the current response to the data displayed in each chart.

Following is a description of the meaning of the symbols used throughout this document.

Variation			Assurance			Action Status			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target	Watching brief – continue to observe in order to better understand the current position	Improvement – continue actions to support improvement until steady state achieved	Deterioration or maintained under-performance – instigate or review actions to ensure drivers of current position are mitigated	Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain

Council of Governors – Meeting held in Public

20 July 2023

Paper title:	Presentation of the Trust’s Quality Report (Account) 2022/23	Agenda Item 11
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, DIPC and Deputy Chief Executive Fran Stead, Trust Secretary	
Prepared by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, DIPC and Deputy Chief Executive Fran Stead, Trust Secretary Nicola Mortimer, Quality & Compliance Manager	
Committees where content has been discussed previously	Quality & Safety Committee – April 2023 Information meeting with Audit Committee Non-Executive Director members – May 2023 Trust Board – June 2023	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check <u>ALL</u> that apply	<input checked="" type="checkbox"/> Providing excellent quality services and seamless access <input checked="" type="checkbox"/> Creating the best place to work <input type="checkbox"/> Supporting people to live to their fullest potential <input type="checkbox"/> Financial sustainability, growth and innovation <input checked="" type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check <u>ALL</u> that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led	

Purpose of the report

To share the final version of the annual Quality Report 2022/23, and to provide assurance on governance process and compliance with national guidance.

Executive Summary

It is a statutory requirement for NHS providers to produce and publish an annual Quality Report (QR). It is a requirement by the Health Act 2009, and the terms set out in the National Health Service (Quality Accounts) Regulations 2010. Further guidance was published in March 2022 regarding the current requirements.

In response to COVID-19 there has been a small number of changes from the previous requirements;

- There will be no external assurance required from KPMG (as part of an external audit process)
- The Quality Report is a stand-alone document & is not part of the Annual Report (as it previously used to be).

The draft Quality Report was circulated to external partners on the 15 May 2023 for a 30-day consultation period. Following which, the comments received back from partners feature within the document. The final draft documents were presented and approved by the Board of Directors for adoption and have been placed on the Trust website on 30 June 2023.

Production of the annual Quality Report is an iterative process as it requires input from many different stakeholders. The information contained within the report is not new to the Trust & reflects the actions and outcomes of activities undertaken by the Trust over the previous 12 months, many of which have already received scrutiny at the appropriate Committee or through the Board of Directors.

The Council of Governors are reminded that the text outlines within the grey highlight is mandated, with the remainder of the document following the Trust process that demonstrates compliance with national legislation & guidance and has been embedded successfully for a number of years.

The Quality Report is a public facing document which is a combination of mandated statements and topics, and report on the performance against quality goals that have been set by each individual NHS provider.

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 the contents of the final version of the Quality Report / Account.

Relationship to the Board Assurance Framework (BAF)

The work contained with this report links to the following strategic risks as identified in the BAF:

<input type="checkbox"/> SO1: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC) <input type="checkbox"/> SO2: Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC) <input checked="" type="checkbox"/> SO3: Maximising the potential of services to delivery outstanding care to our communities (QSC) <input type="checkbox"/> SO4: Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board) <input type="checkbox"/> SO5: To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC) <input type="checkbox"/> SO6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)	
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"> • N/A
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

Quality Report 2022/23

Bradford District Care NHS Foundation Trust



Contents

Part 1: Statement on quality from Chief Executive

- 1. Introduction pg 3
- 2. Signed declaration pg 5

Part 2: Priorities for improvement and statements of assurance from the Trust Board

- 3. Priorities for improvement 2022/23 pg 6
- 4. Review of services pg 9
- 5. CQC registration status pg 10
- 6. Participation in clinical audits pg 14
- 7. Research and innovation pg 17
- 8. Commissioning for Quality and Innovation (CQUIN) indicators 2022/23 pg 20
- 9. Data quality pg 21
- 10. Learning from deaths pg 23

Part 3: Review of quality performance

- 11. Introduction pg 28
- 12. How we have delivered and improved services pg 29

- 13. How we have improved quality trust wide
 - Patient Led Assessments of the Care Environment (PLACE) pg 38
 - Infection prevention pg 40
 - Complaints and compliments pg 42
 - Patient / Carer Experience & Involvement pg 49
 - Board quality and safety visits pg 55
 - Raising concerns the Trust pg 57
 - Quality Improvement System pg 60
 - Electronic Prescribing pg 62
- 14. Performance against mandated indicators 2022/23 pg 63
- 15. Priorities for Quality improvement 2023/24 pg 64
- 16. Commissioning for Quality and Innovation (CQUIN) indicators 2023/24 pg 64
- 17. Stakeholder commentaries pg 66

Appendices

- Appendix 1
 - Comprehensive list of services provided 2020/21 pg 70
- Appendix 2
 - Clinical Audit actions taken / to be pg 72
- Appendix 3
 - Directors Statement pg 74
- Appendix 4
 - Independent Auditor's Report pg 76
- Appendix 5
 - Glossary of terms pg 77
- Appendix 6
 - Contact us pg 81

Part 1: Statement on quality from the Chief Executive

1. Introduction



On behalf of the Board of Directors I am delighted to introduce the annual Quality Report for 2022/23. The report reflects our ambitions as a trust, details our achievements in improving the quality of our services, describes our on-going challenges and how we intend to make further improvements in 2023/24

This year has continued to be one where we have faced significant challenges. Along with many other NHS trusts the impact of COVID-19, increasing demand and the workforce challenges that we are experiencing are unprecedented. The worsening financial position for the NHS as a whole, along with the challenges in attracting and retaining staff, means that maintaining quality and access to services, whilst delivering care to an ageing and growing population is a real and increasing challenge. This is against a background of worsening levels of health inequalities.

As an organisation we have worked hard to support our community and staff. Within this report, you will see some of the amazing work our staff have accomplished this year, trying out different ways of delivering services, challenging convention and exploring how we can work better with our partners across Bradford District and Craven. It is this experience of innovation and a deep commitment to achieving the best possible outcomes for our patients that will help us as we move into what we recognise will be a challenging next phase in our journey and I am continually grateful to my colleagues for the enthusiasm, commitment and hard work they demonstrate on a regular basis.

Supporting members of our communities throughout their lives is a real privilege and the range of services we offer means we can really help people make a difference to their health and wellbeing across their lives, from childhood through to old age. This means helping people to keep healthy for as long as they can be, as well as treating people with they become unwell. Our values of **We Care, We Listen, We Deliver** continue to be fundamental to the work we do and are demonstrated in the achievements we have made including systemic work across the trust that means we can now call ourselves a truly Trauma-Informed organisation.

Looking forward to 2023/24, we are currently in the process of refreshing our trust strategy, **Better Lives Together**. This refresh brings with it the opportunity to do things differently. We recognise that people are complicated and lead complex lives. The number of people with multiple and long term conditions is increasing and this requires a different type of

response from services in order to help people be as well as possible for as long as possible. As well as thinking creatively about the services we as an organisation provide to patients, service users and their families, we need to think wider than this. We need to work with our partners to consider all the factors that impact on a person's health and wellbeing and create joined up, holistic offers that put the person at the centre of decision making. To do this we will increasingly look outwards to our partners across Bradford District and Craven, and West Yorkshire or beyond to develop and deliver services that meet the needs of our communities. This will bring with it different challenges but also significant opportunities.

As we look to the future, I remain optimistic that the passion, professionalism and dedication our staff demonstrate on a daily basis will enable us to continue to provide high quality services to the communities we are part of.

2. Declaration

The Trust Board is confident that this Quality Report presents an accurate reflection of quality across Bradford District Care NHS Foundation Trust.

As Chief Executive of Bradford District Care NHS Foundation Trust I can confirm that, to the best of my knowledge, the information within this document is accurate.

A handwritten signature in black ink, appearing to read 'Therese Patten', with a long horizontal flourish underneath.

Therese Patten, Chief Executive

Date: 22 June 2023

Part 2: Priorities for improvement and Statements of assurance from the Trust Board

3. Priorities for improvement



In our 2021/22 quality report we set out our priorities for improvement during 2022/23; these are summarised below and the progress we have made to deliver them.

This report also demonstrates the progress we have made in key areas during this year and describes our ambitions for the coming 12 months.

Phillipa Hubbard, Director Nursing, Professions and Care Standards and Deputy Chief Executive

Our quality goals for 2022/23

The in-year strategic objectives for the Trust included the following:

1. Ensuring patients and service users are equal partners in delivery

We committed to the trust having an increased focus on embedding a curious practice in relation to lived experience and working with service users to develop and implement strong pathways for personal growth, including pathways into employment. We wanted to create roles for people with lived experience at all levels within the trust, and work with services to develop and strengthen opportunities for service users across our organisation, including pathways leading from volunteering opportunities and peer support roles to paid employment and opportunities to engage in professional career pathways.

2. Nurturing and developing our people

We committed to continuing to prioritise our People strategy, recognising that supporting and developing our staff is more important now than ever. This included focussing on embedding an inclusive and compassionate culture across the trust, with accessible staff development programmes, a focus on talent management and ensuring staff are appropriately skilled and empowered to make decisions.

3. Maximising the potential of services to deliver outstanding care to our communities

We committed to continuing to focus on innovation to improve our services where this is the right thing to do, using the techniques and approaches of the Care Trust Way, to support services on their journey to outstanding at the pace that best suits them. Progress against these, and the other Strategic Objectives, has been reported to the Board of Directors with oversight at the most appropriate Board Committee. These objectives are mirrored in the quality improvement plans of individual teams and services.

Progress against our 2022/23 quality goals

This year we have made significant progress in key areas across our ambitions. The context for this progress has been against a backdrop of increasing demand for services and an increasingly pressured workforce, both of which reflect not just the local but also the national position. Even so, our staff have continued to work to drive forwards the quality of our services with a focus on increasing opportunities for people who experience our services to be involved in the design, delivery and improvement of services. The detail of how we have achieved our ambitions are described through this Quality Report and summarised below.

1. Ensuring patients and service users are equal partners in delivery

This year has seen us review our involvement framework, further clarifying the opportunities available to people who use our services to influence the design and development of those services. This is described in detail within the Involvement and Experience section of this report. Whilst we have continued to use the Friends and Family Test as a baseline measure of patient experience, we have also begun to explore other ways of understanding patient experience, and as part of this we have brought together our Patient and Carer Experience and Involvement Team and Patient Advice and Complaints Team under a shared leadership model.

In terms of developing our volunteer opportunities, we have taken forwards a number of initiatives including:

- Developing our Volunteer to Career pathway and implementing this in services – this has attracted national attention and positive recognition. This year the Trust has worked alongside services and successfully supported 5 volunteers who have achieved a care certificate and been recruited into permanent positions across the health economy
- Developing a Therapeutic Volunteering programme with recovery focused volunteer opportunities
- Working to increase the number of volunteers active in services. The Volunteer Service have recorded 2002 volunteer hours in 2022/23 which, whilst not back to pre-pandemic levels is a significant step towards that goal.

2. Nurturing and developing our people

This year has seen us continuing to focus on the wellbeing and development of our staff. During this year we have implemented a new Fair and Compassionate Culture programme, including launching an Anti-racist toolkit and working with our partners 'Be Kind' to support our leaders to continue to support the growth of a more empathetic, compassionate and appreciative culture

In November 2021 we launched our Belonging and Inclusion plan, and throughout 2022/23 we have focussed on developing and starting to deliver against the 2021-2025 delivery plan for this.

This year we have launched our comprehensive 12-month preceptorship 'Inside Out' programme for newly qualified nurses and have put in place career workshops linked to refreshed opportunities for career development available to our staff.

This year we have also relaunched our face-to-face Trust induction sessions, enabling us to better welcome and support our new starters to the Trust.

We recognise that this year has continued to be challenging in terms of staff welfare and resilience and so have continued to focus on ensuring we have a comprehensive health and wellbeing offer for our staff. As well as opening a new Health and Wellbeing room on our Lynfield Mount site, we have also supported the establishment of a 'Men's Group' .

We have also appointed a non-Executive Director to be the Trust's Wellbeing Guardian, to ensure we have a continued focus on this area.

3. Maximising the potential of services to deliver outstanding care to our communities

This year has been one of continuing challenge. Services across the Trust have seen increased demand, increased levels of acuity and complexity and have increasing challenges relating to staffing. However, this year has seen us continue to make good progress in delivering high quality care to our service users.

We have re-launched the Care Trust Way Leader and Practitioner training, which will equip even more of our staff with the skills, tools and techniques to support continuous improvement and we have trained even more Care Trust Way coaches, providing open access coaching opportunities to leaders through the Trust – giving them 'Time to Think' and explore their wicked challenges.

We have also refocussed how we assure ourselves about the quality of services. We have brought some of our key corporate services together to allow better triangulation of data and are using this to target interventions using our new Quality Assurance Framework as a mechanism for this. Through this framework we have also been able to respond to national areas of concern, for example by gaining assurance that our services have good safety cultures not just during the day but also at night and over the weekend.

Part 2b: Statements of assurance from the Trust Board

4. Review of services

During 2022/23 Bradford District Care NHS Foundation Trust provided 52 NHS services in the following areas:

- Mental health services.
- Learning disability services.
- Community services.
- Dental services.

A full list of services can be found in appendix 1.

Bradford District Care NHS Foundation Trust has reviewed all the data available to it on the quality of care in all 52 of these services.

The income generated by the NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by Bradford District Care NHS Foundation Trust for 2022/23.

A review of our services appears in part three of this document. This gives an overview of how we are doing against the quality indicators that have been set by us and our stakeholders.



Wildlife meadow walk at Lynfield Mount

5. Care Quality Commission registration status

Bradford District Care NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is Requires Improvement.

The Care Quality Commission has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2021/22.

The CQC have not undertaken any investigations into Bradford District Care NHS Foundation Trust in 2021/22. has participated in one investigation by the CQC during 2021/22.

During this period the trust has made no changes to its registration status with the CQC, although notifications were made as to the loss of the Wakefield 0-19 services as a result of a re-tendering process to another NHS provider, and the opening of the new Najurally Centre on the Lynfield Mount hospital site.

In June 2022 the CQC conducted a short notice (24 hour) inspection of the Trust's 0-19 services in Bradford and Wakefield. This was undertaken in the context of the recent publication of a significant child safeguarding review and inspections of children's services provided by the Local Authority across Bradford.

The report was published on 24 August 2022. The ratings for the service remain the same, with an overall rating of Requires Improvement, and services being rated as Requires Improvement for safe and responsive and good for effective, caring and well led. This inspection had no impact on the overall rating for the Trust, which remains Good.

The CQC fed back that teams were clearly enthusiastic and passionate about their work, despite the challenges they faced, including the move of the Wakefield service to a new provider. The particular strengths they identified in the report included:

- Staff teams worked collaboratively and were encouraged to share ideas and give feedback on service development.
- Staff supported people to live healthier lives and thought of different ways to engage harder to reach service users.
- Staff treated children, young people and their families with compassion and kindness. Staff were passionate about the roles they performed and wanted to provide high quality care. Service users were encouraged to give feedback, which was largely positive. Staff recognised the importance of mental and emotional health as well as physical health and offered appropriate support and information to families.
- The service was beginning to consider and introduce some innovative ways of working to meet the needs of the local population.
- Leaders at all levels of the service were knowledgeable and passionate and sought to drive improvement. Strategies and development plans reflected the needs and challenges of the service and there were clear action plans in place detailing how improvement would be made. Staff were satisfied with their roles in the service and felt valued and supported.

However there were a number of areas for further development and learning identified, including:

- The service did not have enough staff, there were several unfilled vacancies and staff were holding caseloads much larger than recommended by national guidance. Staff sickness and turnover levels were high. The service was unable to meet mandated contacts for children and young people. Aspects of the service were in business continuity which meant that not all services were being provided. There were waiting lists in place in the looked after children’s team which meant that children waited for individual health assessments longer than they should, and this was not in line with national guidance.
- CQC reviewed 29 records during the inspection. Whilst the majority of records were detailed and consistent, they had concerns that five of the records did not meet the trust's standard in evidencing what action had been taken to address concerns in relation to risks such as domestic violence or mental health concerns. Managers were aware that this was an area of improvement for the service and were undertaking a records audit at the time of the inspection.
- The service worked on a risk-based approach whereby children were placed into four tiers dependent on need. CQC were concerned that in some cases late identification of health conditions and disabilities could occur for those children in lower tiers of need due to lower levels of oversight for these families

Overall, the CQC identified 5 regulatory breaches, linked to 3 legal requirements:

- The trust must ensure that there are sufficient numbers of suitably qualified staff employed to meet the needs of the service. (Regulation 18)
- The trust must ensure that waiting times are reduced and that mandated contacts and assessments are carried out in line with national guidance. (Regulation 9)
- The trust must ensure that the risk management approach considers how risks to universal children are monitored and mitigated. (Regulation 12)
- The trust must ensure that recommendations and learning from child safeguarding reviews are embedded in practice. (Regulation 12)
- The trust must ensure that staff are acting in relation to any safeguarding concerns identified. (Regulation 12)

Quality improvement plans were developed in response to the findings of the inspection, and updates on progress presented to the Quality and Safety Committee and Trust Board.

The overall rating for the Trust is shown below.

Ratings for the whole trust



Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020
Mental health crisis services and health-based places of safety	Good ↑ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021
Wards for older people with mental health problems	Requires improvement Jun 2019	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
Community-based mental health services of adults of working age	Good ↑ Dec 2021	Requires improvement ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↑ Dec 2021	Good ↑ Dec 2021
Community mental health services for people with a learning disability or autism	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Wards for people with a learning disability or autism	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Forensic inpatient or secure wards	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
Community-based mental health services for older people	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Specialist community mental health services for children and young people	Requires improvement Dec 2021	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Good Dec 2021	Requires improvement Dec 2021
Overall	Requires improvement	Good	Good	Good	Good	Good

Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community end of life care	Good Jun 2019	Good Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019	Good Jun 2019	Outstanding Jun 2019
Community health services for children and young people	Requires improvement Aug 2022	Good Aug 2022	Good Aug 2022	Requires improvement Aug 2022	Good Aug 2022	Requires improvement Aug 2022
Overall	Good	Good	Outstanding	Good	Good	Good

In addition to the above inspection, the trust agreed to take part in a CQC pilot inspection looking specifically at medicines optimisation. The CQC attended onsite 22 - 23 November 2022. They attended both hospital sites and a number of community venues. We received the final report on 06 March 2023.

As this inspection was part of a CQC pilot the trust has not been formally rated and this has no impact on our overall rating. However, the overall Medicines Optimisation Pilot rating was Good.

The CQC rated safe, effective, responsive, caring and well-led as good because:

- The service had enough staff to support patients with their medicines. Staff assessed medicines risks to patients and prioritised them accordingly.

- There were many enhanced pharmacy roles in the organisation to improve how medicines were used in the trust, for example the medicines administration pharmacy technicians embedded in inpatient wards.
- Staff provided good care and treatment. Medicines were administered safely and effectively. Treatments were continuously reviewed by a multidisciplinary team of healthcare professionals including pharmacy and any changes were made with the input of the patient. Medicines for the management of anxiety, agitation and aggression in the Trust were used appropriately and always as a last resort. When these medicines were used, they were reviewed regularly, and appropriate physical health checks were completed to keep patients safe.
- Patients detained under the Mental Health Act had the correct consent to treatment documents in place to ensure care was being provided to them in their best interests.
- Patients were involved in decisions about their care and the medicines they took. Pharmacy staff ensured they had face to face discussions with patients about their medicines to help improve understanding, address concerns and ensure positive outcomes for patients. We saw multiple examples where discussions with patients had led to changes in treatment that resulted in better outcomes for patients.
- Training and development in the pharmacy department offered staff opportunities for development and progression in their professional roles. Training across the Trust was well managed with bespoke training packages being delivered by pharmacy staff where gaps in specialist knowledge was identified on the wards.
- Medicines optimisation knowledge and understanding ran through all areas of the Trust from wards all the way up to executive board level. Leaders recognised the importance of good medicines optimisation and pharmacy was identified as the leaders on medicines optimisation for the Trust.

However, the CQC also reported that:

- There was no oversight in place to ensure staff could safely administer the emergency medicine flumazenil (a reversal agent for benzodiazepine overdose that must be administered intravenously).
- There were no documents in place to record the site of application or removal of medicinal patches. This can lead to adverse reactions or potential overdose if not managed and recorded appropriately

Our participation in this pilot has led to valuable learning about what is going well and also opportunities for learning and improvement. These are being overseen by the trust's Medicines Management Group and Patient Safety and Learning Group as part of wider improvement activities.

6. Participation in Clinical Audits

The Trust undertakes a full programme of clinical audit which is reported to our Board through the Quality and Safety Committee. We believe that a good audit programme supports clinicians, managers, service users, carers, the community and commissioners to understand the current state and position in relation to the recommended quality standards. It also provides useful intelligence to support continuous quality improvement and help us close any gaps. Our audit activity for 2022/23 included:

1. National clinical audits.
2. Commissioner clinical audits.
3. Local clinical audits.

6.1 National Clinical Audits

During 2022/23 eight national clinical audits covered relevant health services that Bradford District Care NHS Foundation Trust provides.

During that period Bradford District Care NHS Foundation Trust participated in 100% of the national clinical audits which it was eligible to participate in.

The national clinical audits that Bradford District Care NHS Foundation Trust was eligible to participate in and did participate in during 2022/23 are as follows:

NHS Digital:

- a. National Diabetes Footcare (NDFCA).

Royal College of Psychiatrists:

- b. National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis (EIP) Spotlight

National Prescribing Observatory for Mental Health (POMH-UK):

- c. Topic 1h & 3e Prescribing of Antipsychotic Medication including High Dose, Combined and PRN on Adult Inpatient Wards
- d. Topic 21a The Use of Melatonin
- e. Topic 20b Prescribing of Valproate in Adult Mental Health Services

Royal College of Physicians:

- f. Falls and Fragility Fracture

Parkinsons UK:

- g. Parkinsons (Speech and Language Therapy Services)

UNICEF:

- h. Baby Friendly Initiative in Health Visiting

The national clinical audits that Bradford District Care NHS Foundation Trust participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

Name and Type of Clinical Audit	Number of Cases Submitted	% of Required Cases Submitted, as specified in the guidance	Overall Percentage Compliance
NDFA	271	N/A	Data collection still ongoing
NCAP EIP	100	100%	Results not yet published
POMH Topic 1h&3e Prescribing of Antipsychotic Medication, including High Dose, Combined and PRN on Adult Inpatient Wards	120	N/A	92%
POMH Topic 21a The Use of Melatonin	67	N/A	66%
POMH Topic 20b Prescribing of Valproate in Adult Mental Health Services	94	N/A	Results not yet published
Falls and Fragility Fracture	1	100%	Results not yet published
Parkinsons UK	10	100%	Results not yet published
Baby Friendly Initiative	Audit not yet started		

**N/A: not applicable as there was not a minimum requirement for the number of cases that should be submitted for the audit.*

Details regarding action taken/to be taken in response to one of the national audits can be found in Appendix 2.

National clinical audit results enable us to benchmark our performance against other participating Trusts. The audit project lead(s) for the clinical audit is/are responsible for sharing the results appropriately with all relevant staff and at all relevant meetings. This supports local learning with action plans developed to ensure improvement.

6.2 Local Clinical Audit (internally driven projects)

It is recognised that much of the clinical audit activity in NHS trusts will involve individual healthcare professionals and service managers evaluating aspects of care that they themselves have selected as being important to them and/or their team and this is classified as local clinical audit. Included in the first table below is a summary of the current status of all local clinical audits that have been registered between 01/04/2022 and 31/03/2023. The second table includes a summary of the action plans that have been ongoing during this same period. These figures also include some action plans for national and local audits carried out in previous years.

Local Active Clinical Audits

Clinical audit status:	In progress	Completed	Discontinued	Total
Total	18	16	1	35

Action Plans Following Local Clinical Audits

Action plan delivery status:	Not required	Awaiting	Ongoing	Implemented	Discontinued	Total
Total	0	7	17	12	0	36

Details regarding action taken/to be taken in response to one of the local audits can be found in Appendix 2.

6.5 National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) Studies

One NCEPOD studied was applicable to the Trust during 2022/23; Transition from Child to Adult Health Services for Young People with Complex Chronic Conditions. It involved an organisational questionnaire, case identification of eligible young people and clinician questionnaires for specific cases when requested by the national team. Data was submitted in August 2022 and the national report is not yet published.

Service User and Carer Involvement in Clinical Audit

The Involvement Partners in Clinical Audit Group, which was created in 2021/22, have continued to meet on a bi-monthly basis during 2022/23. The group has representation from the Clinical Audit Team, the Patient and Carer Experience and Involvement Team and a selection of Involvement Partner representatives. The Clinical Audit Team share the results of recently completed clinical audits for the Involvement Partners to provide input around recommendations and actions in relation to the results.

7. Research and innovation

Recruitment of people into research

Continued participation in clinical research shows our commitment to improving the quality of care we offer. The past year we have continued with our strategic developments in the activity within the R&D Team, and the emergence of locally led research.

Over the past year, our investment in research, together with Clinical Research Network Yorkshire and Humber (CRN-Y&H) funding, has resulted in continued progress in achieving and exceeding the goals of our research strategy. In some cases, there feels to have been a positive 'step change' in our trajectory.

The number of patients receiving NHS services provided or sub-contracted by Bradford District Care NHS Foundation Trust in 2022-23 that were recruited during that period to participate in research approved by a research ethics committee was 555, with 531 recruited to NIHR portfolio studies.

We have maintained a good balance between study types, with a good proportion of our recruitment coming from Interventional Studies. In the current CRN weighting system, this makes a strong contribution to our 'weighted' recruitment. This is important as it one of the variables used in the calculation of annual CRN-YH Core Funding elements.

The relative paucity of studies available to us, coming through the CRN-YH 'pipeline' does mean we are less able to choose which studies we undertake. And unfortunately, there have been fewer 'quick win', survey studies than we have had in the past. To recognise this the CRN were happy to amend our recruitment target to better reflect the types of projects that we were recruiting to.

Study recruitment continues to come from all areas of the Trust (with the exception of Learning Disability however we do have a renewed interest from the department and there are projects in the pipeline), and we continue with a ratio of approx. 2:1 observational to interventional studies.

The Team has also delivered some recruitment to studies being run in Primary Care, as part of the City of Research initiative, and the Department's Strategic Project to enhance collaboration across the district. This project received additional funding for 2022-23, and it had been confirmed for 2023-24, demonstrating the value of developing such collaborations.

Research authorisation and governance

Key Performance Indicators

KPI	Actual	Year To Date Target	%	
2. Recruitment – time to target Time to first Recruit (FPFV) <i>Portfolio studies open for over 30 days with recruitment target only</i>	5	6	83%	% projects having first patient recruitment in 30 days POST approval date
4a. Closed Projects RTT Status <i>Portfolio Only</i>	9	9	100%	% Closed projects having met recruitment target
5. Completed PRES Surveys (19) <i>Portfolio Only</i>	15	19	80%	Target 19

Governance performance continues to be excellent, the First Patient First Visit (FPFV) metric has been good for 22/23

Publications

Trust staff contributed to 38 publications. [Staff-publications-2022-2023-details.xlsx \(live.com\)](#)

Public patient involvement (PPI) in research

We continue to have strong PPI representation at the Research Forum

We have 2 Patient Research Ambassadors, who are also members of the PPI Group, DIAMONDS Voice, who continue to attract praise for their work, and requests for consultations from external researchers.

Our BAME strategic project is able to provide us with a greater insight with regard to PPI issues within those communities than we have had before.

Partnership Working

We continue to play a significant role in the City of Research initiative.

We continue to invest Research Capability funding in a way to generate further Grant funded projects, and this has been achieved with a National Institute for Health and Social Care Research (NIHR) Research for Patient Benefit award in Community Dentistry for Doctor Peter Day, and a Patient Safety Research Group award for Helen Haylor.

Strategic Projects:

Successful bids to CRN-YH for continuing specific project related funding has allowed us to further develop and expand 2 successful projects to facilitate significant streams of work to enhance our research capacity and engagement across the district.

1. Community Outreach

This funded 1 post to develop working practices and projects within Primary Care; AFFINITY Cluster and Modality, with continued contact with PCN6 in City Federation.

The work is making excellent progress, allowing the opening of 16 projects, and facilitating participation for approx. 100 participants from our community that would otherwise not have had that opportunity. As a result, the project has been funded again for 2023-24.

2. BAME Community Engagement

Following clear evidence from previous year's Patient Research Experience Survey (PRES)



of the disproportionately low number of participants from these backgrounds, our existing work within the CRN-YH Ethnic Minority Research Inclusion (EMRI) group formed the foundation of a bid to further understand and develop positive relationships with our local BAME communities, and in particular our South Asian communities. This has extended with educational sessions for local community groups, and the formation of a large steering group for this work, made up of local organisations. Journal papers outlining the progress of these projects are in preparation.

We have also been asked to contribute to some of the events in the potential City Of Culture programme for 2025.

This innovative work has also been funded again for 2023-24.

Members of Departmental Management have also:

- played key roles within the CRN-YH, devising a new funding model for all partners in the Yorkshire and Humber region. One aspect of this has been to significantly increase funding available to promote and deliver research in Mental Health and Community Trusts
- devised and delivered research governance training to partners in Pakistan as part of an NIHR Global Research Grant programme led by the University of York
- devised and delivered research skills training to nursing students in UK and Kenya as part of the International Junior Nurse Leaders programme
- supported the ICare innovation awards programme as part of the awarding and support teams

8. Commissioning for quality and innovation (CQUIN) 2022/23

To support the NHS to achieve its recovery priorities CQUINs were reintroduced from April 2022/23. Agreement was made with the Integrated Care Board (ICB) (CCG at the time) so sign up to 3 CQUINs covered by Trust services, as detailed below.

Except for CQUIN CCG 14 - Assessment of Lower Leg Wounds, performance data is being collected and reported through existing national data collections. There is some delay in receiving the national data but the information available to us in March 2023 indicates that we are on track to achieve all targets.

CCG1 – Flu vaccinations for frontline healthcare workers

- Target = 70% to 90% of front-line staff vaccinated
- March 2023 Position – As of 31st January 2023, 58.3% of BDCFT frontline staff had been vaccinated. This compares to 41.1% across England and 48.9% for the North East and Yorkshire.

CCG11 – Use of anxiety disorder specific measures in IAPT

- Target = 55% to 65% with paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM)
- March 2023 Position – Latest reported data from November 2022 showed the BDCFT position to be at 76%, with a rolling 12-month average of 84%.

CCG14 – Assessment, diagnosis, and treatment of lower leg wounds

- Target = 25% to 50% receiving appropriate diagnosis and treatment
- March 2023 Position – Data for Quarter 3 22/23 shows a Trust position of 28.9%.

9. Data quality

We are committed to making sure that the data we use to deliver effective patient care is accurate and used in the same way across the whole Trust. Improving the quality of the data we use improves patient care.

We currently have three key electronic clinical record systems:

- SystmOne (community services, mental health and learning disability services)
- PCMIS (MyWellbeing Improving access to psychological therapy services)
- R4 (community dental service)

The Trust's Data Quality Policy provides the framework to ensure that high standards of data quality are clearly set, achieved and maintained for clinical and non-clinical information. The key elements of the Trust's approach are:

- establishing and maintaining policies and procedures for data quality assurance and the effective management of clinical and corporate records.
- undertaking and commissioning regular assessments and audits of data quality. This encompasses internal and external audit of the quality and accuracy of metrics reported to the Board and externally, including nationally mandated access and waiting times.
- setting clear and consistent definitions of data items, in accordance with national standards, avoiding duplication of data and data flows.
- providing tools to monitor data quality and data quality compliance to agreed standards.
- ensuring managers take ownership of, and seek to improve, the quality of data within their services.
- wherever possible, assuring data quality at the point of entry, and/or at each interaction with the data to address issues as close as possible to the point of entry; and
- promoting data quality through regular reviews, procedures/user manuals and training.

The Trust's Data Quality is managed via regular services reviews and local assessments, any data quality issues dealt with at source, or via additional system training or escalated to service and operational meetings.

NHS number and general medical practice code validity

The Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patients valid NHS number was:

99.9% for admitted patient care (April 2022 – Feb 2023)

100% for outpatient care (April 2022 – Feb 2023)

The percentage of records in the published data which included the patients valid General Medical Practice Code was:

100% for admitted patient care (April 2022 – Feb 2023)

100% for outpatient care (April 2022 – Feb 2023)

The Trust did not submit records during 2022/23 for Community and Dental services to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Data Security and Protection toolkit

In national deadline for completing the final assessment is 30th June 2022, therefore the results for 22/23 will not be available at the time of publishing this report.

The results of the 2021/22 final assessment demonstrated that the standards were exceeded.

Clinical coding error rate

The Trust's services were not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

NHS Mental Health Implementation Plan 2019/20-2023/24

The Trust is continuing to work alongside the members of the Mental Wellbeing Partnership Board to ensure that the targets within the NHS Mental Health Implementation Plan 2019/20 – 2023/24 are delivered.



10. Learning from deaths

Learning from deaths is supported by two key policies in BDCFT; Serious Incident policy and Learning from Deaths policy. These policies guide and inform the organisation about reporting, investigating, and learning from deaths.

During 2022/23, 322 of Bradford District Care NHS Foundation Trust's patients died.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients who have died	63	84	96	79

All deaths, whether expected (due to a clinical condition) or unexpected, are reviewed weekly in the Mortality and Duty of Candour Review Group. This group commissions reviews of case notes from a sample of deaths using the Structured Judgment Review (SJR) tool. This is a national tool developed by the Royal College of Psychiatrists to allow clinicians to take an expert view of the care offered. The Group may also commission initial reviews, which do not consider the full range of factors within the SJR review, in order to understand if an SJR is appropriate, or where an SJR is not required but where there may still be an opportunity for learning.

The Mortality Group considers the outcomes of the reviews and asks the relevant Quality and Operational (QuOp) meeting to develop a response in regard to any areas where it has been suggested that care should be improved, that identifies actions taken or required to address the learning. Issues that are of general relevance or useful elements of learning are added to the Trust's Patient Safety and Learning page, which is accessible to all clinical, operational and support services, to enable broader sharing of learning and intelligence across the organisation. For all deaths of patients who have a Learning Disability, the initial review is shared in the Mortality and Duty of Candour Group and they are referred to the national Learning Disabilities Mortality Review (LeDeR) programme.

By 31.03.23, 5 Structured Judgement Reviews (SJR) and 21 Serious Incident (SI) investigations have been carried out in relation to the care provided to patients who had died.

The number of deaths in each quarter for which an SJR or SI investigation was carried out are shown in the following table:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of deaths for which a Structured Judgement was carried out	2	2	1	0
Number of deaths for which an SI Investigation was completed	5	6	5	5

The outcome of the SJRs and SI investigations was that there were no deaths judged to be 'more likely than not to have been due to problems in the care provided to the patient'.

There were 2 cases where patients had died in the previous reporting period (2021/2022) but the structured judgement reviews were completed in this reporting period (2022/23).

There were 5 serious incident investigations where deaths had occurred in the previous reporting period (2021/2022) and the investigation was completed in this reported period (2022/23).

None of the reviews or investigations into deaths which had occurred in 2021/22 which were completed in 2022/23 concluded that the deaths 'were more likely than not to have been due to problems in the care provided'

COVID-19

The learning from death approach has taken particular account of the COVID-19 pandemic. We have collected the reports of both inpatient and community deaths relating to the trust.

2022/23 COVID-19 Deaths for Community and Inpatients

Between 01 April 22 and 31 March 23 there have been 9 service user deaths relating to COVID-19. All of these have been community patients and have significantly reduced since in number since 2021/22. A breakdown of these by month is in the table below:

	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
Community	1	1	0	2	1	1	0	1	0	1	0	1	9
Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0

Learning and improvement

BDCFT takes a proactive approach to learning from deaths, and the following summary outlines where good practice and areas identified for improvement have been highlighted during 2022/23. This learning is used to shape future quality and safety improvements.

Learning from excellence:

A number of reviews were conducted that concluded good and excellent care had been provided by various inpatient and community teams. The aspects of care identified as demonstrating this were:

- Multidisciplinary team collaboration to encourage and support engagement and recovery

- Follow-up, communication and engagement with family's when unable to contact patient
- Increased awareness of domestic abuse / safeguarding issues and appropriate follow-up/support
- Practical advice regarding accessing financial and emergency support
- Effective and supportive relationships
- Patient centred care
- Compassion and understanding

Learning for improvement:

Some learning was identified from a number of reviews where care had not gone so well and improvements could be made. An action plan is developed for all events where learning is identified and is monitored through the mortality and quality improvement processes in the Trust. Examples of the learning identified relate to:

- Record management and documentation
- Providing cover for key professionals during planned and unplanned leave
- Referring/sign-posting to relevant organisations for support with the misuse of prescribed medication
- Communication and reliance on family members to pass on key information
- Discharge process and review dates
- Level of professional curiosity
- Assessment of risk
- Transfers of care between services

The Trust continues to take every available opportunity to improve how we learn from deaths: we are an active participant in the Northern Alliance of mental health Trusts, which focusses on mortality review processes.

To further support the organisation in ensuring that meaningful learning is identified from reviews, a programme of Structured Judgement Review training, provided by the Yorkshire and Humber Improvement Academy, commenced in 2022 with plans for further training in place in 2023.

In 2022/23 the Trust appointed a Patient Safety Specialist and a Patient Safety Lead to drive the patient safety agenda forward, improve the organisations learning culture and continue to develop how the organisation shares and embeds learning for improvement across the Trust in 2023/24 and beyond.

In addition, the Trust made some improvements to its processes and language used within SJR reviews to ensure a proactive emphasis on learning at every stage. A new template was created, and a mortality screening tool embedded in to the Trusts incident reporting system to facilitate better quality information about deaths at an early point.

Critical Incident Stress Debriefing

BDCFT is committed to providing a timely and supportive response in the aftermath of all serious incidents. Over the past year there has been a particular focus on:

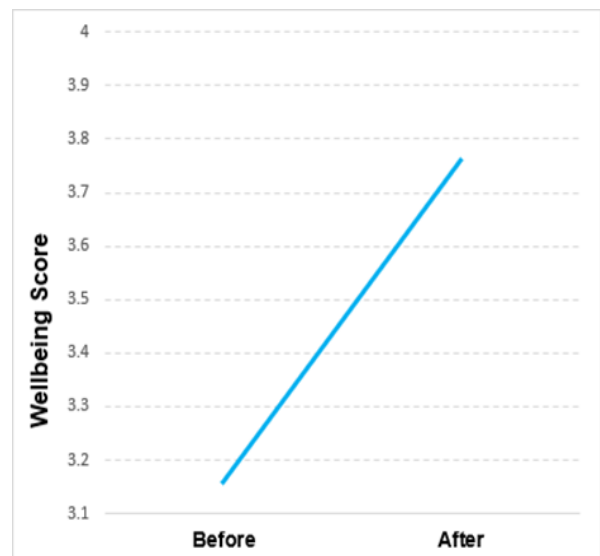
1. Developing a streamlined investigation procedure, that seeks to develop a robust understanding of factors that have contributed to an incident and so promotes learning from serious incidents.
2. Ensuring all staff exposed to serious incidents are well supported and are enabled to support others where appropriate.

The Critical Incident Stress Debriefing (CISD) service offers staff teams a space to consider the incident, how it is impacting them as individuals and as a group and what they might do to support themselves, one another and what they need of the organisation. Sessions are offered to all teams affected by a serious incident and other significant incidents that have caused distress and disturbance to staff. The approach draws on Jeffrey Mitchell's 7 stage model:

"Remind ourselves that health carers are human too and need support and help."

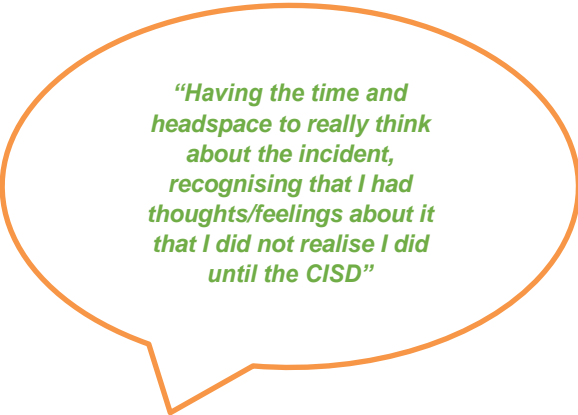
1. Introduction (including confidentiality within the group)
2. Facts – brief overview of who each person is, their relation to the incident/person who is subject of the incident, and what they know happened.
3. Thoughts – what was the first thought that people had when they heard of the incident?
4. Reaction – what is the worst thing about this incident for you personally?
5. Symptoms – how is this event showing up in your life? How is it affecting you personally/professionally?
6. Teaching – The facilitators seek to validate and normalise reactions to difficult experiences.
7. Re-entry – What can people do to move forwards, support one another, need of one another and the organisation.

"Recognise it is ok not to be ok and get help."



The service has been running, using a duty system of trained facilitators, for approximately 2 years and evaluates very well. As of January 2023, 117 CISD sessions had been offered of these 52% had been accepted, other teams usually feeling sufficiently supported in service to not require the service (from replies received). Feedback from those attending CISD sessions report an improved sense of wellbeing after the session and:

- 84% of people felt the space was safe to openly discuss their thoughts and feelings.
- 97% felt listened to.
- 93% felt their worries were taken seriously.
- 93% felt the sessions were extremely helpful.
- 84% would definitely recommend to colleagues with a further 14% considering a recommendation.



*“Having the time and
headspace to really think
about the incident,
recognising that I had
thoughts/feelings about it
that I did not realise I did
until the CISD”*

Figure 1. Mean wellbeing scores before and after a CISD session ($n = 64$).

Part 3: Review of quality performance

11. Introduction

In this section of our Quality Report, we are pleased to share with you the following examples of how we have delivered and improved our services during 2022/23;

- Refocussing Rehabilitation and Recovery at Moorlands View
- Respiratory Work in the Learning disabilities community MDT
- STOMP training (Stopping Over Medication of people with a learning disability, autism or both with psychotropic medicines)
- Annual health check preparation in special schools
- Dying Matters
- Mental Health Support Team (MHST)
- Proud to be a Trauma Informed Organisation.
- Staff Support and Therapy Service
- Development of a Place-Based Virtual Work Experience offer for aspiring Allied Health Professionals (AHPs)
- Volunteer to Career for AHPs
- Creating Sensory Friendly Inpatient Environments across West Yorkshire
- Dawn to Dusk - The Ramadan Project
- Developing a Digital Resource for People with Learning Disabilities and their Carers to manage Respiratory Health
- Improving Access for Diabetic Foot Assessments

12. How we have delivered and improved our services

Refocussing Rehabilitation and Recovery at Moorlands View

Following on from NHSE Secure Care Healthy Weight CQUIN of 2019 – 2021 Moorlands View undertook a piece of work looking at health and wellbeing within the Secure Environment, focusing on how we engage our population in recovery and rehabilitation.

We focused on what was going well within the Unit and how things could be done differently, more creatively, and embracing the strong work completed from the Restrictive Practice CQUIN, on how we could open certain opportunities for all the population. Moorlands View had made progress with the introduction of Digital Devices, and Smart Technologies, sharing policies, procedures, and pathways with other Secure Providers. In undertaking this piece of work, in a methodical and safe manner, we had experienced a greater engagement from our inpatient population, with improved collaboration, communication, and an openness to sharing challenges and barriers to change.

Moorlands View had an established way of working, one of “Lock up and Lock down”, where initially Service Users would have access to the bare minimum. This approach was about mitigating risk, reducing stimulus, and allowing focus on illness and treatment, as well as an assessment of risk. This approach was tried and tested, and accepted amongst the secure care providers, with no real energy to change care delivery.

The outcome of the Restrictive Practice, and Health Weight CQUIN’s demonstrated that Moorlands View had better engagement and stronger collaboration when restrictions were lifted and positive risk taking increased. We used the existing community meetings to listen to the Service Users, and reinstated the “you said, we did” boards to demonstrate what had been done in response to suggestions from the Service Users.

A clear message was a wish to be able to make their own meals, an opportunity afforded to clients on Ilkley Ward (rehabilitation ward), who had their own Kitchen for Service Users, Baildon (complex care, rehabilitation) and Thornton (Admission and Assessment) only had access to a remote Training Kitchen, which was only accessible if Service Users had internal leave. Discussions were had and funding established to review the kitchen environment on all three wards and works undertaken to create parity.

In addition, Thornton Ward was also actively engaged in “Building Caring Cultures” project, started by the Clinical Manger Amanda Barker, looking at how we communicate and share our experiences, to build a shared experience and a common focus on the culture in Secure Care. Ward Manager Sahra Wood introduced “open-door drop-in” times for Service Users to discuss their care and experiences on the ward. A 70/30 Stable Door was fitted to the ward office to support access to staff and increase engagements, as well as supporting and facilitating the existing engagements and collaborative platforms.

The outcome of this work is improved collaboration and engagement, the lowest length of stay across Secure Providers in the North of England.

Thornton has seen a 40%+ reduction in violent incidents in 2022-2023, as well as an overall reduction in all incidents, and a significant reduction in the use of seclusion, and the duration of seclusion episodes. Thornton was also responsible for the most discharges in 2022-2023, though discharges were up across the unit compared to 2020-2022.

Respiratory Work in the Learning disabilities community MDT

In response to LeDer reviews over recent years citing respiratory illness as the leading cause of death for people with learning disabilities. The LD team has been developing an MDT respiratory pathway for adults with learning disability. Our pathway uses a scoring system based on known respiratory risk factors and helps us to identify those people at the highest risk of developing respiratory disease. If the score meets the threshold for the respiratory pathway, a thorough MDT holistic assessment is then completed to ensure that all pre-existing health conditions are well managed. We then produce a 'Keeping My Chest Healthy' care plan which details what the person needs to do to remain well. The plan includes baseline readings and how to recognise the soft signs of deterioration and changes in the person's respiratory health and what actions can be taken to prevent an escalation and to ensure effective treatment.

We are currently working alongside colleagues within the acute sector and within primary care to extend the reach of this work with the aim of proactively identifying those people who are at the greatest risk so they can be referred to the community learning disability team for the respiratory pathway.

The plan and the associated guidance materials equip families and carers with the skills to promote and manage the person's respiratory health. It includes guidance on how to use specific interventions such as Cough Assist, Suction, Chest Physio etc. and when to use them.

We are currently working on digitising our pathway and the guidance materials. The aim being, to co-produce high quality accessible digital resources that would be inclusive of the communities we support and available in multiple languages to improve the health outcomes for service users and also to be an education resource for carers/families for staff and students in primary and secondary health and social care settings.

STOMP training (Stopping Over Medication of people with a learning disability, autism or both with psychotropic medicines)

The team are offering free STOMP training to any services across the district to raise awareness of the need to provide quality medication reviews to people with learning disabilities on antipsychotic medications in order to reduce unnecessary medication prescribing and thereby improve quality of life. This is an MDT training including nursing psychiatry and pharmacy and looks at the types of medications prescribed, side effects of each and then alternatives such as PBS and person-centred care.

Annual health check preparation in special schools

The transition nurses in the team are working in the special schools across the district to raise awareness of annual health checks and to prepare the young people for health checks they will be asked to do as part of these. They are working alongside the local Self advocacy groups for adults with learning disabilities to do these awareness sessions. They have feedback to say this has helped young people feel more confident to access their health check.

Dying Matters

We are working with people with learning disabilities, family carers and other local organisations involved in support around death and dying to run our 2nd Dying Matters event in May 2023 to improve conversations about death and dying amongst people with learning disabilities. This was a very successful event that was run last year with a variety of people with learning disabilities & providers speaking about their experiences and running workshops on the day.

Mental Health Support Teams (MHST)

MHST expansion from 4 teams to 6 started in summer 2022 seeing a further 8 trainee education mental health practitioners starting their placement/training year in Feb 2023. This will provide an increase in capacity to an additional 15k children across Bradford and craven district specifically focusing on those areas with highest levels of multiple deprivation. The three priorities are:

Working with individual young people and parents of young people with Anxiety and Low mood

Working alongside schools to enhance their emotional wellbeing offer to pupils and staff.

Facilitating a wider understanding of need and signposting to appropriate services to meet those needs of young people.

Bradford District Care Foundation Trust is Proud to be a Trauma Informed Organisation.

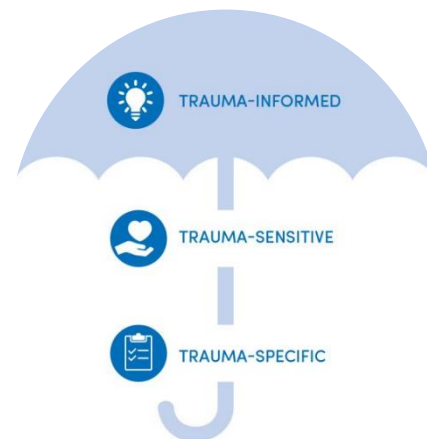
BDCFT has been committed to becoming trauma informed for several years recognising its benefits to both staff and service users.

Trauma Informed Care (TIC) involves:

- Paying attention to what's happened in people's lives as well as what they're currently struggling with.
- Adapting our behaviour and approach to take account of people's lived experience.
- Helping people to feel safe so they can use our help and progress their own recovery.

& Trauma Informed Organisations:

- Provide staff with training and development opportunities that are trauma informed, sensitive and specific.
- Ensure all 1-1's, including but not exclusively clinical supervision, incorporate a restorative function.
- Offer a range of staff wellbeing opportunities.
- Support staff to avoid or minimize the risk of activities that re-traumatise people.
- Promote a sense of safety for staff and service users.



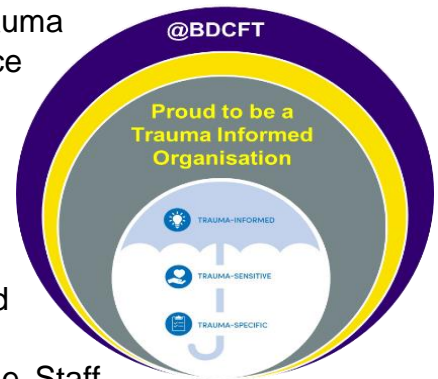
BDCFT has a trauma informed programme team with 3 primary functions, all co-developed with service user involvement:



1. Action planning and formulation; advanced practitioners meet with teams to review how trauma informed services are and want to be. They then create a plan of how to achieve the service's goals, seeking to translate principles into practice and ensure teams are supported to confidently call themselves trauma informed.
2. Training and learning; all staff complete an e-learning package considering the impact of trauma and adversity on the developing person and how resilience can be promoted. The workforce development lead also takes responsibility for commissioning or developing other trauma informed or trauma sensitive training opportunities, promoted on our trauma informed sharepoint pages: [Trauma Informed Care - Home \(sharepoint.com\)](https://traumainformedcare.sharepoint.com/)

3. Staff wellbeing and support:

a) HR liaison; to ensure our policies & processes are trauma informed. Enabling staff to understand and experience what it means to be trauma informed, e.g. TIC session at trust induction and training for managers and leaders on compassionate leadership and psychological safety. Our trauma informed stamp is for use on training presentations and policies which have been developed and reviewed through a trauma informed lens.



b) Workforce wellbeing; as part of Wellbeing@Work the Staff Support and Therapy Service offer a range of Trauma Informed wellbeing workshops for staff as well as providing people in need an assessment and short term therapy opportunities. We are committed to ensuring our workforce is as psychologically healthy as possible as this ensures the best service can be provided to those using our services.

We embrace the idea that trauma informed care is everyone's business and have produced a video promoting this:

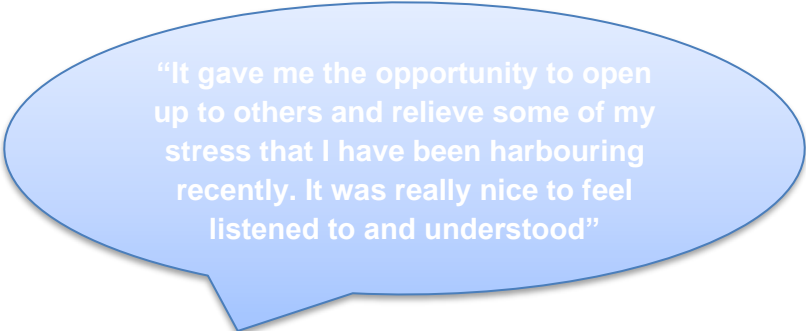
<https://vimeo.com/productionco/review/789997376/c9c0ddde9b>

Staff Support and Therapy Service

BDCFT is committed to providing a culture where staff feel able to seek support and take care of their health and wellbeing needs. The Staff Support and Therapy Service is the internal offer that provides confidential individual therapy (CBT, EMDR, Counselling, Compassion Focussed Therapy, Schema Therapy and Mindfulness), rapid access to speak to an experienced and accredited psychotherapist, a wide range of psychologically informed workshops on topics such as menopause, anxiety, mindfulness, resilience, dyslexia, loss and sleep to all staff across the trust. The Staff Support and Therapy Service offers training on topics related to health and wellbeing. This includes REACT training for manager, menopause awareness for managers and managing difficulties at work.

“Trainer was very thorough and helpful in providing us with details for any psychological support that we may need”

Regular spaces are held by us for staff to create peer support, currently The Staff Support and Therapy Service holds a neurodiversity virtual space, a menopause café and a reflective space for autistic staff.



“It gave me the opportunity to open up to others and relieve some of my stress that I have been harbouring recently. It was really nice to feel listened to and understood”

Over the past year there has been a particular focus on:

3. Achieving menopause accreditation status for the trust which has enabled the trust to apply the menopause accreditation status badge to all materials including job advertisements. The service will continue to work to maintain this accreditation going forward.
4. Developing and establishing an introduction to Self-Compassion workshop. This has led to the development of a Self-Compassion 8 week group.
5. Developing a streamlined feedback system so that its is easier for staff to give their open and honest opinions in a confidential way.
6. Improving the sharepoint page, increasing the visibility (the tab for the page now sits at the top of the trust home page) and keeping the information up to date. To date there has been 5244 views of the page.

100% of staff that have accessed the service rated it as ‘4 extremely likely’ to recommend The Staff Support and Therapy Service to friends and family.

“I found the session extremely helpful and I wish I had done it earlier. I will definitely recommend this to and use the service again in the future if I feel I need to. This is an amazing service to have available for staff”.

“I have already recommended this brilliant service. An annual contact for staff should be mandatory! I am surprised at the benefit I feel. Thankyou”

Development of a Place-Based Virtual Work Experience offer for aspiring Allied Health Professionals (AHPs)

AHPs across West Yorkshire and especially across Bradford District and Craven Place have come together to develop a virtual work experience offer to support young people in



their career choices and to gain experience of AHP careers. The development of the virtual programme has been supported with funding from BDCFT and Health Education England and has been co-designed by AHP staff across the Care Trust, Bradford Teaching Hospitals, Airedale NHS Trust, Bradford Council and students from

the University of Bradford.

The offer provides a 3 step model – starting with Step 1 – a virtual introduction to all of the 14 Allied Health Professions, Step 2 –completion of a profession specific programme,

which we have developed so far for Occupational Therapy and Physiotherapy (with the intention of developing for other AHP groups with colleagues across West Yorkshire) and then Step 3 – offering face-to-face work experience for people who really need it. Each virtual programme has live



panel sessions at the start and finish and very visually engaging and interactive modules that a person completed to experience 'being in the shoes' of an AHP. This 'virtual first' approach is a way to offer as many young people as possible chance to gain this experience when offering face-to-face work experience is more difficult.

For more information contact: catherine.schofield@bdct.nhs.uk

Volunteer to Career for AHPs

BDCFT continued from the great work started with health visiting in 2021/22 to develop Volunteer to Career (VtC) roles for Allied Health Professions. With a 2nd year of funding from Help Force we have been focusing on developing AHP roles across Bradford District and Craven Place – pioneering a system based approach, led by Jo Smith our VtC

Coordinator, supported by Catherine Jowitt and working with colleagues across BDCFT, Bradford Teaching Hospitals and Airedale NHS Trust to develop volunteering opportunities in areas such as acute medical wards and podiatry. This work is gaining momentum and really showing the value of working collectively to support our workforce challenges and placing BDCFT firmly on the map as a national leader in developing VtC opportunities.

Creating Sensory Friendly Inpatient Environments across West Yorkshire.

In 2022 BDCFT Occupational Therapists in our Low Secure Services were successful in gaining NHSE funding for a partnership project with Advonet (a voluntary sector organisation) to develop sensory friendly inpatient environments in low secure services across BDCFT and Leeds and Partnership Foundation Trust. Led by Chris Weston, Helen Baldwin and Dawn Boucher initial stage of the work was to develop a training package for service users and staff help understanding of the impact of the sensory environment on mental health well-being and strategies that service users can to manage difficulties they have. Based on success of this work we have now secured further £100k funding for 2023/24 to extend learning across all inpatient environments, and hope that the project will really support a more positive inpatient mental health experience.

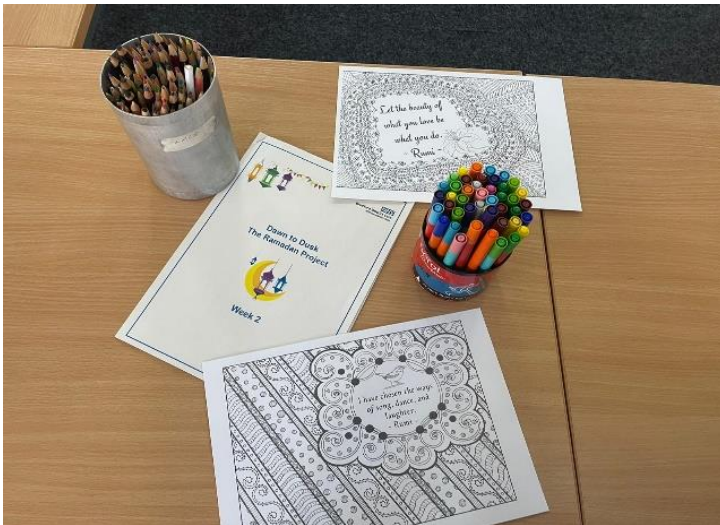


York
the
to
use
the
the

For more information contact: christopher.weston@bdct.nhs.uk

Dawn to Dusk - The Ramadan Project

Occupational Therapists and Psychological Therapists within City Community Mental Health Team have been developing a group for service users during Ramadan using creative writing to help explore thoughts and feelings around managing mental health, medication during and fasting and using the themes of Ramadan during each of the group sessions to support a persons' spiritual experience and enable them to engage in Ramadan in a way that works for them and their health. This is a new project and already



receiving lots of positive feedback.

For more information– follow Hamza Ali @OTchampAli786 on twitter.

Developing a Digital Resource for People with Learning Disabilities and their Carers to manage Respiratory Health

AHPs and colleagues within BDCFT Learning Disabilities have been leading work across Bradford District and Craven on an innovative digital platform to support people with learning disabilities to keep healthy and well and manage the effects that their condition has on their respiratory health. The platform is being co-designed with people with learning disabilities to be an easily accessible resource, with practical tips and focused tools to help keep track of respiratory symptoms and be able to respond quickly to any problems that occur. It is hoped that this platform can be further developed to support a wide range of health conditions. For more information contact: donna.smalley@bdct.nhs.uk

Improving Access for Diabetic Foot Assessments

BDCFT Podiatry Services have been working to improve waiting and access times for Diabetic Foot Assessments (DFAs), being successful in securing funding to coordinate the admin booking of all DFA assessments across GP Practices and Primary Care Networks, which will ensure a more targeted service, with appointments offered within the right place and the right time, reducing the numbers of appointments that people do not attend. This is enabling podiatry to plan the work more effectively around the needs of different communities, so that people get the right assessments for their feet and any issues can be picked up quickly and the right support put in place.

13. How we have improved Quality Trust-wide Patient-Led Assessment of the Care Environment (PLACE)

Patient-Led Assessments of the Care Environment (PLACE) are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors).

The PLACE visits assess the patient environment and how well it supports and enhances the provision of clinical care and are carried out by groups of assessors including service users, relatives, carers, and patient advocates.

The annual assessments score NHS organisations on cleanliness, quality and availability of food and drink, how well the building meets the needs of the people who use it and how well the environment protects people’s privacy and dignity.

PLACE assessors also consider how dementia friendly the patient environment is. This focuses on flooring, decor and signage, but also includes things such as availability of handrails and appropriate seating which can help those who have dementia.

PLACE assessments were reinstated in 2022 following 2 years of cancellation due to the pandemic. During this period much of the Estates and Facilities work focussed on the response to the pandemic, however Estates and Facilities staff continued to lead initiatives to improve the patient environment including redecoration schemes, new furniture, improvements to therapeutic space including therapy kitchen upgrades, improved signage, new doors and windows to support patient safety and outdoor space initiatives.

Bradford District Care NHS Foundation Trust’s Director of Finance, Contracting and Estates, Mike Woodhead, said: “We are delighted with the results, which reflect the hard work and commitment that our staff put in every day to ensure that the patient experience is a positive one. We know that areas like food and cleanliness can make a big difference to a person’s wellbeing, but whilst we celebrate this result, we need to continue to improve our hospital environments, so they reflect current best practice to support therapeutic care and patient recovery.”



Dementia Assessment Unit

Results from PLACE-22 Assessments

	Cleanliness	Condition, Appearance & Maintenance	Dementia	Disability (accessibility)	Food & Hydration	Privacy, Dignity & Wellbeing
National Average 2022	98.01%	95.79%	80.60%	82.49%	90.23%	86.08%
Trust Average 2022	99.51%	99.45%	89.93%	86.10%	97.27%	98.21%
Airedale Centre for Mental Health	99.14%	100%	92.21%	86.89%	96.43%	96.67%
Lynfield Mount Hospital	99.65%	99.25%	89.08%	85.81%	97.58%	98.79%



Kitchen in the Najurally Centre

Infection prevention

It has been another challenging year for the Trust and the infection prevention team during the continued COVID-19 pandemic. The infection prevention team have been vital in guiding and supporting the Trust throughout the year and have provided expert advice sharing best practice, to ensure COVID-19 secure environments for patients and staff members. The team have managed COVID-19 testing for the Trust, and the management of suspected and confirmed cases of COVID-19. The team have worked hard to raise the profile of infection prevention and foster relationships with internal and external partners developing collaborative working arrangements for several projects.

COVID-19 PCR Testing/Lateral Flow Testing

Most of the COVID-19 testing has now moved from PCR testing to lateral flow testing and for this reason the drive through COVID-19 testing facility at Lynfield Mount Hospital has now closed. COVID-19 PCR testing is still undertaking for symptomatic patients and during COVID-19 outbreaks.

COVID-19 Contact Tracing

In May 2020, the government introduced new guidance on track and trace which outlined the need for NHS organisations to undertake contact tracing for all healthcare workers who tested positive for COVID-19. The infection prevention team have been undertaking contact tracing for all staff members who had tested positive for COVID-19 since the guidance was published, as well as undertaking an individual risk assessment to identify if the staff member has any patient or staff members who are contacts and need to isolate. The infection prevention team have undertaken contact tracing with 3062 staff members which has identified 1675 contacts, with a range of reasons for these including not wearing appropriate PPE, not following the guidelines on car sharing and social distancing.

Personal Protective Equipment (PPE) Audits

To protect staff members and patients from transmission of COVID-19 it is imperative that staff members wear appropriate PPE in accordance with infection prevention and control policies. To ensure that staff members were following the trust PPE guidance the infection prevention team worked with the trust clinical audit lead to undertake a piece of work around monitoring compliance to provide the trust with assurance on compliance. The PPE Champion role was developed as a part of this work and has been rolled out across the inpatient wards.

An observation tool was developed and training for the link workers in clinical audit and the tool was provided. Overall good practices were observed, improvements were made with regards to providing staff with more clarity on what the standards and expectations for PPE were by the development and implementation of a quick reference table which shows what PPE is required in various settings and contexts.

Seasonal Influenza Vaccination Campaign

The 2022/23 seasonal flu campaign for the Trust frontline healthcare workers commenced on the 20th of September 2022. This year's campaign ran alongside the COVID-19 booster campaign and went well with 59.1% of frontline healthcare workers vaccinated.

COVID-19 Booster Vaccination Campaign

COVID-19 vaccination is an effective defence against COVID-19, and they provide good protection against hospitalisation and death. They also reduce the risk of long-term symptoms from COVID-19. The COVID-19 booster vaccination campaign within the Trust commenced on the 20th of September 2022 with 49% of all healthcare workers were vaccinated. All eligible inpatients were also offered the COVID-19 booster vaccine.

Complaints and compliments 2022-23

Patient Advice and Complaints Service

The Trust takes complaints and all forms of feedback seriously, as this is a way to help improve our services.

The Patient Advice and Complaints Service (PACS) supports patients, families, and carers to resolve complaints at a local level. The team works with operational services and the executive management team and as part of this process, complainants are offered a meeting to discuss the complaint. This can include a meeting with a senior manager, director, or the chief executive.

As part of the ongoing improvements in service provision and data recording, the team have changed the way they record cases since April 2022. Prior to this, complaints were logged as either informal (concern) or formal (formal complaint).

The new process logs each contact as a complaint and is then classified into level 1, 2 and 3 as indicated below.

Compliments are recorded the same way as previously and are generally received via services. From 2022 cases have been recorded as follows;

Level 0 Signposting; The PACS receive a high number of contacts which do not relate to BDCFT service, these are signposted to the appropriate organisation.

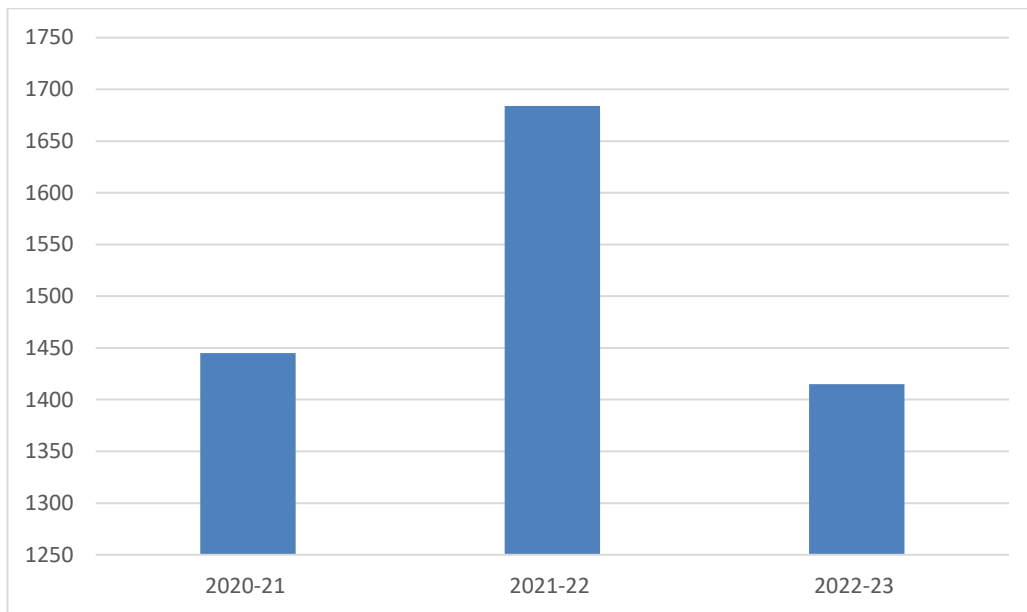
Level 1 Local resolution; with consent the complainant is passed to the service locally for local resolution, the PACS monitor and obtain outcomes from service and check in with the complainant to ensure resolution has occurred prior to closing the case.

Level 2 Fact Find; all CQC complaints and MP contacts are recorded to this level. Where a case is resolved at level 1 and has identified learning, the service will be asked to complete a complaint review to capture any learning, improvements to practice or recommendations for change. Failed local resolution cases can also progress to this level and services will be asked to document local resolution findings on a PACS local learning review. Some cases will receive a written response from the Service, Director of Nursing or the Chief Executive.

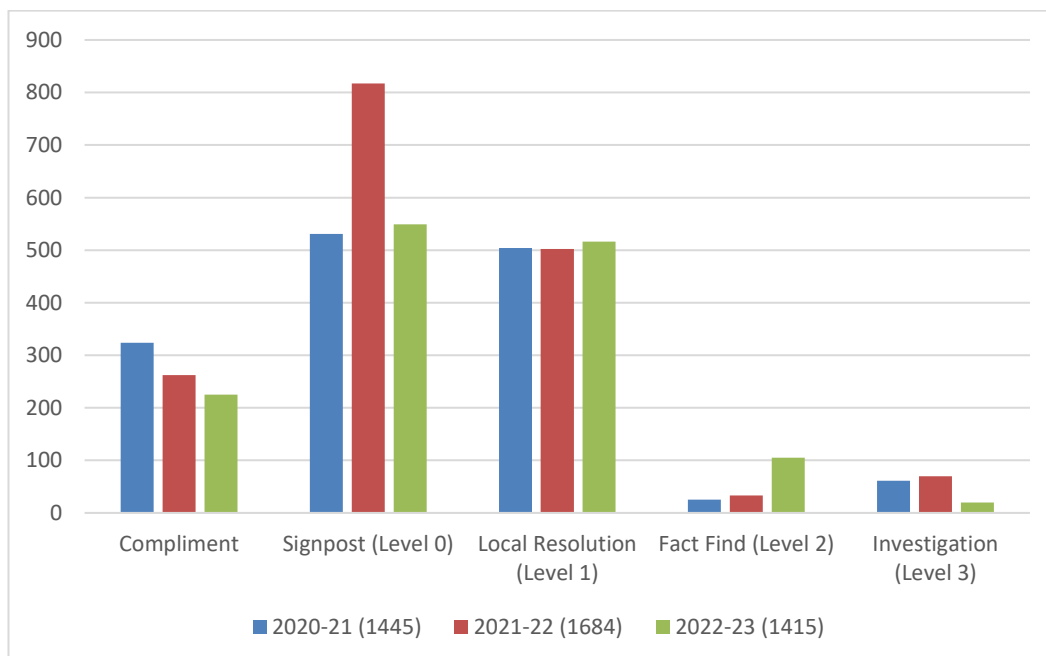
Level 3 Investigation; these cases are passed to an investigator who is employed by the Trust but independent of the service complained about to complete a full investigation and any interviews with staff. There are instances where a complaint review completed at Level 2 may be passed to an investigator for independent review and conclusion. These cases will receive a written response from the Chief Executive.

The graph below shows the total number of contacts by year, 2022-23 indicates a decrease in contacts. However, as part of the development work ongoing within the PACS, it has identified that where a complainant makes multiple contacts to PACs over a period of time via multiple sources (MP, CQC, direct contact), a new case is not opened for each source, therefore the total figures are not reflective of actual number of contacts and cases pursued.

Further development work is ongoing to ensure the accurate recording of all contacts to ensure data is reflective of the number of contacts and cases received by the team during the financial year.



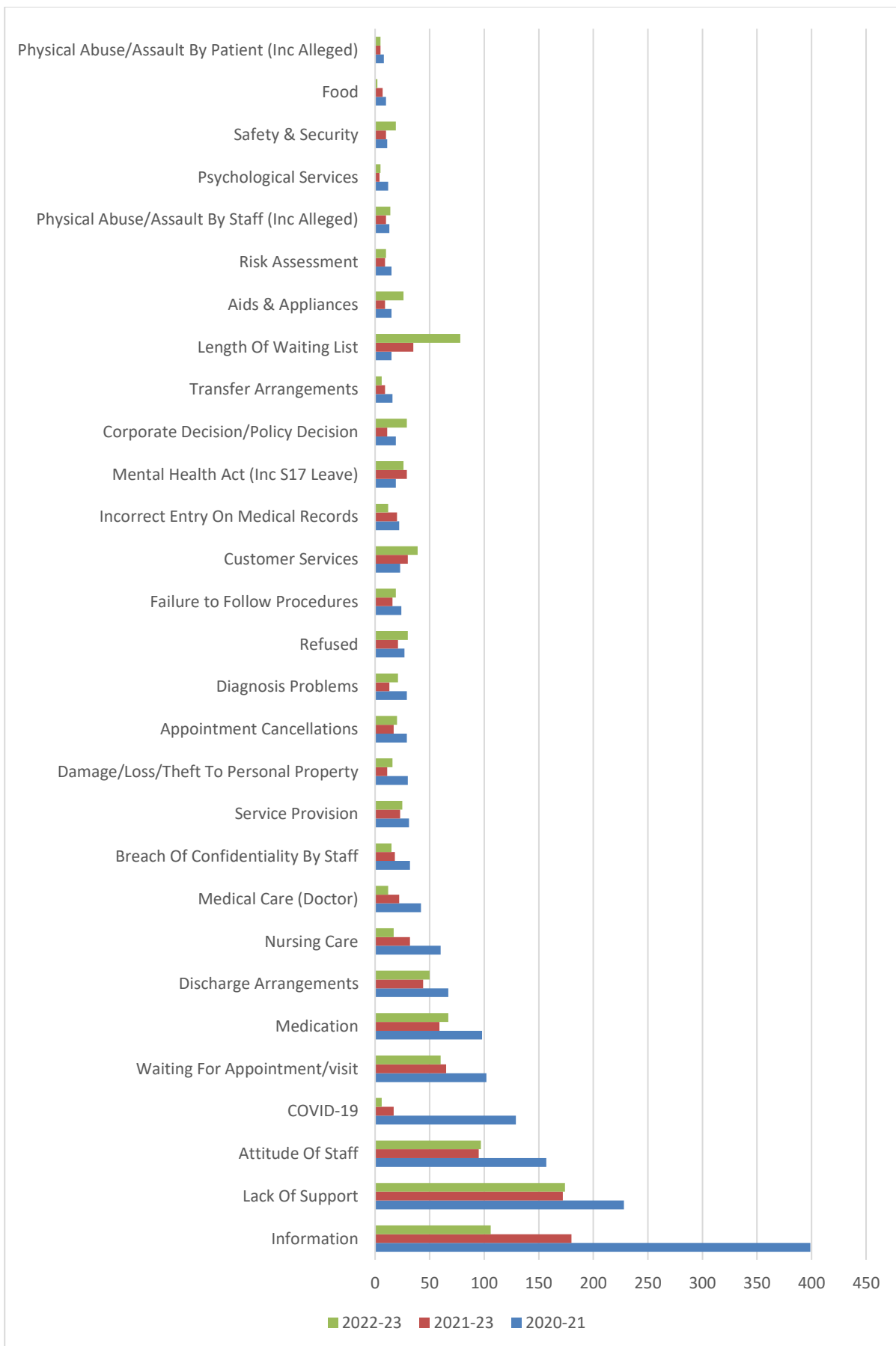
The graph below shows a breakdown of cases recorded by PACS year on year. During this financial year all contacts from MP's and Councillors have been recorded within Level 2.

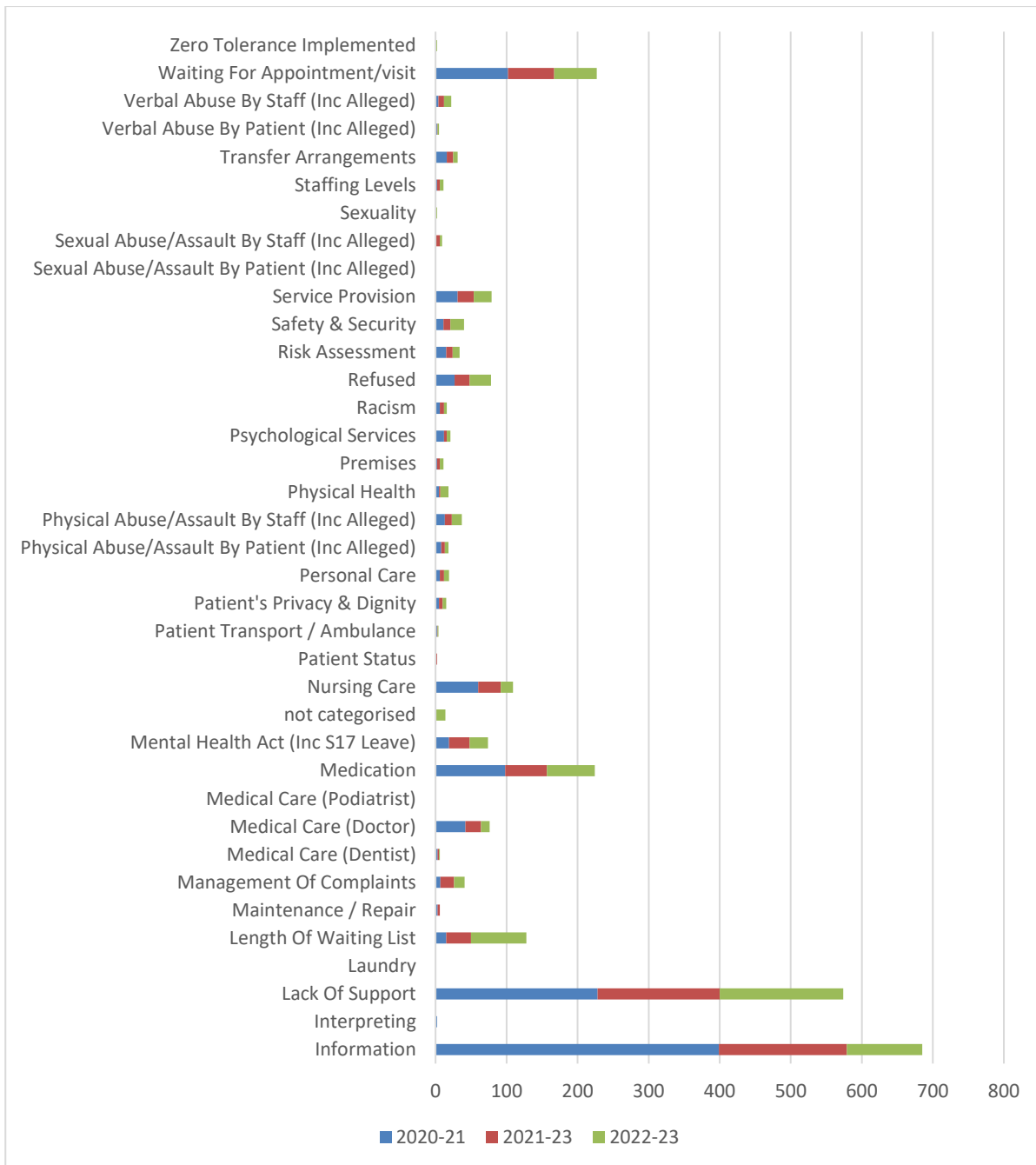


Top categories of complaints received (classified as formal in years 2020/21 and 2021/22):

Category	2020/21	2021/22	2022/23
Lack of support	399	180	228
Information	228	172	180
Attitude of staff	157	95	97
Covid-19	129	17	6
Waiting for appointment/visit	102	65	60
Length of waiting list	15	35	78
Medication	98	59	67
Discharge arrangements	67	44	50

The graphs below show all categories over the last 3 financial years.





Complaints referred to the Parliamentary and Health Service Ombudsman (PHSO)

If a complainant is dissatisfied with the outcome of a complaint investigation, they are afforded the option to contact the Trust again to explore their concerns and the issues further. However, if they choose not to do so or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO). The role of the PHSO is to investigate complaints from individuals who have been treated unfairly or have received poor service from government departments and other public organisations, including services from the NHS in England and provider organisations.

There has been an increase in cases referred to the PHSO and them requesting files for assessment.

	Referred in 2020/21	Referred in 2021/22	Referred in 2022/23
Closed – upheld			
Closed – Partially upheld	1		
Closed – not upheld			
At assessment stage			1
Under Investigation			1
Closed at assessment stage	1	2	1
Declined to investigate			1
Total	2	2	4

How we learn from complaints

Action plans, developed as a result of a formal complaint investigation, are uploaded to the electronic Action Plan module, within Safeguard (the Trust’s risk management software). The Trust continues to monitor actions arising from complaints and they are reviewed and monitored in the care group Quality & Operational monthly meeting. In addition to this, learning from formal complaints and locally resolved concerns are shared via the Trust-wide learning network.

Complaints Review panel

The review panel was temporarily stood down in 2021 due to ongoing pressures and capacity restrictions. The purpose of the panel has been to assess the quality of the complaints process by reviewing a small sample of cases. The pause has provided the opportunity to review this group in line with other development work and to refresh the group to focus on complaints process improvement work in 2022/2023.

Improvements have been made to governance arrangements for assurance of the complaints process. Two specific changes have been implemented.

- ~ The creation of a Complaints Assurance and Review Panel (CARP). This is a fortnightly oversight group within the Trust with responsibility for ensuring that processes for complaints handling are robust and support high quality resolution and continuous improvement from feedback. It ensures parity of the complaints process with other quality processes (e.g. patient safety incidents and learning from deaths), provide strategic direction and critical challenge to improve processes.
- ~ Updating the bi-annual complaints review panel to a new Bi-Annual Complaints Improvement Group (BiCoIG) to repurpose it to focus on learning and development. Individual cases will still be retrospectively reviewed and there will be a more significant emphasis on the experience of the complainant, complaints team and clinical team of the process with a focus on compassion, personalisation and communication. Learning will be identified from reviews and/or further explorations and recommendations can be made to the CARP for further exploration.

Compliments our services have received.

The team continue to collect and record compliments. 225 have been recorded for 2022/23. Examples of some of the compliments we have received during 2022/23 are as follows:

"Family would like to thank Palliative Care Nurses for all their kindness and compassion during Mum's end of life care. The care they gave her was second to none and was always delivered in a sympathetic manner.

The family state they will always be grateful for the personal touches the nurses gave such as calling mum by her name as if she was a friend and talking through what was happening as they attended to her needs.

Her dignity and modesty were of paramount importance given she was at home and surrounded by family and the nurses were gentle and understanding at all times."

"Came into Clozapine clinic today and had nothing but praise for all your care and compassion they were shown. They were very grateful for the support and care."

"to one and all who were so caring and so kind to me whilst I was staying in Bracken ward.

I cannot thank you enough for all your help and understanding. Without exception, I enjoyed meeting each and every one of you. I also remember the many friends I made amongst the other patients. I really appreciated the many choices of menu offered to us by the catering staff.

May I thank you once again. I send you all every good wish for the future."

"Having reflected on your involvement working with my daughter over the last few years, here is some feedback. I hope it's useful.

K offered ongoing support to my daughter and also to myself during an extremely difficult period. I think that some presentations of autism and anxiety are difficult to understand, and I very much valued that K was always willing to listen to an alternative perspective - that of someone (or maybe two people!) who had a very different relationship with society than most people do and have to live differently to thrive. With K's support using graded exposure my daughter became able once again to leave the house and go shopping in the local community after many months at home, and she even bought ingredients and baked a cake! We were facing an immense struggle to get my daughter's needs recognised by the Local Authority and K attended meetings with us and has always been willing to offer any support she could. It has been lovely and valuable to have K's input and support for my daughter - and steadfast belief in my daughter - over the past few years. A heartfelt thank you."

"I write to say how very much all of us, SU's family, valued the help and dedication that you all gave to making the last weeks of Mum's life so calm and peaceful."

SU would like to leave a note about how pleased he is having being under the care of his social worker at Somerset House. Having shown care throughout his time with him. States he has found him to be very helpful in his wellbeing, so much so he has improved greatly. Finds him to be very passionate in what he does and is passionate for people to do well for themselves. He is now looking at going back to work and has come off medication. He is doing better altogether, thank you very much indeed!"

Patient and Carer Involvement and Experience

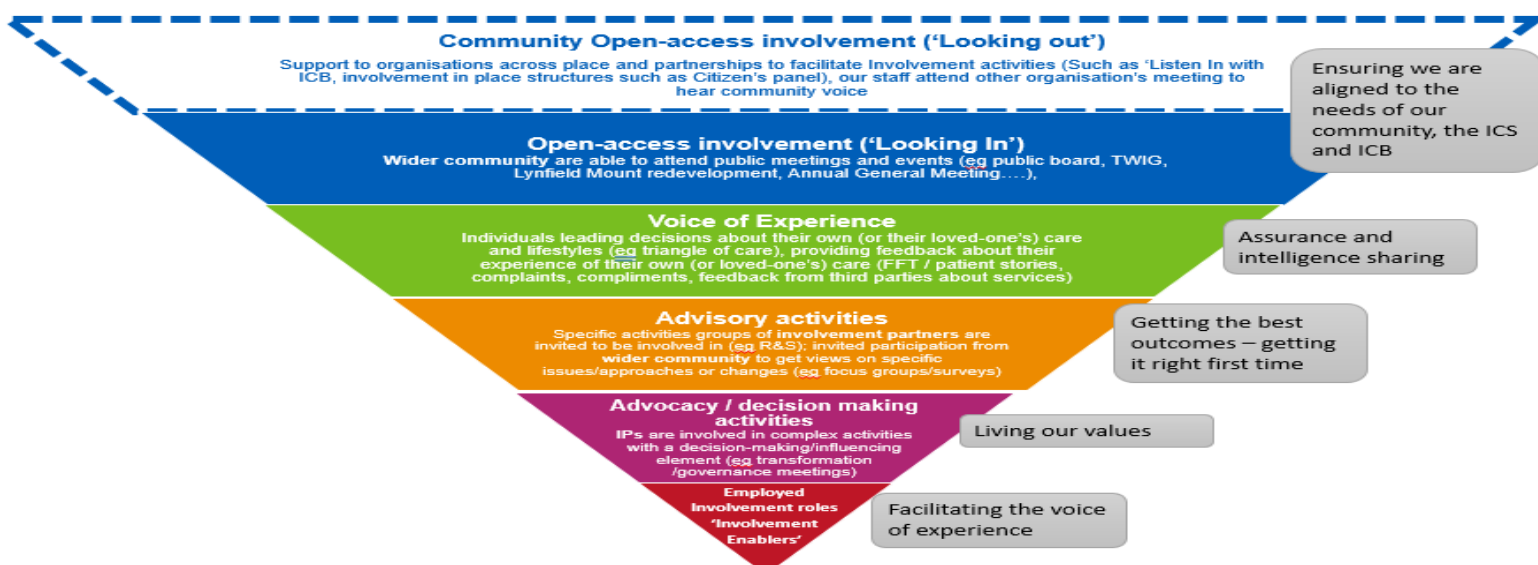
The value and importance of Involvement, Experience and feedback is recognised across all areas of Bradford District Care NHS Foundation Trust (BDCFT). During this year we have had a significant focus on reviewing and refocussing how we involve and understand the experience of people who use our services, their carers, and families in line with the ambitions of our involvement strategy – Your Voice Matters.

We also recognise the importance of listening to experiences across the populations we serve. It is essential that we work in partnership with organisations who support the communities across the Bradford District, to best fulfil our role in helping the community to be as healthy as possible. We know that there are existing health inequalities in our district, and this means that some groups of people are under served, as we don't currently hear all the voices of experience that we need to, to ensure we are meeting the communities' needs. For this reason, we also recognise that the voice of experience may be accessed through listened to, through our partnerships and the wider healthcare system, and across our communities, as well as internally, in the daily responsibilities of services within BDCFT.

By carefully considering all the ways in which we can amplify the voice of experience, we have identified different types of Involvement and Experience sharing activities, with varying degrees of complexity in terms of the:

- Average number of people served, within that community of interest
- Relationship that the individual participating in involvement has with the Trust (ie are they in receipt of care)
- time required to participate,
- amount of integrated working and communication with staff teams that is required
- level of influence a single individual may have, in terms of decision-making.

To illustrate the different levels of involvement, we have developed a new BDCFT Involvement Model, which demonstrates the value of communities of interest, and the different levels of involvement in terms of the degree of complexity, and the different functions that these activities have. All types and levels of Involvement and Experience activities are equally important, as they all work together to achieve our vision of best quality services.



The Levels of Involvement:

Community Open Access:

This is where our partner organisations across the district will host events and listen to the voice of experience. The sharing of these important perspectives will help to ensure that, as an organisation, we are aligned to the needs of our community. This year over 30% of services who took part in our involvement survey identified that they were carrying out this type of activity, with particular emphasis on attending groups and forums at other organisations across Bradford. Members of the Trust's Senior Leadership Team have also been involved in the Bradford and District 'Listen In' events, where senior health and care leaders proactively go out into local communities with the intent of hearing what matters most to those communities.

BDCT Open Access Involvement:

These events are hosted by BDCFT, and anyone who has experienced Trust services, or is invested in the delivery of best quality services within the organisation, can participate in opportunities to contribute their voice of experience improve care. Whilst only 17% of services undertook this type of activity this year, examples included holding open days, for example relation to the reopening of the Najurally Centre (ATU).

Voice of Experience:

This is the involvement level where those participating will have a personal relationship with Trust services, either as a service user, a carer or a friend or family member. This is the foundation of all care experience – and it is important that, wherever possible, the individual is able to influence and make decisions about their own care. It is at this level that a lot of the experience of care feedback will be collected; through surveys, Friends and Family Test, Triangle of Care, complaints, compliments, and individual (patient) stories. Whilst the trust continues to promote Friends and Family data as a means of understanding patient experience, it is also looking to make sure that this is as relevant as possible. This level of involvement, and the sharing of feedback, is vital to the Trust understanding the quality of care it provides and in an ever-challenging delivery environment is a key element of our Patient Safety strategy and approach.

This year well over half of the services across the Trust (including some non-patient facing services) have reported undertaking 'voice of experience' activities. The types of activity vary, from utilising Friends and family data to sharing patient stories with the Trust Board or for other purposes, such as to inform training. Services have also been using compliments and complaints to inform their quality improvement journeys, in line with the principles of the Care Trust Way.

One key element of the voice of experience is how we make sure that Carers are involved in the care of those they support. The Trust has been involved in Triangle of Care Accreditation since 2018, and, whilst there was some delay due to COVID restrictions, we have recently recruited services to Phase Three of the programme. The teams involved in this programme are listed below:

Phase 1	Phase 2	Phase 3
ALPS	CAMHS	Falls Prevention Team
Ashbrook ward	CMHT Airewharfe	Proactive Care Team
ATU	CMHT City	District Nursing - Horton & City & Westbourne Green
Baildon ward	CMHT Craven (AMH)	Primary care wellbeing service
Bracken ward	CMHT North	Palliative Care Team
Clover ward	CMHT S&W	Continence
DAU	Dental	Tissue Viability
Fern ward	EIP	
First response	Learning disabilities	
Heather ward	My wellbeing college - IAPT	
IHTT	OP CMHT	
Ilkley ward	SMABS	
Maplebeck	Assertive Outreach - Integrated Outreach Team	
Oakburn ward	Perinatal	
Step forward centre		
Thornton ward		

Advisory Activities

These activities are more complex and specific, focused on improving services. This type of involvement requires those involved to be working closely with staff teams on a targeted improvement or care-related activity. The nature of these activities are agreed in advance, with support from the Patient and Carer Experience and Involvement (PCEI) Team, to ensure that the function of sharing the voice of experience is purposeful, meaningful and clear. Often these activities are carried out by people who are registered with the Trust as involvement Partners. These individuals give their time to the trust to share their experience and influence how we improve services for the benefit of all services users. Whilst some of these activities are undertaken by involvement Partners, there are also an element that are open access and can be undertaken by anyone who has experienced Trust services.

This year approximately 40% of services report undertaking this type of activity, with activities ranging from holding focus groups, to attending Involvement Meetings or directly involving service users in quality improvement or quality assurance activity.

Advocacy and Decision-making activities

Much like advisory activity, these Advocacy and decision-making activities are complex and agreed through a structured approach and support from the PCEI Team. However, these activities have a greater level of responsibility and power-sharing with the service provider, as the individual involved will have opportunity to contribute to decision-making activities, to challenge and hold decision-makers to account. These types of activity are only carried out by Involvement Partners and often require that they have some level of training.

Roughly 25% of services reported using Involvement Partners for this type of work, typically having Involvement Partners as members of recruitment panels or being members of governance groups. Corporately, we continue to have long standing Involvement Partner membership of key governance groups including the Board Mental Health Legislation Committee and Quality and Safety Committee.

Employed roles

This level of involvement does not currently exist in BDCT, but it is an aspiration that people in paid roles will work as 'Involvement Enablers', to help support all functions of listening

to the voice of experience across the BDCT model of Involvement. There is also an aspiration to further develop patient leadership across the Trust, and our ambition is to look at Director level roles for the Trust. Work is commencing on understanding how we might move towards making these aspirations a reality during 2023/24.

Support for Carers and Involvement Partners

As well as supporting services to hear the voice of experience and involve people who experience their services in the design and delivery of services, the Patient and Carer Experience and Involvement Team also provide direct support for Involvement Partners through a programme of induction, training and the implementation of the newly developed buddying system.

They also provide support and signposting for Carers through the delivery of groups and activities, in collaboration with partners where appropriate, aimed at supporting mutual peer support and linking in with specialist support where needed. Over the next 12 months we hope to continue to refine this support, working ever more closely with our partners to ensure carers are identified and supported, making best use of our community resources and ensuring a seamless support offer.

Well Together

Well Together have continued to rebuild following COVID, bringing volunteers back, re-opening activities and recruiting new volunteers. However on-going infection prevention guidance has meant that groups have still be functioning with capacity limits which has resulted in less people being able to access groups and reducing the number of new people who could join an activity.

There are currently 124 volunteers delivering 50 regular group activities (4 virtual, 24 face to face activity groups, and 26 walks).

This year the service has received 412 referrals, 201 new people have attended a Well Together group activity.

Including the existing group numbers a total of 939 people have attended the 1546 sessions delivered this year (up to February). With a total of 12,495 attendances.

Volunteering

The Volunteer Strategy for 2021-24 focuses on embedding an effective and supported volunteer culture to enable the Volunteer Service to develop and scale up new and existing volunteer opportunities across the Trust, ensuring individual volunteers and the organisation can realise the full positive impact of volunteering.

- Volunteers will be supported to realise their full potential by establishing their volunteer pathway, whether to support recovery, for future career opportunities or for personal wellbeing.
- The organisation will innovate, celebrate and embed, ensuring volunteering is a proactive enabler in achieving its strategic programmes. Priority areas include:

- Recovery - by increasing the provision of therapeutic activity and volunteering becoming part of the recovery pathway for individuals.
- Future Workforce – from inspiring young people to consider health as a future career option to providing volunteer to career opportunities for people ready for work.

During the last 12 months volunteering has gathered significant pace, with new Volunteer Coordinator roles being introduced leading to increased volunteer opportunities being established across a range of services. Including roles within Children’s Services, Allied Health Professionals and Inpatients. Volunteer to Career continues to grow with the offer being rolled out to all volunteers. All volunteers are now asked if they are interested in a career in health and social care, with a growing offer of training and mentorship available to those who say yes. The Volunteer Service currently have 65 active volunteers in 24 roles with 80 applicants currently being processed, working towards a maintained target of 150 active volunteers by the end of 2024. In the last year volunteers have recorded 1923 hours of volunteering! With 13 completing their National Volunteer Certificate which includes training and 60 hours of volunteering. The Service have also supported the NHS Cadets programme delivered by St John Ambulance for a third year.

Better Lives Charity

The Better Lives Charity Strategy 2021-2024 aims to increase funds going into the Trust Charity and therefore increase charitable spending to improve the experience, health, and wellbeing of service users and staff, whilst ensuring the future sustainability and growth of the charity. There are 3 main areas of delivery for the strategy:

Funds in 
 Deliver charitable fundraising through diverse funding streams which will ensure the charity not only survives, but also thrives.

Funds out 
 Ensure funds are used to have the greatest impact on achieving our charity vision to create better lives by improving the physical and mental wellbeing of our patients, service users, carers and staff.

Well-led 
 Ensure the charity operates in an inclusive, equitable and transparent way, meeting all its obligations within charity law and fundraising codes of practice.

Significant progress has been made in all of these areas.

Funds In

- During this year the Better Lives Charity has delivered its first full year of fundraising activity, including an inaugural Golf Day, the first super club and Big Tea Little Tea with nurseries, as well as building on events such as the Dragon Boat festival and 3 Peaks.
- In addition a number of teams and individuals have completed fundraising activities including a zip wire over Niagara falls, running 100 miles in 24 hours, completing the Spine Challenge and 24 hours of table tennis.

- The Charity has received a number of unsolicited donations from families and one member of staff who has donated her pay from the vaccination hub.
- The Charity has successfully secured a number of grants from external funders for specific projects including NHS Charities Together, CNET, Agency for Good, and the Co-Operative.
- The Charity has developed relationships with a number of corporate supporters and local charitable giving organisations including Yorkshire Clinic who sponsored the Golf Day and My Lahore who sponsored the Iftar.

Funds Out

- There were 58 applications to the Charity for a grant, of these 5 were withdrawn as other funding was identified, 51 approved and 2 rejected. The total value requested was £109,879.27, the total amount approved was £89,172.80.
- Some of the funded projects include
 - A Teletherapy and Recovery Skills project for CAMHS
 - Spots Kit for the Recreation Hall at Lynfield Mount Hospital
 - Crisis survival grab bags to support patients in distress.
 - Christmas Gifts for all patients in hospital at Christmas.
 - A range of items for palliative care to support patients including baby monitors, over bed tables, key safes, wheat bags, PIP Kits, blankets, bedding, towels, alarms, fans and memory boxes.

Well Led

The Charity has delivered some key developments to reflect the growth in delivery:

- Develop standard operating procedures for fundraising, applying for external trust and foundation grants and processing of grant request for charitable funds.
- Developed a Communication and Marketing Strategy, including a refreshed brand identity and brand guidelines.

Board Quality and Safety visits

The 'Go See' Framework

During 2022-23, the Board has continued to carry out 'Go See' visits which incorporated quality and safety walkabouts. 'Go See' is based on the concept of a Gemba walk, which was developed by Taiichi Ohno, one of the leading pioneers in the development of lean management. The Go See visit offers an opportunity for Executives to leave their daily routine, see where the real work happens and build relationships with staff based on mutual trust. Go See visits are an opportunity to get an overview of what is going on in the workplace, offering the ability to gain insights into potential improvement opportunities. As such, the Care Trust Way embraces the principle of Go See not just for Executives, but for all leaders across the Trust including Non-Executive Board members.

Go See visits are a vehicle for the Trust to 'Know its Business, Run its Business and Improve its Business' at both an operational and a strategic level.

Know your Business – leaders will have a first-hand knowledge of the work being done, there will be strong relationships built on trust. Executives and Non-Executives are able to gain knowledge and assurance to underpin the conversations they are having and experience further opportunities for triangulation across a variety of different platforms.

Run your Business – leaders are better able to understand the opportunities for improvement, have increased visibility of what is going on in each place and are able to make better decisions because of this. Executives and Non-Executives can make better strategic decisions underpinned by an in-depth knowledge of the business and first-hand views from Trust experts on what it feels, looks, and sounds like to them and their colleagues within the service.

Improve your Business – leaders are able to support local improvement opportunities based on the first-hand knowledge and experiences they have of services. Trends and themes identified as part of Go See are collated and triangulated with other sources of learning to help Executives and Non-Executives identify systemic issues and receive assurance as to the embeddedness of improvements to further support sustainability.

The Board has been involved in the following types of Go See visit during 2022-23.

Type of visit	Purpose	Membership
Executive/Associate Director ad hoc visits	Responsive visits to probe issues / celebrate successes. The visits allow Executive/Associate Directors to support in unblocking local issues where necessary, share learning, gain additional assurance and help teams feel both supported and recognised	Executive Directors
Committee planned visits	Planned visits relating to specific themes under discussion at Board or Committee.	Non-Executive Directors with Executive Directors
NED/ED planned visits	Visits to support identification of systemic issues and celebrating success. Standard work would look at high level people (morale / safety), performance (including quality & finance as well as service delivery) and improvement (work undertaken, successes celebrated, areas for improvement work identified and opportunities to share learning).	Non-Executive Directors with Executive / Associate Directors An option to be observed by Governors..
Chair/CEO visits	Strategic level activity focussing on morale, improvement work and sharing vision and values	Chair / CEO

Future Changes to the 'Go See' Framework

Following a review of the visits during 2022-23, a change in process is planned for 2023-24. The Committee planned visits will no longer take place, and an annual schedule of visits will be developed for the NED/ED planned visits. The aim is for the visits to be scheduled in advance for April to March, with Governors invited to observe. Any actions arising from the visits will be tracked and monitored through the Executive Management Team on a monthly basis. Further detail on this will be reported in the Quality Report for 2023-24.

Freedom to Speak Up - Raising concerns within the Trust

Freedom to Speak Up (FTSU) is one element of a wider strategic approach to cultural transformation and improvement within the Trust. The principles that underpin it are mirrored in those of our values and behaviour standards and work around our fair and compassionate culture. Our aim is to create an environment and culture in which speaking up and listening up are both 'business as usual' for all our staff, and where raising concerns results in improvement.



Different ways staff can speak up

People are encouraged to speak up through their line management structures in the first instance or through safeguarding, human resources or by any other means they wish. However, we recognise that this is not always possible and so when these routes are not available to them or they have already tried these routes and are not satisfied with the response, the FTSU Guardian is available. The FTSU Guardian is independent and impartial, and has direct access to the Chief Executive, Chair, Non-Executive Director and Executive Director lead for FTSU. FTSU Ambassadors are also available to colleagues to support them in identifying where to take their concerns, but do not manage cases themselves.

This year the use of the Executive Broadcasts via MS Teams continued to be a further way that people can raise queries (either openly or anonymously) directly to the Executive Team. Where possible, these queries are answered during the session, in other instances they are made into FAQ documents and circulated to all staff following the briefing.

Since March 2023, the FTSU Team have been sharing in the monthly Corporate Induction/Welcome event for new starters. This is a powerful statement of the Trust's ambition and commitment to making speaking up 'business as usual'.

Things that staff have spoken up about and provided us with an opportunity to improve include patient safety, staff safety, failure to follow correct processes, understaffing, wrongdoing, biased recruitment, and bullying/cultural issues.

How feedback is given to those speaking up

Feedback is given via the FTSU Guardian or directly by the relevant manager within the service concerned, the relevant Executive Director or Chief Executive, as deemed appropriate to the individual case. Feedback includes how concerns have been investigated or responded to, any changes that have been made to processes and systems as a result, lessons learned for individual services and lessons that are transferable across the organisation.

Bi-annual reports to Board identify themes from the issues staff are speaking up about and provide assurances that staff are fed back to appropriately. Our communication strategy is

also aiming to improve the feedback we give to staff across the organisation, not only to raise awareness of FTSU, but to feedback using a “You Said, We Did” approach.

How we ensure staff who speak up do not experience disadvantageous and/or demeaning treatment (‘detriment’)

The Trust policy clearly states that the organisation will ensure that staff who speak up will not experience disadvantageous and/or demeaning treatment as a result of doing so. Staff who fear victimisation by colleagues can speak up anonymously via the Freedom to Speak Up online reporting form. Colleagues can also speak up openly but ask for their information to be kept confidential via the FTSU Guardian. We monitor the number of staff contacting the Guardian anonymously, with a low number being an indicator of staff’s confidence in the system. We also monitor the numbers of staff experiencing disadvantageous or demeaning treatment because of speaking up through our user survey and take measures to address this. Anonymised information is reported at Board and nationally to the National Guardian’s Office (NGO).

Improvement work

Our leaders are committed to a ‘speak up, listen up, follow up culture’.

In September an Interim FTSU Guardian with 6 years previous experience was appointed to cover maternity leave, ensuring a continuous service.



➤ Executive Engagement

In December 2021 the FTSU Guardian ran a Board development session which focused on key elements from the NHS Improvement self-review tool for Boards, and on developing a vision for a new FTSU Strategy.

➤ Policy & Strategy

The new FTSU policy is in place and conforms to the recommendations of NHSE/I and incorporates the Kind Life principles and methodology now being used in the Trust.

➤ Communication Plan

The FTSU communication plan has been reviewed and revised to further improve the way we ensure that the FTSU message is communicated widely to all staff groups. This includes methods such as e-Updates, monthly rotating screensavers, new promotional materials (posters, leaflets and business cards), virtual presentations, use of social media and messages in payslips, staff are now offered their preferred method of meeting in person or online.

➤ Case monitoring

We aim to continually improve and have revised our Standard Operating Procedure and documentation to facilitate rapid responses from managers whilst at the same time supporting them in their role. We have also revised our case tracker in line with NGO guidance to improve the data we collect and therefore the information presented to inform decision making.

➤ Ambassadors

The Ambassador role supports the Guardian and deputy in reaching hard to reach groups of staff, promoting the speak up/listen up message, and signposting staff to different routes to speaking up, including the Guardian route.

The training sessions for FTSU Ambassadors continues and is providing an additional support to the culture change within teams as awareness of the options for speaking up is raised.

➤ FTSU Portal

The FTSU Connect pages on the Trust intranet have been reviewed and updated to ensure they contain all the relevant information somebody may need if they are thinking about contacting the Guardian. A booking system is available allowing colleagues to check availability and schedule an MS Teams meeting with the Guardian at a time to suit them.

➤ Training

The Trust took the decision to mandate the National Guardian's Office "Speaking Up" eLearning earlier this year. The "Listen Up" eLearning package for managers is also available via ESR. The Guardian has been working with the Leadership and Organisational Development team to incorporate the speak up/listen up message within the Bradford Manager training and consider where else we may be able to promote this learning.

All 3 eLearning packages (Level 1, Mandatory for all staff. Level 2, for Managers and most recently Level 3, for Senior Leaders are now available. The FTSU team have developed an Enhanced Listening training session for managers who have completed the Level 2 module.



Quality Improvement System



In 2019, Bradford District Care Foundation Trust set out on a path of continuous improvement, innovation, and growth, aiming to establish a successful QI methodology and integrate this into all aspects of its operations. The improvement system is more commonly identified across the organisation as The Care Trust Way.

We are pleased to present the annual quality report for the year ending March 2023. At Bradford District Care NHS Foundation Trust, we remain committed to delivering high-quality care to all our patients, and the past year has been no exception. Our continuous improvement methodology, the Care Trust Way, has been instrumental in helping us achieve our goals and delivering meaningful improvements to the care we provide. Through the dedication and hard work of our staff, we have continued to make progress in key areas such as patient safety, patient flow, patient experience, staff satisfaction and staff engagement. This report highlights our achievements, challenges, and future plans as we strive to maintain and improve the quality of care we provide to our patients.

Over the past year, like many organisations, we are still experiencing the long term and ongoing impact of the COVID-19 pandemic. Despite these challenges, our staff have shown remarkable resilience and adaptability in continuing to deliver high-quality care to our patients. We have implemented new ways of working to ensure the safety of our patients and staff, such as new processes around equipment needed for shifts and how that is collected and distributed. We have also worked closely with our partners in the local health and care system to focus on collaborative ways for working, aligning strategies and adopting innovation. As a result, we have been able to maintain a high level of service delivery, while ensuring the safety of our patients and staff.

we have continued to make progress in improving the quality of our services through the delivery of our Care Trust Way training to front line staff. Our approach has enabled us to create the environment for teams to identify and address areas for improvement, while also celebrating successes. Our staff have engaged with the methodology, and we have seen the benefits of a culture of continuous improvement in the quality of care we provide. We have also continued to work closely with our patients, carers, and families to ensure that their feedback is used to improve our services. This report highlights some of the improvements we have made over the past year, and the ongoing work we are doing to provide the best possible care to our patients.

Key highlights:

- The complete removal of temporary access cards on inpatient wards
- Reduced the time taken to be ready for shift from on average 57mins to 3mins
- Improved stock control and availability of blood bottles on inpatient wards, with reduced waste and cost savings
- New trust induction process (Prefect Start) including face to face trust induction
- Third cohort of CTW Coaches (12) and CTW Practitioners (10) trained.
- Update, redecoration and refresh of the Recreation Hall at Lynfield Mount
- 362 Time to Think coaching slots delivered
- Added new focus, metrics and attention to health inequalities and equality, diversity and inclusion to all out training and improvement events
- New involvement workshop for involvement partners, with further plans and development ahead.

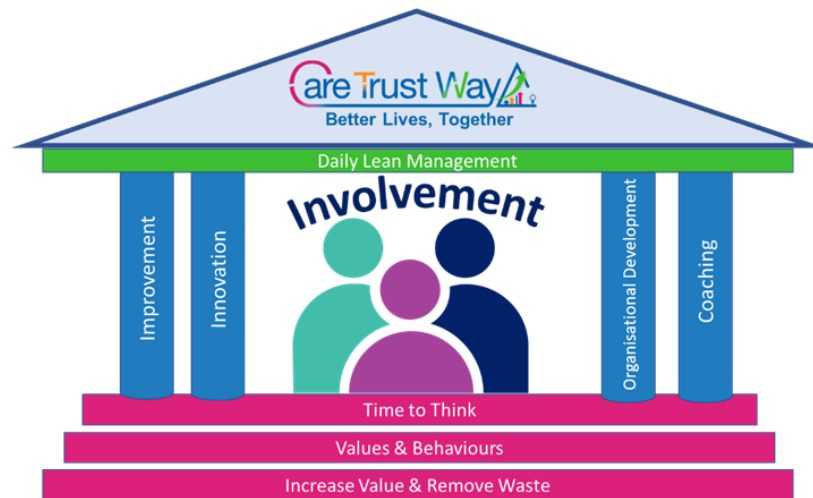
Ongoing work:

- Inpatient value stream with focused areas on: refresh and standardisation of Purposeful Inpatient Admission (PIPA), Flow and Criteria Led Discharge, Seamless communication between CMH and Inpatients, and Smoke Free.
- Capacity, Demand and Flow in both the Memory Assessment Team (MATs), and Children and Adolescents Mental Health Services (CAMHS) in collaboration with the Royal Collage of Psychiatrists
- Discharge collaborative with Bradford Royal Infirmary – specific focus on Pressure Ulcers
- Act as One Innovation Hub – Lead trust, with the hub sitting with BDCFT
- Improve as One – Digital place-based space for improvement collaboration

However, we are also aware that there is still work to be done. We have identified areas where we need to further improve, and we are actively working to address these through our Care Trust Way methodology. For example, we recognise the need to improve our response times for community mental health referrals in several services, and we are continuing to work with services and staff to support and address this. We are also working hard with the inpatient team to reduce length of stay, out of area placements and agency spend, while also making BDCFT a great place to work. These are just a few examples practical examples of the ongoing work we are doing to continuously improve the quality of care we provide, while we also striving to support and drive our ambition at place and in the wider area community.

In conclusion, we are proud of the progress we have made over the past year, and we focus on providing high-quality care to the people who use our services. We would like to take this opportunity to thank our staff, patients, carers, and partners for their continued

support, dedication, and hard work. We look forward to the year ahead, and we remain focused on our goal of delivering the best possible care to the communities we serve.



Electronic Prescribing

Electronic prescribing and medicines administration (ePMA) is a key development for all NHS Trusts; designed to improve patient safety, efficiency in service delivery, improve quality of data and deliver financial benefits for the organisation. A business case for the implementation of ePMA within the Trust was approved September 2020 with the project officially commencing in March 2021 following recruitment of a fully funded clinical team, project manager, administrator, business analyst, training lead and developers.

Following 12 months of configuring the ePMA system, business analysis, training, review of all inpatient nurses, medical staff and pharmacy, the implementation began in May 2022. As of the end of November 2022, all thirteen inpatient wards at Lynfield Mount Hospital and Airedale Centre for Mental Health as well as both Section 136 suites are live with ePMA, this means that medications for all inpatients are now prescribed and administered to patients electronically with little to no paper involved.

The ePMA was successful due to it being clinically led with strong governance and clearly defined objectives. The team took the time to process map every medicines related process at the start of the project which allowed them to understand how these processes would become digital. It was not a case of looking what was done on paper and replicating that on a computer. This was crucial to allow a structured, logical approach to the implementation. Engagement and communication with the wards was a critical success factor.

14. Performance against our mandated indicators for 2022/23

Performance against indicators set out in Single Oversight Framework

The table below shows our performance against the operational performance indicators set out by NHS Improvement, in the Single Oversight Framework.

Indicator	BDCFT performance data				
	Threshold	Q1	Q2	Q3	Q4
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (Dental)	92%	88.7%	81.7%	80.8%	78.9%
People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral	60%	81%	82%	80%	82%
Improving access to psychological therapies (IAPT) – proportion of people completing treatment who move to recovery	50%	50%	49%	50%	57%
Improving access to psychological therapies (IAPT) – % of people waiting 6 weeks or less to begin treatment	75%	90%	82%	69%	70%
Improving access to psychological therapies (IAPT) – % of people waiting 18 weeks or less to begin treatment	95%	98%	97%	98%	99%
Admissions to adult facilities of patients under 16 years old					
Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area		1520	2084	2352	2240

**The performance of the above indicators is reported and monitored throughout the year.*

15. Priorities for quality improvement for 2023/24

In March 2023 the Trust began a process of reviewing its Strategy, Better Lives, Together. The outcomes of this review may well have an impact on the strategic priorities of the trust, including the quality goals that we, as an organisation, would want to focus on. Therefore what we are setting out in this report are our intermediate goals. These are largely a continuation of last year's goals, with a change in focus depending on the progress made in 2022/23 and the continually changing operational environment of the trust.

1. Ensuring patients and service users are equal partners in delivery

Continuing the work we have done in this area during 2022/23 we will:

- Embed the new involvement model across the trust, with a focus on expanding how we hear the voice of experience and also who we hear from
- Develop paid involvement roles - we will look to pilot at least one type of paid involvement role as well as exploring what patient leadership looks like at the most senior levels of the trust
- Focus on expanding our work with carers to ensure that they are involved in the care of their loved ones, using the Triangle of Care as a measure of this where appropriate, and ensuring their voice is as clearly heard and understood as other people who experience our services
- Continue to grow and develop our volunteering service, expanding the type of opportunities and looking to develop synergies with our delivery partners across Bradford District and Craven

2. Nurturing and developing our people

The health and well being of our staff will continue to be a significant focus for us this year. With the focussed leadership of the non-Executive Wellbeing Guardian, we will continue to listen to our staff and respond to them in order to meet the ambitions of the NHS People Promise.

As part of that, this year we will continue to work on developing new entry points into employment with the Trust, expanding our career development pathways and working to understand how we can provide greater opportunities to our local communities.

3. Maximising the potential of services to deliver outstanding care to our communities

We continue to be ambitious for our services, despite the threefold challenge facing all services of increasing demand, workforce challenges and financial pressures. We will maximise opportunities to work alongside our partners across health and social care and the Voluntary and Community sector to ensure that we are offering the best care possible in the most appropriate place for our communities. This year, as we refresh our strategy, brings an increased focus on collaboration and how we work together to identify and reduce health inequalities for our populations. The work we do on hearing the voice of our communities and those who experience our services, and developing and nurturing our staff will be key elements of this and a golden thread throughout our quality ambitions this year.

16. Commissioning for Quality and Innovation (CQUIN) indicators 2023/24

For 2023/24 there are four CQUIN schemes that cover Trust services areas. We are in final discussion with ICB leads around these but expect all four to be included in the contract for 2023/24. The schemes are as follows:

CQUIN01 – Staff flu vaccinations (patient facing staff)

- Staff flu vaccinations are critical in reducing the spread of flu during winter months; protecting those in clinical risk groups and reducing the risk of contracting both flu and COVID-19 at the same time and the associated worse outcomes, and reducing staff absence and the risk for the overall safe running of NHS services.

CQUIN13 – Assessment, diagnosis and treatment of lower leg wounds

- NICE guidance has existed since 2012 on the appropriate treatment of lower leg wounds, and work by the national wound care strategy programme has been supporting roll out of good practice since 2016.

CQUIN15a – Outcome measurement across community mental health services

CQUIN15b – Routine outcome monitoring in CYP and community perinatal mental health services

- The use of outcomes measures helps monitor and improve effectiveness, efficiency and quality of the service offered to its service users, to ultimately monitor the impact/benefit people receive from mental health services. This also contributes to wider goals around improved recording and evaluation of interventions in the NHS Long Term Plan.

CQUIN17 – Reducing the need for the use of restrictive practices in adult and older adult inpatient setting

- Restrictive interventions are often a major contribution to delaying recovery, and have been linked with causing serious trauma, both physical and psychological, to people who use services and to staff.

1.25% of our contract income is conditional on achieving the quality improvements and quality goals identified in each of the CQUINs. Further details of the agreed goals for 2023/24 are available electronically at [NHS England » 2023/24 CQUIN](#).

17. Stakeholder Commentaries



Healthwatch Bradford and District welcomes this opportunity to comment on the Bradford District Care Foundation Trust Quality Report for 2022/2023.

As the independent champion for people using health and care services, we welcome the work and commitment of the Trust in ensuring the voices of patients and service users are heard, despite the ongoing difficult circumstances imposed by the COVID-19 pandemic and its legacy. Once again we recognise the commitment to the continued delivery of excellent services for the citizens of Bradford.

We also recognise the challenges that industrial action by nurses and junior doctors has had on service delivery of care.

We continue to be a member of the Trust Wide Involvement Group alongside our regular meetings with the quality and patient engagement leads. These are an effective means of communication both informally and allowing the opportunity to raise issues in a more formal way.

This is representative of our respectful and positive relationship with a wide range of staff and trustees within the Trust. We are able to have open and honest conversations around people's experiences of services – both directly and through robust challenge on the Place Based Partnership Board and BMDC's Wellbeing Board and the Health and Social Care Overview and Scrutiny Committee.

There has been particular, and ongoing scrutiny of children and young people's mental health services over the last two years. Healthwatch are delighted to have seen the commitment and drive of senior leaders in their pursuit of significant improvement to service delivery and user experience. It has been a pleasure to work directly with key Trust personnel to provide support and challenge to both strategy and delivery, and to see gradual improvement and realistic targets being met, and in some cases exceeded.

Whilst Healthwatch recognises that there is still much to do in this area we are satisfied by the commitment of the Trust to continuous improvement and will continue to work closely together as appropriate.

The priorities for the coming year appear to be reflective of patient feedback which is both pleasing and reassuring. We are particularly pleased to see "Equal Partners in Delivery" as a Trust priority. This appears to recognise the value and importance of patient involvement in planning and implementation of service delivery to recognise actual patient experience.

We are looking forward to working with the newly formed combined department of the Patient Experience and Involvement Team and the Patient Advice and Complaints Team.

Healthwatch Bradford and District commend the leadership of the Trust for their commitment to continued improvement and look forward to our continued relationship of trust and challenge.

Helen Rushworth
Lead Officer
Healthwatch Bradford & District

June 2023

Scorex House
1 Bolton Road
Bradford
BD1 4AS

22nd May 2023

The Bradford District Care Foundation Trust Quality Accounts 2022/2023

On behalf of NHS West Yorkshire Integrated Care Board, I welcome the opportunity to feedback to Bradford District Care NHS Foundation Trust (BDCFT) on its Quality Report for 2022/23. The Quality Account has been shared with key members across the Bradford Place.

Key Achievements mapped against last year's priorities include:

- Ensuring that service users are partners in care delivery, by incorporating lived experience at all levels in the Trust, culminating in increased opportunity for volunteering and also carer involvement and feedback with the development of an Involvement Model. Whilst the Trust has continued its commitment to being a Trauma Informed Care organisation.
- Nurturing and developing people; prioritising the People Strategy and embedding a culture of compassion; through supporting staff well-being and career development and developing career opportunity for young people, and the implementation of an antiracist toolkit alongside the rollout of the Belonging and Inclusion plan.
- Maximising the potential of services to deliver outstanding care, and implementing the new Quality Assurance framework, which enables prompt response locally to National areas of concern and promotes a culture of safety and the expansion of Mental Health Support community teams from four to six.
- Focusing on patient rehabilitation in secure services. Physical health initiative for people with learning disabilities and neurodiversity and improving support for service user during Ramadan.

The Trust has made strategic quality improvement priorities for the year, whilst acknowledging how challenging this year has been with increased acuity and staffing pressures, with the post pandemic recovery. The most notable improvements include:

- Continued dedication to manage and investigate complaints to support improvement and employment of Patient Safety Specialist and Safety lead in line with Patient Safety Incident Reporting Framework methodology.
- Continuing to acknowledge the value and importance of service user involvement, experience and feedback across all areas of Bradford District Care NHS Foundation Trust.
- A focus on staff support with Critical Incident Stress Debriefing.
- Re-introduction of Patient-Led Assessments of the Care Environment (PLACE).
- The relaunch of the Care Trust Way leader training to support staff development.
- Participation in 100% of National audits it was eligible to engage in.

- Continued engagement in clinical research/audit, evidencing the commitment to care improvements, with projects noted in people from ethnic minorities backgrounds, public patient involvement, partnership working and data security.
- Volunteering to participate in a CQC pilot inspection, looking specifically at medicines optimisation in November 2022. We also note this element has not been formally rated and this has no impact on the overall rating, however the Medicines Optimisation Pilot rating was considered as Good.
- Improved safeguarding processes following the CQC visit in June 2022 and reassuring to hear that quality improvement plans to improve safeguarding practice have been developed with assurance that progress is being monitored by the quality and safety committee and trust board.

To further ensure effective use of resources several projects have emerged:

- Implementation of the 'Go See' framework, with future changes proposed for leaner working
- Ensuring the Freedom to Speak Up role incorporates creating a culture of listening alongside an improvement process and promoting 'Just Culture'.
- Improving the respiratory care for people with Learning Disabilities in response to the LeDeR programme
- Creating sensory friendly inpatient services

The CQC rating overall remains as Requires Improvement. However, it is noted that the most recent inspection (August 2022) had no impact on the overall rating for the Trust, which remains as Good. The CQC has not taken any enforcement actions or undertaken any investigations against the Trust. The 0-19 services at BDCFT were inspected in June 2022; with no change to the rating for the Trust, but positive feedback was received regarding the care and well-led categories. This inspection was in response to children safeguarding concerns across Bradford and the retendering of the 0-19 services to another NHS provider.

The key local priorities for quality improvement for 2023/24 will have a continued focus on service user engagement and empowerment; it is acknowledged that with the review of the 'Better Lives Together' strategy the goals set out are intermediate and a continuation of last year's goals with a slight focus change.

- Ensuring patients/service users are equal partners in the delivery of services, embedding the involvement model, developing paid involvement roles and expanding work with volunteers and carers.
- Nurturing and developing our people; continued staff support and career opportunity
 Maximising the potential of services to deliver outstanding care to our communities. Hearing the voice of our communities and those who experience the services and developing and nurturing the staff will be key elements and a golden thread of the quality ambitions this year.


I confirm that the statements of assurance have been completed demonstrating achievements against the essential standards.

The Trust has embraced the introduction of the Bradford District and Craven health and care partnership - and actively supports the senior leadership of the partnership on several fronts including children services and community partnerships, as well as mental health, learning disabilities and neurodiversity.

Finally, I am required to confirm that the Bradford District and Craven health and care partnership has reviewed the Quality Account and believe that the information published provides a fair and accurate representation of Bradford District Care Trust's quality initiatives and activities over the last year.

I can also confirm that the Bradford District and Craven health and care partnership has taken reasonable steps to validate the accuracy of information provided within this Quality Account and can confirm that the information presented appears to be accurate and fairly interpreted; the Quality Account demonstrates a high level of commitment to quality in the broadest sense and we support the positive approach taken by the Trust.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'nanci', positioned below the 'Yours sincerely' text.

Nancy O'Neill
Chief Operating Officer
Bradford District Health and Care Partnership

Appendix 1 – list of services provided

- 1 Adult mental health A&E liaison
- 2 Adult Mental Health Acute Inpatient services
- 3 Assertive Outreach service
- 4 Bradford and Airedale Neurodevelopmental service
- 5 Well Together service
- 6 Child and Adolescent Mental Health service
- 7 Children and young people's community eating disorders service (Freedom team)
- 8 Community Dental service and oral health improvement
- 9 Community mental health teams - working age adults
- 10 Community nursing
- 11 Community nursing children with special needs in special schools
- 12 Continence service
- 13 Criminal Justice Liaison service
- 14 Early intervention in psychosis
- 15 Falls prevention exercise service
- 16 Family nurse partnership
- 17 First Response service
- 18 Homeless and new arrivals health team
- 19 Housing for health
- 20 MyWellbeing Improving access to psychological therapies (IAPT)
- 21 Individual placement and support employment service
- 22 Intensive home treatment
- 23 Learning disabilities - Assessment and Treatment Unit
- 24 Learning disabilities - Health Facilitation and Community Matron service
- 25 Learning disabilities - intensive support team
- 26 Learning disabilities - specialist therapies clinical liaison team
- 27 Little Minds Matter – Bradford infant mental health service
- 28 Looked-after children's health team
- 29 Adult low secure mental health service
- 30 Maternal Early Childhood Sustained Health Visiting
- 31 Mental Health Support Teams in schools and colleges
- 32 Older people's mental health - Acute Inpatient services
- 33 Older people's mental health, including community mental health team services, acute and care home liaison services, Memory Assessment and Treatment service
- 34 Palliative Care – Palliative Care Team; Palliative Care Support Teams & Fast Track; End of life Facilitator; End of Life Care Education Facilitation Service
- 35 Podiatry – core and specialist
- 36 Primary Care Wellbeing service
- 37 Proactive Care Team, including Admiral Nurse Service
- 38 Psychiatric intensive care unit
- 39 Psychiatric Rehabilitation services
- 40 Psychological Therapies - Specialist service
- 41 Public Health – Health Promotion and Resources service

- 42 Public Health School Aged Immunisation Service, including Influenza (Bradford)
- 43 Public Health School Aged Immunisation Service, including Influenza (Wakefield)
- 44 Ready to Relate training
- 45 Speech and language therapy
- 46 Speech and Language Therapy for Pupils within Resourced Provisions and for Deaf Children
- 47 Specialist Mother and Baby Mental Health Service
- 48 Breastfeeding support service
- 49 Tissue viability
- 50 Youth offending team: health team
- 51 Public Health Nursing Children's service (Bradford)
- 52 0 – 19 Children's Public Health service (Wakefield) – until 30 September 2022

Appendix 2 – Clinical Audit Actions Taken/To Be Taken

National Audit

Audit title	Actions taken/to be taken
<p>POMH Topic 1h&3e Prescribing of Antipsychotic Medication, including High Dose, Combined and PRN on Adult Inpatient Wards</p>	<p>This audit focused on prescribing practices around the use of high dose, combined and PRN antipsychotic medication on adult inpatient wards. There was a treatment target set by the national team which specified that where antipsychotic medication is prescribed, most patients should receive a single antipsychotic within the licensed dosage range. 88% of BDCFT's patients that were prescribed an antipsychotic were prescribed a single antipsychotic within the required range and 12% were prescribed either a single antipsychotic outside of the required range or were prescribed combined antipsychotics. Where patients were prescribed high dose or combined that was initiated by BDCFT there was documentation of the target symptoms/behaviours for the treatment response and there was regular review of the clinical response in 100% of cases. Monitoring of side effects and tolerability within the last year for this group of patients was 71% compliant overall. The gaps related to some patients not having all the required blood tests specified by the national team, particularly CPK (creatinine phosphokinase), and the use of a formal side effect rating scale/checklist. Discussions have taken place locally regarding the importance of a rating scale to measure target symptoms to ensure there is an objective measurement, not just clinical judgement. The GASS (Glasgow Antipsychotic Side Effect Scale) has been agreed as the preferred scale to be used locally. Work is now ongoing to finalise a pathway for the use of the scale to ensure that staff are clearly guided to use the scale for all patients and which staff roles will be responsible for completing the scale and within what required timeframes. A link to the rating scale will be added to the High Dose Antipsychotic Template on SystemOne. It has also been agreed locally that CPK should be done at least once a year for patients on high dose antipsychotics. Our local EPMA (Electronic Prescribing and Medicines Administration) protocol is being updated so that this requirement is very clear when staff are carrying out blood tests. The audit also looked at the prescribing of 'as required' antipsychotic and benzodiazepine medication, specifically looking at clearly documented descriptions of the symptoms/behaviours for the use of this medication, if the maximum daily dose was specified and if the continuing need for such prescriptions were regularly reviewed. BDCFT were between 99% and 100% compliant for these standards. The actions for this audit will be monitored by the Drugs and Therapeutic Committee and this topic will be re-audited in approximately 3 years as part of the POMH schedule.</p>

Local Audit

Audit title	Actions taken/to be taken
<p>Re-audit of Restrictive Interventions when undertaking Phlebotomy in the Learning Disabilities Community Team</p>	<p>This re-audit was carried out to understand how well staff within the Learning Disabilities Community Team are following a local Standard Operating Procedure (SOP); 'Using Restrictive Interventions for Clinical Procedures in the Learning Disabilities Community Team'. The SOP clearly lays out the team's responsibilities when undertaking restrictive interventions, including the documentation of capacity, consent, care plans and post blood reflections. A baseline audit was completed in January 2022 which provided limited assurance (57% overall). Prior to this re-audit the SOP was amended to highlight roles and responsibilities more clearly and this was discussed with staff during supervision and in clinic huddles. Additionally, changes were made to SystmOne to ensure that Behavioural Support Plans can be updated without previous plans being deleted. The results of this re-audit show that progress has been made in 16 of the 19 comparable standards and the overall result now provides moderate assurance, improving by 29% to 86% compliance overall. There are still some areas for improvement which include documenting evidence that plans have been reviewed prior to the restrictive interventions taking place and documenting a discussion with the patient that they agree for their record to be shared from the Learning Disabilities module. Systems and processes are in place to support with these improvements and these areas will be monitored by 6 monthly spot checks before determining if another formal re-audit is required.</p>

Appendix 3 - 2022/23 Statement of Directors' responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2022/23 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2022 to March 2023
 - papers relating to quality reported to the board over the period April 2022 to March 2023
 - feedback from commissioners dated 09.06.23
 - feedback from local Healthwatch organisations dated 14.06.23
 - the latest national patient survey
 - the latest national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment
 - CQC inspection report dated September 2021
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

Signed: 

Therese Patten, Chief Executive
Date: 22 June 2023

Signed: 

Dr Linda Patterson OBE FRCP, Chair
Date: 22 June 2023

Appendix 4 Independent Auditors Report

In response to the COVID-19 pandemic there is no requirement to obtain an independent Auditors Report. The production of this report has followed the existing governance framework developed over previous years and is, in our opinion, compliant with national guidance.

Appendix 5: Glossary of terms

This section aims to explain some of the terms used in the Quality Report. It is not an exhaustive list but hopefully will help to clarify the meaning of the NHS jargon used in these pages.

Autism Diagnostic Observation Schedule (ADOS) Assessment – is an assessment of social communication, social interaction and play used on children and adults suspected of having an autism spectrum disorder(ASD).

Audit - Audit is the process used by health professionals to assess, evaluate, and improve care of patients in a systematic way in order to enhance their health and quality of life.

Benchmarking – To evaluate something (e.g. a service) by comparison with a standard.

Care programme approach (CPA) - The care programme approach (CPA) was introduced by the Department of Health in 1991 as a framework for the assessment and management of persons with a mental health disorder, both in hospital and in the community.

Care Quality Commission (CQC) - The Care Quality Commission or (CQC) is the independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. The organisation aims to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. The CQC seeks to protect the interests of people whose rights are restricted under the Mental Health Act.

Care Trust Way (CTW) - The CTW is our system of continuous improvement, bringing together the quality improvement methodologies of Kaizen, innovation and coaching, in order to work together to improve the experience for staff and service users, to collectively create Better Lives, Together.

Clinical Research Network – The NIHR Clinical Research Network (CRN) supports patients, the public and health and care organisations across England to participate in high-quality research, thereby advancing knowledge and improving care.

Commissioner - Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning groups (CCG's) are the key organisations responsible for commissioning healthcare services for their areas. They commission services (including acute care, primary care, and mental healthcare) for the whole of their population, with a view to improving their population's health.

CQUIN (commissioning for quality and innovation payment framework) - 'High Quality Care for All' included a commitment to make a proportion of providers' income conditional on quality and innovation, through the commissioning for quality and innovation (CQUIN) payment framework.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

Data definitions - The indicators reported within this quality report are a combination of key performance indicators with national definitions and local indicators with an agreed local definition.

Data sources - The sources of data for the indicators reported are

- Clinical systems
- E-rostering
- Audits
- FFT
- ESR
- Staff survey
- NHS Digital

Disclosure and Barring check – A Disclosure and Barring Service (DBS) check provides information about an employee's criminal history. It helps to determine whether a person is a suitable candidate for the role for which they are applying.

Duty of candour - 'Duty of candour' is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of candour aims to help patients receive accurate, truthful information from health providers.

Eye movement desensitisation and reprocessing therapy (EMDR)

Foundation Trust (FT) - Foundation Trusts are still part of the NHS, and still have NHS inspections and standards to meet. Foundation Trusts are still accountable to Parliament, but differ from standard NHS Trusts primarily due to the accountability to local people who can register as members and be elected as governors.

Forensic Inpatient ward – Forensic services are for offenders with mental health conditions, who cannot be managed within the referring service.

FPFV metric – This means the first patient's first screening visit in a clinical trial at or prior to which such subject signs an informed consent to participate in a clinical trial.

Healthwatch - An independent consumer champion for both health and social care that replaced LINK from 1 April 2013.

Kaizen - Kaizen refers to activities that continuously improve all functions and involve all employees from the Chief Executive to front line staff. In Japanese, 'Kaizen' is derived from two words – 'Kai' meaning 'change', and 'zen' meaning good. This translates literally to 'change for the better'.

LEAN Management – Lean management is an approach to managing an organisation that supports the concept of continuous improvement.

NHS Digital - 'NHS Digital' is the new name for the Health and Social Care Information Centre. We exist to improve health and care by providing national information, data and IT services for patients, clinicians, commissioners and researchers

NHSEI – NHS England and NHS Improvement - NHS England and NHS Improvement joined together from 1st April 2019. They support the NHS to deliver improved care for patients. <https://www.england.nhs.uk/about>

NHS staff survey - An annual anonymous survey to staff in all NHS organisations

<http://www.nhsstaffsurveys.com/Page/1019/Latest-Results>

NICE - National Institute for Health and Care Excellence - The National Institute for Health and Care Excellence (NICE) is an independent organisation that provides national guidance and standards on the promotion of good health and the prevention and treatment of ill health. This role was set out in a 2004 white paper, 'Choosing health: making healthier choices easier', and is intended to help people to make well-informed choices about their health.

<https://www.nice.org.uk/>

Partners in Audit Network (PiAN) - A service user and carer audit network.

Quality - Quality is defined by Lord Darzi in 'High Quality Care for All' (2008) as an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. Quality is an NHS that delivers high quality care for all users of services in all aspects, not just some.

Quality report - A quality report is an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing. Quality reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

Quality and safety committee (QSC) - The quality and safety committee is a committee of the Trust Board that monitors, reviews and reports to the board on the adequacy of the Trust's processes in the areas of clinical and social care governance. It ensures the Trust is effectively organised to meet the requirements of external inspectorate bodies and seeks assurance that systems and processes are in place to demonstrate that the quality of services is of a high standard.

Rapid Process Improvement Workshop (RPIW) is a five-day workshop that focuses on empowering the people who do the work to eliminate waste and reduce the burden of work for a particular process while adding value for patient, service users and customers.

REACT training - Recognise Engage Actively listen Check risk Talk about specific options (active management / support). We have been trained to deliver the REACT framework to staff.

Reminiscence Interactive Therapy Activities (R.I.T.A) – This technology is a valuable tool aimed at improving the care delivered to older people and those living with dementia as a means of supporting them and reducing agitation, isolation, depression and delirium.

R4 - The Trust's clinical information system for salaried dental services.

Schema Therapy – a type of cognitive therapy.

Stakeholders -A person, group, or organisation that is affected or can be affected by an organisation's action.

STEIS strategic executive information system -The national NHS reporting framework for reporting serious incidents.

SystemOne -The Trust's clinical information system for community and mental health services.

TWICS programme (Together We Improve, Create and Sustain) – a programme designed to support the sustainability of the Trust.

Appendix 6: Let us know what you think

Hopefully, our quality report has been informative and interesting to you and we welcome your feedback, along with any suggestions you may have for next year's publication.

Please contact us at BDCTqualityaccount@bdct.nhs.uk

Bradford District Care NHS Foundation Trust
Trust Headquarters
New Mill
Victoria Road
Saltaire
Shipley
BD18 3LD

Check out our website

Do you know to know more about the services that we provide? Visit us at www.bdct.nhs.uk

This quality report can be found on NHS Choices website at www.nhs.uk

By publishing the report with NHS Choices, Bradford District Care NHS Foundation Trust complies with the quality report regulations.

Join us as a member and have a say in our future plans

A representative and meaningful membership is important to the success of the Trust and provides members of our local communities the opportunity to be involved in how the Trust and its services are developed and improved. Membership is free and the extent to which our members are involved is entirely up to them. Some are happy to receive a newsletter four times a year and come along to membership events.

For further information please contact our Foundation Trust Office on:

Tel: 01274 363556

Email: FT@bdct.nhs.uk

Escalation and Assurance Report (AAA+D)

Report from the: Audit Committee
Date of meeting: 6 April 2023
Report to the: Board of Directors

**Agenda
Item
12.1**

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
N/A			
Advise:			
<p>Bi-annual litigation report was received – noting the number of claims received and closed with the overall volume remaining relatively static. The key bit to advise is the increasing contributions as a result of increasing scheme payments. Though it can be assured lessons learned from claims are shared across services.</p>			
Assure:			
<p>Annual Accounts timetable in place and on track to deliver the Trusts annual accounts to meet the nationally mandated timescales, additional meeting in place to take the NEDs through a set of accounts.</p> <p>Received an update on the BAF and noted the static position on risks, though recognising they are still significantly above the targeted position.</p> <p>The committee noted the Losses and Compensations for the period April 22 to February 23 and they were satisfied handling of them, specifically around the special payment received in regard to the VAT on lease cars.</p> <p>Value for money risk assessment report was presented, this identified that from the work undertaken no significant risks were identified in the areas of Governance and Improving economy, efficiency and effectiveness. However, as has been report in numerous committees financial sustainability continues to be identified as an area of significant risk. This is not a surprise and the Audit Committee recognise much work is being done by the Finance committee to address this.</p> <p>Four final Internal audit reports have been agreed with Management since the January Audit meeting and two have been submitted in draft, of those with three provided significant assurance and two with high assurance. One has is in draft with an opinion of Medium, though further work is to be done as the opinion needs aligning with the internal auditors rating system as currently it is based on and external ranking system.</p>			

The Internal Audit plan for 2023/24 was presented to the committee and approved.
Decisions / Recommendations:
N/A
<u>Risks discussed:</u>
<ul style="list-style-type: none"> • The overarching BAF and the position versus the Trust’s targets, specifically SO5 5.1 and SO1 1.1, especially given the value for money risk assessment. • • •
<u>New risks identified:</u>
<ul style="list-style-type: none"> • N/A

Report completed by:

Christopher Malish
Committee Chair and Non-Executive Director

26/04/23

Escalation and Assurance Report (AAA+D)

Report from the: Charitable Funds Committee
Date of meeting: 30th March
Report to the: Board of Directors

**Agenda
Item
12.2**

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Continued support of promoting Ambassador role.	Look to expand in under represented areas.	SLT	
Activities have been more focused around Bradford and Craven should also be looked at.	Link with Airedale Hospital Charity	HV	
Advise:			
<ul style="list-style-type: none"> Head of Charity & Volunteering presented the report which detailed the activities of the Committee from the previous year, which included: the significant increase in fundraising activities as well as the expenditures on projects. It also highlighted the work done to fine tune the governance process around standing operational procedures like the income generation, the management of fundraising activities and the released funds from the Committee. A review of 2023 planned activities was also undertaken. A key grant of £30,000 was received from NHSCT and a fundraising consultant has been employed to support on grant applications and organise the Autumn Ball. The closing balance of the Charity as at end of February was 172,000 across restricted, unrestricted and legacy funds. 			
Assure:			
<ul style="list-style-type: none"> The Annual Effectiveness review was presented and considered to be effective giving assurance around the functioning of this Committee Five new ambassadors have joined the charity work (2 clinical, 2 non-clinical and one governor giving assurance around the implementation and impact of the action plan. The long term financial viability was discussed and the Chair felt assured that the actions plans and construct of the charity was well positioned to weather the cost of living crisis 			
Decisions / Recommendations:			

<u>Risks discussed:</u> <ul style="list-style-type: none">••••
<u>New risks identified:</u> <ul style="list-style-type: none">•••

Report completed by:

Mark Rawcliffe
Committee Chair and Non-Executive Director
March 2023

Escalation and Assurance Report

Report from: Finance, Business and Investment Committee

Date the meeting: 24 March 2023

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert:

- No issues noted.

Advise:

- The Committee reviewed a draft of the financial plan for 2023/24. This showed a gap of £4.16m but with identified further improvements that bring the gap down to £1.65m. There was confidence that further improvements could be identified to enable a break even to plan to be submitted when finalised. The plan was discussed at length including the deliverables around cost savings plans. The Committee noted a significant amount of work had taken place to get to this position. Whilst savings plans had been identified, deliverability of these savings continues to be a key risk. Furthermore, the current plan has a level of non-recurrent mitigation still assumed within it. The Committee challenged the Executive team to identify further cost savings to improve the underlying recurrent position.
- The Committee also noted a significant financial gap for 2023/24 at Bradford District and Craven Place with further work taking place to understand underlying issues in the organisations driving this gap. It was noted that there could be an impact on the Trust's finances as the system-wide risk was a risk to the Trust.

Assure:

- The Committee reviewed the YTD financial position to February 2023. The Trust continues to meet the financial trajectory for the year. Whilst there is a degree of confidence that we will deliver the full year breakeven plan, this is reliant on £4.7m of non-recurrent measures.
- The Committee received an update on the Green Plan, highlighting progress on the Trust's sustainability programme. The Committee asked for a consolidated dashboard showing key performance indicators related to sustainability, enabling the impact of various initiatives to be measured.
- The Committee reviewed the extension of the Cygnet contract. An inflationary uplift has been agreed at 8% (versus initial ask of 23%) and favourable contract terms negotiated to support reduced bed requirements in line with out of area placement plan trajectories. The contract value for 18 beds is £3.928m and was recommended for Trust Board approval. FBIC requested that a further update was received as to when this contract could be exited, based on successful reduction of out of area placements.

Risks discussed:

- The Board Assurance Framework and Organisational Risk Register were considered.

New risks identified:

- None.

Report completed by: Maz Ahmed, Finance Business & Investment Committee
2nd April 2023

Escalation and Assurance Report (AAA+D)

Agenda Item
12.4.1

Report from the: Mental Health Legislation Committee (“C”)
Date of meeting: 23.03.23
Report to the: Board of Directors

Key escalation and discussion points from the meeting

Alert	Action (to be taken)	By Whom	Target Date
-------	----------------------	---------	-------------

1. C did not consider any matter arising from the meeting to require a formal alert – but note 2, below, in particular.

Advise:

2. Medical Director raised a recent issue and requested the Board be informed. **14-year-old** (“P”) arrived in 136 Suite. Following review, P did not meet criteria to be further detained under Mental Health Act. P was, however, held another week, on the order of a judge. The Trust worked with ICB and Local Authority to identify a placement (making strong representations); but very few national placements available in the East of England. Next potential placement, in Bradford, was on 03.04.23. By then, P would have spent 2 weeks in the suite. Highlights the difficult position for young people with complex conditions, in Bradford, re high-intensity Local Authority beds. In addition, there was an adverse impact on the Trust’s ability to provide 136 “places of safety”.
3. Restrictions in relation to **restraints on female patients** down, significantly, in January; but full restraints, on females, relatively high in February. The new lead in this area is undertaking a “deep dive” to assess and consider necessary action (C will be kept updated). Exploration, within C, regarding causal/contributory factors. Further, C suggested that an audit, conducted 18 months or so ago, about the time of day when incidents tend to occur, be repeated.
4. Mental health legislation **training metrics** showed a slight drop in some areas; but still above target and C was satisfied that the drop was due, primarily, the introduction of additional (bank) staff and impact of half-term holidays.
5. C reflected on the committee **effectiveness data**/feedback.
6. C continued to seek, and receive, useful feedback from **involvement partners**. One interesting point raised related to the risks associated with **AI** (artificial intelligence) and the Trust’s approach to managing the same.
7. C’s **Chair** has been appointed part-time judge of the mental health tribunal. This should assist the work of C. He will, of course, not sit on hearings at the Trust (to avoid a conflict of interest).

Assure:

8. Positive feedback from Associate **Hospital Managers** representative regarding the provision of laptops for hearings. Challenges made, by C, about management of security risks in face-to-face hearings – partial assurance obtained (e.g. about systems in place) – agreement that risks be considered further at next AHM meeting.
9. Core data within the **Dashboard** in line, broadly, with expectations.
10. Regarding the **Mental Capacity Act**: (a) weekly audits working well; (b) coaches embedded in wards; (c) clinical audit results are positive. C challenged that “best interest assessments” appeared, still, to be a relatively difficult area; C was told that further training would be provided.
11. 1 unannounced **CQC** Mental Health Act monitoring visit occurred this period, on Clover Ward PICU. Action statement not yet received; but generally positive feedback provided. Some actions anticipated. C told that the Trust’s team is being pro-active in relation to this and more generally with CQC. Trust response to be submitted by 12.04.23.

Decisions / Recommendations:

12. C approved:
 - (a) The annual review of C’s “terms of reference”, including the amendments proposed within it.
 - (b) C’s annual review document, making some additions (e.g. to emphasise the importance placed on the engagement of involvement partners in C’s work).
 - (c) C’s interim workplan.

Risks discussed:

- See above.

New risks identified:

- N/A

Report completed by:

Simon Lewis
Committee Chair and Non-Executive Director

03.05.23

Escalation and Assurance Report (AAA+D)

Agenda
Item

12.4.2

Report from the: Mental Health Legislation Committee (“C”)
Date of meeting: 25.05.23
Report to the: Board of Directors

Key escalation and discussion points from the meeting

Alert	Action (to be taken)	By Whom	Target Date
<p>1. C did not consider any matter arising from the meeting to require, at this stage, a formal alert. But points 2 and 3, below, ought to be noted in particular.</p>			
Advise:			
<p>2. C noted that there had been a recent increase in physical interventions and rapid tranquilisation use. This related, mainly, to certain service users within the Najurally Centre and PICU. C will keep a close eye on this and continue to seek assurance regarding the causes and the proportionality of such responses. There was some suggestion that unexpected estates work may have contributed, in part, to the rise (e.g. to a seclusion ward). C was again grateful to the “Positive and Proactive Group” for its report and contribution to the meeting.</p> <p>3. C challenged the long-term nature of the situation regarding “blanket restriction” practices on Heather ward. C was told this related to the use of substitute (safer) cutlery (due to the perceived risk of harm relating to ordinary cutlery). C suggested consideration be given to an independent/external review, to provide additional assurance. The Chair requested a sample of the substitute cutlery, to get a better sense of any associated issues [this has subsequently been provided and the Chair intends to review it and share it with the board its meeting in July]. A “Go See” visit will be considered in relation to Heather and/or Najurally.</p> <p>4. Involvement partners raised questions about (1) the use of artificial intelligence at the Trust and (2) some potentially-relevant research from the US. A suggestion that it might be useful for C to hear directly from a recently-discharged service user was welcomed by C, which asked for that to be looking further into.</p> <p>5. C was told of a recent CQC Mental Health Act monitoring visit, on Maplebeck. Oral feedback from CQC had indicated that no significant concerns were identified. Written feedback was/is expected in due course.</p> <p>6. C noted a paper re the Trust’s approach to secure storage of service users’ belongings (resulting from issues identified on a previous CQC Mental Health Act monitoring visit, on Heather, re availability of lockable storage in rooms).</p>			
Assure:			

7. The percentage of sections reviewed ahead of expiry and percentage of sections considered to be free of fundamental flaws both remained **above target**.
8. There was another useful regular update from a representative of the **Associate Hospital Managers** Group. C sought to test and challenge: (1) the appraisal process; (2) the safety of HMs during on-site hearings; (3) the suitability of the rooms used for hearings; and (4) the availability of ethnicity/diversity data re HMs. Re (2), it was agreed that some further work would be done in relation to risk assessment and management. Re (3), it was agreed that the COO would discuss potential site issues (mainly around size of rooms) at Airedale.
9. The **Mental Capacity Act** clinical lead updated C generally on the ongoing work to further embed the MCA within clinical practice.
10. C was updated on the wider continuous improvement process to support good governance across the Trust (and **interim work planning**).

Decisions / Recommendations:

11. C **approved** (subsequently, via email, due to the meeting not being quorate), to the extent required:
 - (a) The minutes from the previous meeting.
 - (b) The Hospital Managers Group paper (with minor amendments).
 - (c) The interim work place and continuous improvements document.

Risks discussed:

- See above.

New risks identified:

- N/A

Report completed by:

Simon Lewis
Committee Chair and Non-Executive Director

07.07.23

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee
Date of meeting: 16th March 2023
Report to the: Board of Directors

**Agenda
Item
12.5.1**

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
No alerts to report			
Advise:			
<ul style="list-style-type: none"> Sickness rates have increased again by 0.4% this month and labour turnover remains above target. Fill rates are generally increasing and moving to Bank rather than Agency. Appraisal compliance has increased slightly to 59.22% against the target of 80% Focus remains on managing inappropriate out of area placements for adult MH services. The committee noted the need to continue to have close oversight on the support needed for people to prevent harm whilst waiting for services. Need to retain a focus on the lack of commissioned service for adults with learning disabilities who need ongoing prescribing and monitoring for ADHD or need an assessment for ADHD. Continued reduced medical capacity to undertake initial health assessments in C&YP's services. Only 7% were completed within 20 working days a decrease from 22% and a target of 90%. Review health assessments also have decreased from 62.5% to 50% against a target of 90% Current compliance for all medical devices remains below target. Good progress has been made in ensuring the compliance of high-risk devices, in particular syringe drivers where all devices are 100% compliant and the number of devices in quarantine is being steadily reduced. Concerns about capacity in podiatry services remain along with the impact on service delivery. The Ofsted inspection of LA children's services in Bradford (21/12/22- 2.12.22) reported widespread and serious failures across all service areas. Services were graded Inadequate in all 4 areas: 1) the impact of leaders on social work practice with children and families 2) the experiences and progress of children who need help and protection, 3) the experiences and progress of children in care and care leavers 4) overall effectiveness. Complex children remain an area of concern but the report of system partners working together on this is welcome. Inpatient and Adult community vacancies remain high. Assurance was provided that the Transformation Programme and Model 3 Roster are being introduced by way of mitigation. 			
Assure:			
<ul style="list-style-type: none"> Our involvement partner shared a powerful personal story of a high-quality health and wellbeing support response by the Trust at multi-levels that showed that the wellbeing of our involvement partners is taken seriously and is embedded at multi-levels. Work is well underway to strengthen our approach to involvement at a number of levels. The volunteer to career programme which has received national recognition is to be commended and is delivering positive results. 			

- Continued improvement in antenatal contacts performance.
- Success is filtering through as a result of a range of new ways of working and are impacting positively on morale of staff.
- Although vacancies within Community Nursing remain a challenge some significant improvements have been made in successful recruitment in District Nursing and Palliative Care Teams
- Mandatory training targets were surpassed in Medicine Management and Clinical supervision form all APH teams.
- Improvements in service performance in SALT RTT from 62.5-74.9% towards target of 95%. Community dentistry has also seen an improvement towards target. District Nursing – activities of daily living compliance is just 0.4% below target.
- The committee welcomed the Ligature Risk Assessment Annual Report which showed a 16% reduction in ligature incidents in 22/23. The dynamic and creative approach to learning was acknowledged.
- The leadership team received positive feedback following a robust meeting with the Health Overview & Scrutiny Committee
- There are no vacancies in 0-19 services, skill mix has been introduced and the service is reporting an improved picture in terms of achieving KPI targets.
- TB was reported to be high and will be reviewed at SQC.

Decisions / Recommendations:

- Risks discussed:**
- SO1
 - SO3

- New risks identified:**
-

Report completed by:

[Alyson McGregor]

Committee Chair and Non-Executive Director

[16th March 23]

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee
Date of meeting: 18th April 2023
Report to the: Board of Directors

**Agenda
Item
12.5.2**

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Identified a range of challenges faced by LD & ND users and carers leading to inequality in access in particular to CMHT	Will be unpicked and tackled as part of the focus on inequalities and a plan of action developed	Kelly Barker	
Long term blockages of the S136 suite by under 18s impacting on their care and also on the flow of care in general	Review to be undertaken Wider piece of pathway work to be undertaken	Chris Dixon/Kelly Barker	May 23
City CMHT highlighting they are holding onto cases because IHTT couldn't take them.	Wider piece of pathway work to be undertaken	Kelly Barker	Ongoing
Advise:			
<ul style="list-style-type: none"> • Involvement Partner Development: Progress has been made in strengthening and improving the structures and supporting involvement and hearing the voice of experience across the Trust. Vision for involvement will be broad and will seek to embed involvement practices within teams and services. Although, we advise that a number of risks remain in embedding the change and achieving ambitions in terms of leadership capacity and finance. • The R&D & Library Team are commended as they continue to grow in strength and service provision to cope with rising demand (especially evidence-based requirements). R& D continue to effectively deliver NIHR Portfolio projects, enhancing the Trusts participation and reputation for innovation. The service brings in around £1.2million against an investment of around £100k. The departure of the Head of Service, John Hiley poses a potential risk which needs to be managed. • The committee approved the content of the Quality and Safety Annual report for submission to the board. • The committee supported the request for the Trust to be called a Trauma Informed Organisation • 27 IREs raised in CAHMs related to neurodevelopment medication reviews. 			
Assure:			

- The Committee would like to commend the work of the Dental Team who were one of the first dental services to resume clinics and have reduced their waiting list from 6000 to 2000 patients as part of the covid recovery. The team are an exemplar service and have ambitions to spread to other areas.
- Positive feedback from user on the co-design of a treatment plan in SALT service which has built their trust to re-engage with other services
- Progress has been made against two Strategic objectives: SO1 (1.3) risk rating has reduced from 12 to 6 – the volunteer service is now staffed beyond the aspiration set out in the strategy enabling an ambitious delivery plan. And SO3 (3.1) risk rating has reduced from 12-9 – progress made against actions demonstrating strong QA systems and processes
- Take assurance from the processes in place for managing PSIs and complaints

Decisions / Recommendations:

- Risks discussed:**
- SO1
 - SO3

- New risks identified:**
- Two new high risks added to the Organisational High Risk Register Report
- 2700 SMABS assessment waiting lists
 - 2703 Service users being admitted to IHTT case load due to no hospital beds available

Report completed by:

[Alyson McGregor MBE]
 Committee Chair and Non-Executive Director
 [20.4.23]

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee
Date of meeting: 18th May 2023
Report to the: Board of Directors

**Agenda
Item
12.5.3**

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
No new alerts to report			
Advise:			
<ul style="list-style-type: none"> • Our involvement partner reported: <ol style="list-style-type: none"> 1) issues with the new MH Worker assessments conducted in general practice (including incomplete assessments/use of triggering language/ cancellation of appointments). Assurance given that steps will be taken to address. 2) A lack of continuity of message from the Involvement Team to Involvement Partners was reported caused by changes in leadership within the team. Steps agreed to address issues and provide reassurance to the Involvement Partners. 3) Issues reported regarding 1st response service- users can be told to call up to 3 other places before they get to the place they need. Steps to be taken to reduce the number of handoffs and where they are necessary that call handlers deal with callers compassionately. • The committee received an excellent presentation from the Proactive Care Team who are delivering an outstanding piece of work to reduce health inequalities which is delivering results which hit our priorities of reducing health inequalities by taking a holistic approach to providing the highest quality of service to patients, improving working lives of colleagues and is an example of working in collaboration to deliver integrated care. There is huge learning to be gained organisationally. The committee supported this work with a view to finding ways to continue to fund in 2024 and beyond, learn from it, support further roll out and scale the learning across services. • Waits: <ol style="list-style-type: none"> 1) There are an increasing number of complaints relating to waits and backlog(OP,LD, CAMHS & MWB IAPT). 2) The continence service continues to experience challenges to meet the waiting list targets (13 wk waits) and a draft recovery plan is being considered. 3) The mean wait time for falls assessment is 6 weeks with the service receiving 185 referrals per month. (321 waiting) A number of steps are in place to reduce length and number of people waiting. 4) SMABS are meeting access standard, although routine assessment response time is around 6-7 weeks outside of the 2-week recommendation. • Reducing out of area care remains a high priority. • The committee received the Pressure Ulcer Strategy Annual Report and noted the progress made towards embedding the Strategy and approved the proposed actions. • The committee received the Patient Safety Incident Information & Complaints monthly report along with the bi- Annual Learning report. A satisfactory conclusion has been 			

reached in relation to a longstanding case (MK) which hopefully will help to bring closure for the family, colleagues and the Trust.

- The Clinical Audit Report was approved.
- An IT outage (virgin media) affected some GP practices and Scorex House affecting system partners. Business continuity plans were put in place.
- Inpatient and Adult Community vacancies remain high.
- OT recruitment challenges and morale amongst AHP workforce are a concern.
- Increase in admissions to the Bradford intensive home treatment case load, which has the potential to impact CQUIN compliance requirement of at least 80% of service users receiving follow up post discharge from inpatient admission

Assure

- C&YPServices reported a reduction in sickness rates to 4.4% overall against a 4% target.
- Success in collaborative bid for Vac and Imms provision across WY
- Improvements in SALT because of transformational work focussing on skill mix and new ways of working. Although our vacancy rate is 10% it compares favourably with the national rate of 23%
- Podiatry service data is back on track.
- Improving performance in mandatory training and clinical supervision uptake
- Friends and Family feedback indicates 89% of service users accessing mental health services rated the services as good or very good
- The committee welcomed a summary and update in respect to the Quality Assurance Framework Approach and approved the plan.
- Actions taken regarding compliance for high-risk medical devices have been successful. The current compliance rate is at 92.9% up from 72% last month.
- The committee approved one change to the overall risk scores for QSC : SO3(3.2) – progress made in relation to the quality assurance framework development and implementation , with schedule improvement to the Trusts BAF and Risk and Tolerance work. Reduced from 4-3(12)to 3-3(9) and noted the progress made against the strategic objectives

Decisions / Recommendations:

Risks discussed:

- SO1
- SO3

New risks identified:

- None

Report completed by:

[Alyson McGregor MBE]

Committee Chair and Non-Executive Director

[18.5.23]

Annual Cycle of Business for the Council of Governors Meetings 2023-24: v2

	Paper author	Lead Director	4 May 2023	20 July	21 September AMM	7 December	1 February 2024
Apologies	Corp Gov	Chair	✓	✓		✓	✓
Declarations of and conflicts of interest	-	Chair	✓	✓		✓	✓
Minutes of the last meeting	Corp Gov	Chair	✓	✓		✓	✓
Matters arising	-	-	✓	✓		✓	✓
Action log	Corp Gov	Chair	✓	✓		✓	✓
Governor Feedback (verbal)	-	-	✓	✓		✓	✓
Any other business (verbal)	-	Chair	✓	✓		✓	✓
Meeting evaluation (verbal)	-	Chair	✓	✓		✓	✓
Chair's Report	Chair	Chair	✓	✓		✓	✓
Integrated Performance Report	SI	MW	✓	✓		✓	✓
Alert, Advise, Assure Escalation Reporting: Board Sub-Committees:							
- Audit Committee	CM	MW	✓	✓		✓	✓
- Charitable Funds Committee	MR	MW	✓	✓		✓	✓
- Finance, Business and Investment Committee	MA	MW	✓	✓		✓	✓
- Mental Health Legislation Committee	SL	DS	✓	✓		✓	✓

	Paper author	Lead Director	4 May 2023	20 July	21 September AMM	7 December	1 February 2024
- Quality and Safety Committee	AM	PH	✓	✓		✓	✓
- Workforce and Equality Committee	MR	BC	✓	✓		✓	✓
Proposal for the Annual Members' Meeting	Corp Gov	FS		✓			
Quality Report (Account) Presentation	NM	PH		✓			
Care Quality Commission Update	BF	PH	✓			✓	
Remuneration of the Chair of the Trust and Non Executive Directors to ratify (recommendation from the Remuneration Committee) Statutory duty – As required							
Appointment of the Deputy Chair of the Trust (recommendation from the Nominations Committee) Statutory duty – As required							
Appointment of the Senior Independent Director (recommendation from the Nominations Committee) Statutory duty – As required							
Appointment of the Chair of the Trust (to ratify) Private - (recommendation from the Nominations Committee) Statutory duty – As required							
Appointment of a Non Executive Director (to ratify) Private - (recommendation from the Nominations Committee) Statutory duty – As required							
Approve the appointment of the Chief Executive (approval) Private - (recommendation from the Nominations Committee) Statutory duty – As required							
Performance Evaluation of the Chair and Non Executive Directors (recommendation from the Remuneration Committee) - Private	-	-		✓			

	Paper author	Lead Director	4 May 2023	20 July	21 September AMM	7 December	1 February 2024
Staff Survey Outcome	HF	BC	✓				
Freedom to Speak Up Guardian Report	JC/RW	PH				✓	
Staffing Update	GR	DS		✓			✓
Approval of any significant transactions Statutory duty – As required							
Update on capital investment for Lynfield Mount Hospital – As required							
Operational Plan Progress Update	SI	MW	✓				
Receive Annual Report, Accounts and Quality Report (Account) Statutory duty	HRo	FS	✓		✓		
Appointment of the External Auditor (ratify recommendation from Audit Committee and tender exercise) Statutory duty	FS	CM					✓
Amendments to the Constitution (ratify recommendation) Statutory duty – As required							
Governor Election – proposal and outcome	HRo	FS	✓		✓		
Terms of Reference – Council of Governors	HRo	FS		✓			
Terms of Reference – Council of Governors Nomination and Remuneration Committee	HRo	FS	✓				
Terms of Reference – Membership Development Committee	HRo	FS		✓			
Election for the Lead Governor, and Deputy Lead Governor	HRo	FS		✓			
Role Description Lead Governor, and Deputy Lead Governor	HRo	FS		✓			

	Paper author	Lead Director	4 May 2023	20 July	21 September AMM	7 December	1 February 2024
Role Description - Governor	HRo	FS		✓			
Governor Committee membership – As required	HRo	FS					
Update from Membership Development Committee / Action Plan supporting Membership Engagement Strategy	HRo	FS				✓	
Youth Views		Lead Gov	✓	✓		✓	✓
Membership Report on how the Governors have carried out their duties – AMM	HRo	Lead Gov			✓		
Council of Governors Annual Declaration of Interest	HRo	FS	✓				
Non Executive Director Annual Declaration of Interest, Fit and Proper, Independence (following report to the Board of Directors)	HRo	FS		✓			
Council of Governors Annual Work Plan	HRo	LP	✓	✓		✓	✓
Council of Governors Effectiveness Review	HRo	LP		✓			✓
Council of Governors Development Annual Work Plan	HRo	LP				✓	
Notification of future Meeting Dates	HRo	LP				✓	
Procedure for Reimbursement of Expenses	HRo	FS					✓
Code of Conduct	HRo	BF		✓			✓
Approval of Trust Better Lives Strategy	FS	FS		✓			

Items to be scheduled:

- XX