

Council of Governors – held in public

Date: Thursday 7 December 2023

Time: 17:00-18:30

Venue: Hybrid Meeting to be held on Microsoft Teams and Room 2.10 at New Mill

AGENDA

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

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

Strategic Priority			Lead	Time
GG	1	Welcome and apologies for absence (verbal)	LP	5.00pm
	2	Declaration of any conflicts of interest (verbal)	LP	-
	3	Minutes of the previous meeting held on 20 July 2023 (enclosure) 3.1 Minutes from the Annual Members' Meeting held 21 September 2023 (enclosure)	LP	
	4	Matters arising (verbal)	LP	-
	5	Action log (enclosure)	LP	

Governor Feedback and Involvement

BUOR	6	Issues and Questions from Communities (verbal)	Governors	5.05pm
BUOR	7	Youth View (verbal)	LM	

Strategy and partnerships

BUOR	8	Better Lives Charity update(verbal)	CJ	5.15pm
All	9	Chair's Report (enclosure)	LP	5.25pm

Quality and Safety

BQS	10	Performance Report (enclosure)	KB/PH	5.35pm
	11	Care Quality Commission update and developments (verbal)	PH	5.45pm
	12	Alert, Advise, Assure and Devision report/Assurance Reporting (enclosures): 12.1 Audit Committee held on 26 October 12.2 Charity Funds Committee held on 11 July 12.3 Finance and Performance Committee held on 29 June, 27 July and 26 October 12.4 Mental Health Legislation Committee held on 27 July and 28 September 12.5 Quality and Safety Committee held on 20 July, 19 September and 19 October 12.6 Workforce and Equality Committee held on 20 July	CM MR MA SL AM MR	

People and Culture

BPTW	13	Freedom to Speak up Guardian Thematic Report (enclosure)	PH/RW	6.05pm
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Governance and well led

GG	14	Council of Governors Annual Work Plan (enclosure)	For Information	-
	15	Any other business (verbal)	LP	
	16	Comments from public observers (verbal)	LP	-
	17	Meeting evaluation (verbal)	LP	6.30pm

Date of the Next Meeting: Thursday 1 February 2024 – final details to be confirmed by Corporate Governance Team

Questions for the Council of Governors can be submitted to:

Name: Fran Stead (Trust Secretary)

Email: fran.stead@bdct.nhs.uk

Phone: 01274 228308

Name: Linda Patterson (Chair of the Trust)

Email: linda.patterson@bdct.nhs.uk

Phone: 01274 363484

Expressions of interest to observe the meeting using Microsoft Teams:

Email: corporate.governance@bdct.nhs.uk

Phone: 01274 251313

Strategic Priorities (Key)

Best Place to Work	Theme 1 – Looking after our people	BP2W:T1
	Theme 2 – Belonging in our organisation	BP2W:T2
	Theme 3 – New ways of working and delivering care	BP2W:T3
	Theme 4 – Growing for the future	BP2W:T4
Best Use of Resources	Theme 1: Financial sustainability	BUoR:T1
	Theme 2: Our environment and workspaces	BUoR:T2
	Theme 3: Giving back to our communities	BUoR:T3
Best Quality Services	Theme 1 – Access and Flow	BQS:T1
	Theme 2 – Learning for improvement	BQS:T2
	Theme 3 – Improving the experience of people using our services	BQS:T3
Good Governance	Governance, accountability and effective oversight	GG

**Council of Governors’ Meeting held in Public
Thursday 13 July at 5.05pm
Virtual meeting held on Microsoft Teams**

Present:	Dr Linda Patterson OBE	Chair of the Trust (Chair of the Council of Governors)
	Maz Ahmed	Non-Executive Director
	Helen Barker	Public Governor: Craven
	Kelly Barker	Interim Chief Operating Officer
	Councillor Andy Brown	Appointed Governor: North Yorkshire Council
	Tina Butler	Appointed Governor: Bradford Assembly)
	Bob Champion	Chief People Officer
	Sue Francis	Staff Governor: Non-Clinical
	Mike Frazer	Public Governor: Bradford East
	Phillipa Hubbard	Director of Nursing, Care Standards & Professions & Deputy Chief Executive
	Simon Lewis	Non-Executive Director
	Linzi Maybin	Staff Governor: Clinical (Deputy Lead Governor)
	Alyson McGregor	Non-Executive Director
	Sally Napper	Associate Non-Executive Director
	Hannah Nutting	Public Governor: Shipley
	Therese Patten	Chief Executive
	Trevor Ramsay	Public Governor: Bradford West
	Mark Rawcliffe	Non-Executive Director
	Helen Robinson	Deputy Trust Board Secretary (Secretariat)
	Tim Rycroft	Chief Information Officer (for items 1-18)
	Anne Scarborough	Public Governor: Keighley (Lead Governor)
	Pamela Shaw	Staff Governor: Clinical
	David Sims	Medical Director
	Joanne Squires	Staff Governor: Clinical
	Fran Stead	Trust Board Secretary
	Jimmy Vaughan	Public Governor: Keighley

MINUTES

Item	Discussion	Action
24	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the meeting at 5.05pm, welcoming everyone and noting the apologies received as follows: Dr Sid Brown, Public Governor: Shipley, Professor Zahir Irani, Appointed Governor: Bradford University, Joyce Thackwray, Public Governor.</p> <p>The Chair welcomed Councillor Andy Brown, Appointed Governor: North Yorkshire Council.</p>	

Item	Discussion	Action
	The meeting was quorate.	
25	Declarations of Interest (agenda item 2) No declarations of conflicts of interest were made.	
26	Minutes of the Council of Governors' meeting held on 4 May 2023 (agenda item 3) Mr Trevor Ramsay pointed out that there had been a misspelling of his last name in the previous set of minutes. It was agreed that this would be rectified. No other changes were raised, & the minutes of the Council of Governors' meeting held on 4 May 2023 were agreed as a true and accurate record. The Chief Executive provided an update on the action relating to concerns involving the Podiatry Service. It was shared that the Chief Executive had a positive visit & learnt that the team had created new roles & utilised beauty therapists to help with the backlog of appointments after Covid. Mrs Patten stated that she felt assured that the service was aware of its challenges & that they had plans in place to help tackle them.	
27	Matters Arising (agenda item 4) There were no matters arising.	
28	Action Log (agenda item 5) The Council of Governors: <ul style="list-style-type: none"> • noted the contents of the action log; • agreed to close the actions that had been listed as completed; & • noted that no actions were overdue, & no further actions were required associated with the contents of the log. 	
29	Issues and Questions from Communities (agenda item 6) No issues or questions from Communities were raised.	
30	Youth Views (agenda item 7) The Deputy Lead Governor provided an update & explained that the Involvement Strategy for Young People had built momentum & the Involvement Framework had now included youth opinion groups, voice of experience, apprenticeships & young people involvement roles. It was also shared that Emma Holmes from the Patient & Involvement team had been appointed as the Young People involvement lead for the Trust.	

Item	Discussion	Action
	<p>Ms Maybin highlighted some of the areas that young people had been involved in which included checking leaflets before they had been sent out.</p> <p>Mrs Butler asked about the diversity of the group. It was noted that the group was representative of Bradford.</p> <p>Mrs Hannah Nutting explained to the group that the Born in Bradford Project was very keen to make links with the youth voice and would be happy to link the youth group with the project.</p> <p>The Council of Governors noted the verbal update.</p>	
<p>31</p>	<p>Chair's Report (agenda item 8)</p> <p>The Governors received the Chair's report & were updated on key areas. The Chair explained that herself & Ms Patten had attended a Born in Bradford event & it was highlighted that lots of services from the Trust were linking in with the project.</p> <p>Ms Patten shared the outcome of a share & learning event about Children & Adolescent Mental Health Service (CAMHS) which was attended by colleagues within the West Yorkshire Integrated Care Board (ICB). It was discussed that there would be a deep dive by the ICB in September to discuss successes & challenges from this service. During this update, Ms Patten shared that there had been an increase in the number of individuals being referred to CAMHS.</p> <p>Mrs Scarborough raised that she wondered whether the investment into schools would have an impact on those needing support & the waiting list for the service. Ms Patten explained that the Trust was undertaking a piece of work alongside public health into the universal schools offer & it was decided that a deep dive into this offer would be presented at a future meeting.</p> <p>The Chair reminded the Governors that the Annual Members' Meeting would be taking place on 21 September 2023 at Kala Sangam Arts Centre in Bradford City Centre.</p> <p>The Chair also reminded the Governors that they can observe the public Board & Committee meetings. It was noted that there had been a small number of attendees to these meetings & the Chair wondered whether there could be a Governor volunteer attached to each Committee going forward. This was welcomed by the Council of Governors & it was therefore decided that the Trust Secretary would work to support this idea to fruition.</p> <p>The Council of Governors noted the information provided within the report.</p>	<p>TP</p> <p>FS</p>

Item	Discussion	Action
32	<p>Presentation of the Trust’s Strategy: Better Lives Together (agenda item 9)</p> <p>The Deputy Director of Patient Safety, Compliance & Risk presented an update on the work to the Council of Governors & referred to the following:</p> <ul style="list-style-type: none"> • 4 key supporting strategic priority areas of the Trust Strategy: ‘Best Place to Work, Deliver Best Quality Services, Making best use of Resources & Be the best partner’. • The process that was undertaken to refresh the Trusts Strategy. • Under each priority, there was corresponding themes & key measures of success. • A full version, easy read version & single page version of the Strategy refresh was in production. <p>Mrs Butler stated that it was very current & very important to have an area dedicated to Partnership working & the workforce element of the Strategy was powerful especially referring to staff as people.</p> <p>The Council of Governors noted the content of the report.</p>	
33	<p>Performance Report (agenda item 10)</p> <p>The Chief Operating Officer presented the report to the Council of Governors & noted the following areas:</p> <ul style="list-style-type: none"> • High service demands, increase in acuity & complexity against a backdrop of workforce challenges. • Some areas of improvement had been seen particularly around workforce elements. • Red metrics showing in workforce elements but the Trust was in line with trajectory & what the Trust had predicted. • The focus on recruitment & retention of staff had a positive impact. • Experience measures were above 90% & the volume of feedback had improved. • Positive improvements in areas concerned with NHS oversight framework metrics but challenges had still been seen regarding out of area placements. • There were pressures relating to length of stay but the opening of crisis beds had helped to improve admission. <p>Mrs Scarborough asked what had been done to reduce the length of the waiting list to CAMHS. Mrs Barker explained that the waiting list for the Specialist CAMHS service were now performing much better due to the change in clinical model & staff recruitment.</p> <p>Mrs Shaw asked how the Trust was containing families & ensuring that they were supported whilst on the waiting list for services. Mrs Barker explained that</p>	

Item	Discussion	Action
	<p>each family were offered a bespoke package of care which included how families would be kept in touch & supported through the process.</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. 	
34	<p>Presentation of the Trust's Quality Report (agenda item 11)</p> <p>The Director of Nursing, Care Standards & Professions & Deputy Chief Executive presented the Trust's Quality Report.</p> <p>It was shared that the quality report was no longer attached as part of the Annual Report & assurance was no longer need from an external auditor.</p> <p>No questions or comments were raised.</p> <p>The Council of Governors noted the contents of the final version of the Quality Report.</p>	
35	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Audit Committee held on 6 April 2023 (agenda item 12.1)</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Audit Committee held on 6 April 2023. No alerts were raised.</p>	
36	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Charitable Funds Committee held on 30 March 2023 (agenda item 12.2)</p> <p>Mr Rawcliffe provided a brief overview of the report & drew the Council of Governors to the following areas:</p> <ul style="list-style-type: none"> The future financial viability of the charity was discussed. Ambassadors had been allocated within the Trust. The alert on the 30 March, relating to extra resources had resulted in extra resources being received. Assurance was received by the Council of Governors on the efforts of the Charity. Better Lives Charity Ball taking place 13 October 2023. Details of the event to be circulated. <p>The Council of Governors noted the contents of the AAA+D Report from the Charitable Funds Committee held on 30 March 2023.</p>	FS
37	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Finance, Business and Investment Committee held on 23 March 2023 (agenda item 12.3)</p>	

Item	Discussion	Action
	<p>Mr Ahmed provided a brief overview of the report & explained that the draft financial plan was approved at the March Committee meeting. The key risks were identified alongside cost saving areas.</p> <p>Mr Ahmed then provided the Council of Governors with an updated status of the financial position of the Trust. It was noted that the Trust was in line with the financial plan however there continued to be a degree of risks, but recovery plans had been put in place.</p> <p>Mr Rawcliffe also explained the position of the Integrated Care System (ICS) & that NHS England had enacted mandatory intervention on the ICS & the Trust had been asked to contribute to the mandated responses.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Finance, Business and Investment Committee held on 23 March 2023.</p>	
38	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Mental Health Legislation Committee held on 23 March and 25 May 2023 (agenda item 12.4)</p> <p>Mr Lewis drew the Council of Governors attention to the increase of physical interventions & rapid tranquilisation which related mainly to a small group of service users within the Psychiatric Intensive Care Unit & Najurally Centre. The increase in the number of blanket restrictions on Heather ward was also highlighted.</p> <p>The Council of Governors noted the contents of the AAA+D Report from the Mental Health Legislation Committee held on 23 March and 25 May 2023.</p>	
39	<p>Alert, Advise, Assure & Decision (AAA+D) Report: Quality and Safety Committees held on 16 March, 20 April and 18 May 2023 (agenda item 12.5)</p> <p>Mrs McGregor presented the reports & drew the Council of Governors to the following areas:</p> <ul style="list-style-type: none"> • There had been a number of improvements in sickness levels, appraisal recording & increasing levels of mandatory training. • The valuable contribution of the Involvement Partner for the Committee. • Areas of concerns particularly the length of waiting lists & out of area placements. <p>The Council of Governors noted the contents of the AAA+D Report from the Quality and Safety Committees held on 16 March, 20 April and 18 May 2023.</p>	
40	<p>Council of Governors Annual Work Plan (agenda item 13)</p>	

Item	Discussion	Action
	<p>The Committee noted the contents of the Interim Workplan.</p>	
<p>41</p>	<p>Any Other Business (agenda item 14)</p> <p>Mr Mike Frazer provided an update on the ‘Well Together Programme’ which looked to arrange sessions for the elderly, isolated & vulnerable and how they had begun to recover after Covid. Mr Frazer raised whether it would be possible to move further resources into this programme to try & provide more activities. It was agreed that this would be taken away & discussed.</p> <p>The Chief People Officer provided an update on strike action & explained that the Junior Doctor strike had been concluded & the Trust had mitigating plans in place & the Trust did not suffer detriment to quality & continuity of care & service. It was shared that the Trust was engaging at a system partnership level to ensure any issues are reported to NHS England.</p> <p>The Chair & the Council of Governors thanked Mrs Panteli for her hard work over the last five years at the Trust & also thanked Helen Robinson for her support & hard work.</p> <p>There were no other items of business raised.</p>	<p>Catherine Jowett</p>
<p>42</p>	<p>Meeting Evaluation (agenda item 15)</p> <p>A discussion took place to evaluate the meeting in line with the commitment for continuous improvement within the Trust.</p>	

Signed:

Dated:

Agenda
item

3.1

Annual Members' Meeting
Wednesday 21 September 2023
Meeting held in public: Kala Sangam Arts Centre

Present:	Dr Linda Patterson OBE FRCP	Chair of the Trust
	Susan Francis	Staff Governor: Non-clinical
	Mike Frazer	Public Governor: Bradford East
	Linzi Maybin	Staff Governor: Clinical (Deputy Lead Governor)
	Trevor Ramsay	Public Governor: Bradford West
	Pamela Shaw	Staff Governor: Clinical
	Joyce Thackwray	Public Governor: Bradford South
	Tina Butler	Appointed Governor: Bradford Assembly
	Deborah Buxton	Appointed Governor: Barnados
In Attendance:	Therese Patten	Chief Executive
	Badar Abbas	Manager, KPMG (External Audit)
	Kelly Barker	Chief Operating Officer
	Bob Champion	Chief People Officer
	Holly Close	Corporate Governance Officer (Secretariat)
	Chris Dixon	Deputy Director of Nursing (deputising for Phil Hubbard, Director of Nursing)
	Simon Lewis	Non-Executive Director
	Christopher Malish	Non-Executive Director
	Alyson McGregor	Non-Executive Director
	Sally Napper	Non-Executive Director
	Tim Rycroft	Chief Information Officer
	Dr David Sims	Medical Director (for agenda item 4)
	Fran Stead	Trust Secretary
	Mike Woodhead	Chief Finance Officer

82 Members of the Trust and members of the public.

MINUTES

Item	Discussion	Action
<p>117</p>	<p>Welcome & apologies for absence (agenda item 1)</p> <p>The Chair of the Trust opened the meeting at 2.00pm and welcomed the public, members', governors, Trust colleagues and Board members to the first meeting held in person since 2019. Dr Patterson also thanked Carole Panteli, retired Non-Executive Director for her work with the Trust over the last five years.</p> <p>Dr Patterson then went onto to thank the Trust colleagues and partners who showcased their work as part of the Care Trust Marketplace. It was then explained that following the Annual Members' Meeting attendees would be invited to take part in the formal launch of the Trust's new strategy: Better Lives, Together.</p> <p>A background to what is meant by an Annual Members' Meeting was provided. It was shared that this was a statutory meeting and a requirement for all Foundation Trust's to hold this meeting open to members and the wider public. It was also noted that the Annual Accounts and Report 2022/23 had been shared.</p> <p>Apologies for absence were then noted: Mufeed Ansari: Public Governor: Bradford East, Helen Barker: Public Governor: Craven, Zahir Irani, Appointed Governor: Bradford University, Phil Hubbard, Director of Nursing, Professions and Care Standards & Deputy Chief Executive, Mark Rawcliffe: Non-Executive Director, Joanne Squires: Staff Governor: Clinical, James Vaughan: Public Governor: Keighley, Maz Ahmed, Non-Executive Director, Anne Graham, Public Governor: Bradford West, Darren Beever, Public Governor: Bradford South, Katie Massey, Public Governor: Bradford West, Anne Scarborough: Public Governor: Keighley, Sid Brown, Public Governor: Shipley, Hannah Nutting, Public Governor: Shipley, Councillor Sabiya Khan, Appointed Governor: Bradford Council, Councillor Matthew Bibby, Appointed Governor: Bradford Council, Councillor Andy Brown, Appointed Governor: Craven Council.</p> <p>The Annual Members' Meeting was quorate.</p>	
<p>118</p>	<p>Declaration of any conflicts of interest (agenda item 2)</p> <p>There were no declared conflicts of interest in respect of any agenda items.</p>	
<p>119</p>	<p>Minutes of the previous meeting: 28 September 2022 (agenda item 3)</p> <p>The minutes from the Annual Members Meeting held on 28 September 2022 were agreed as a true and accurate record.</p>	

120	Matters arising (agenda item 4) There were no matters arising. Trevor Ramsay, Public Governor reminded attendees of an action agreed at the 2022 Annual Members' Meeting regarding the phone number for the First Response Service. The Chief Executive confirmed that the correct phone number was being shared to replace an incorrect one previously shared.	
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<p>121</p>	<p>Annual Report – “Looking back, with an eye on the future” (agenda item 5)</p> <p>Ms Patten started her presentation by thanking everyone for coming and stated how wonderful it was to see people in person.</p> <p>Ms Patten then delivered a brief presentation, which reflected on 2022/23 and also looked to the year ahead. She referred to how 2022/23 was another challenging year due to the continued national pressures on demands for services, recover from COVID-19 pandemic, and national financial constraints. Ms Patten also recognised the introduction of the new Health and Social Care Act 2022 which was one of the biggest NHS reforms in decades.</p> <p>Ms Patten then reflected on how the Trust had continued to work closely with communities, partners, service users and carers to work creatively and innovatively to ensure person centred services continued to be delivered,</p> <p>Highlights from across the year were then shared. The opening of the new refurbished inpatient unit: The Najurally Centre; the awarding of a Gold occupational health and safety award by the Royal Society for Prevention of Accidents; first Trust in the North of England to be awarded the new Individual Placement and Support Employment Service (IPS) Grow Quality Kite Mark; and Community Dental Services won Best Local Oral Health Initiative North. Other highlights included the closure of the Bradford’s Jacob’s Well Vaccination Centre with the Trust delivering a quarter of a million vaccines to communities during its lifespan.</p> <p>Some time was then spent reflecting on how the Trust had worked with partners, service users, governors, members, stakeholders and the public. Ms Patten stated that the Trust was committed to learning and co-production, and the Care Trust Way Methodology was at the centre of everything the Trust does. It was shared that seven of the Trust’s nurses from Adult and Children’s physical health services were awarded the prestigious Queen’s Nurse title by the Queen’s Nursing Institute, and that the Trust had continued with its reciprocal mentoring programme.</p> <p>Ms Patten explained that during the year the NHS had gone through a period of change and a new way of working after the establishment of the Integrated Care Boards in July 2022. It was then shared that the Trust collaborates locally through Bradford District and Craven Place, and in Ms Patten’s opinion this was the way the Trust could make the most improvements for communities.</p> <p>Looking to the future, Ms Patten anticipated further challenges as with the rest of the wider NHS on the constraints to finances and workforce. She explained that the Trust was making progress with recruiting new colleagues into the Trust and was optimistic that the Trust would continue to do so.</p>	
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	<p>Ms Patten closed by thanking colleagues, Involvement Partners, Governors and everyone who had supported the organisation over the last year.</p>	
<p>122</p>	<p>2022/23 Annual Accounts and the financial Outlook (agenda item 6)</p> <p>The Chief Finance Officer presented a report on the Trust’s financial position that outlined the key performance metrics and a forward look at the key challenges and opportunities that the Trust would be facing in the next financial year. He explained key financial achievements from the last year; the completion of the Najuarally Centre and capital investment in new prescribing equipment. It was noted that the Trust had maintained a healthy cash balance with the Trust spending £5.4m of funding to improve and maintain the Trusts assets and infrastructure.</p> <p>It was shared that the Board had approved a breakeven plan for the Trust for this year but there would be tough challenges, not just for the Trust but for the whole of the NHS. Key challenges were then summarised; increasing equity and demand for services compounded with a reduction in the workforce, which in turn leads to out of area placements and the reliance on bank and agency staff. Estates issues such as the Trust trying to redevelopment Lynfield Mount Hospital. Mr Woodhead explained that the Trust was continuing to lobby hard for this redevelopment.</p> <p>Mr Woodhead concluded his presentation by discussing some of the key challenges to the whole of the NHS; ongoing industrial action, potential elections and the ongoing cost of living crisis.</p>	

<p>123</p>	<p>Presentation from the Trust’s External Auditor (agenda item 8)</p> <p>Mr Abbas, Manager at KPMG LLP, provided a presentation on the findings from the Trust’s 2022/23 Annual Report and Accounts. Firstly, he outlined the scope of the work and outlined responsibilities as an independent provider of the external audit services, including the audit of the financial statements.</p> <p>Mr Abbas stated that the audit found that the Trusts Annual Accounts for 2022/23 gave a trusted and fair view of the Trust’s performance during the year with one adjusted audit difference which had no impact on the financial position. It was demonstrated that no significant recommendations were raised for the financial statements.</p> <p>In terms of value for money, the approach to the audit was shared. It was found that KMPG LLP did not identify any significant weakness with regards to the Trusts arrangements nor were significant control recommendations raised.</p> <p>In relation to the whole of government accounts, Mr Abbas confirmed that the Trust received an unqualified consistency certificate and no inconsistencies between the financial statements and information included in the consolidation schedules were found.</p> <p>Finally, Mr Abbas confirmed that there had been no inconsistencies identified in relation to the Trust’s Annual Report.</p>	
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<p>124</p>	<p>Presentation from the Deputy Lead Governor on behalf of the Council of Governors (agenda item 8)</p> <p>The Deputy Lead Governor started by explaining that it was a privilege to speak at the Annual Members' Meeting and detailed the topics that would be covered in the presentation:</p> <ul style="list-style-type: none"> • current membership; • in year achievements; • focus into the future. <p>Ms Maybin drew attention to how there had been an increase in youth membership which had been a focus for 2023/23. However, she explained that there was still work to be done to improve the representation of the Trust members particularly around ethnicity.</p> <p>Ms Maybin then moved onto explain how the Governors aimed to be the voice of the Trusts staff, members and service users. It was detailed that the Trust's Council of Governors were diverse, were able to listen to a wide range of local communities and service users, helping to work on solutions to problems and provide lived experience and representation. It was highlighted further that one of the main jobs of the Governors was to challenge and hold Non-Executive Directors to account.</p> <p>Governor involvement was then shared. It was noted that the Governors had helped with the appointment of two Non-Executive Directors and one Associate Non-Executive Director. There had been a focus on working alongside partners within the Integrated Care System and Bradford and Craven Place. Ms Maybin shared that there had also been a focus on increasing youth voices which had included working alongside young dynamos and ensuring that there was a section on youth representation on the Council of Governors agenda.</p> <p>Ms Maybin ended her presentation by providing detail on the Governors in the Trust.</p>	
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<p>125</p>	<p>Question and answer session (agenda item 9)</p> <p>The Chair thanked the presenters and then opened the meeting to receive questions, noting that one question had been submitted in advance of the meeting.</p> <p>The following question had been received in advance for the Board of Directors:</p> <p><u>Question 1:</u> A member of the public asked ‘How can we open the stigmatisation of organ donation in BAME minority communities’.</p> <p><u>Answer:</u> Due to the Medical Director needing to step out of the meeting, it was agreed that he would provide a written response to this question after the meeting.</p> <p>The remaining questions had then been raised during the meeting:</p> <p><u>Question 2:</u> A member of the public, stated ‘the membership age group 22+ was too big a gap’ and asked ‘why there was lots of references to unqualified in the presentation from external auditor?’</p> <p><u>Answer:</u> The Chair of the Trust responded to the second question and explained that unqualified is actually a good thing compared to a qualified opinion.</p> <p>Ms Maybin responded to the first question and agreed that the membership breakdown did need to be more concise and would ensure that there was a bigger split next time.</p> <p><u>Question 3:</u> Trevor Ramsay, Public Governor, questioned ‘the costs of out of area placements and that service users were not receiving the best quality of care’.</p> <p><u>Answer:</u> The Chief Executive responded and stated that the organisation was working with local organisations to ensure service users were staying close to home. She also referred to the new contract with local suppliers for Out of Area Placement (OAPs) beds. Ms Patten stated that the Trust ‘was working hard to reduce OAPs but still needed investment to improve the estate at Lynfield Mount Hospital’.</p> <p><u>Question 4:</u> A Trust Member, reemphasised the questions raised by Mr Ramsay and stated that he ‘was pleased to hear that Therese has a plan in place’.</p> <p><u>Question 5:</u> A member of the public, stated that she was an ambassador for Bradford Teaching Hospital Organ Donation and asked, ‘How do you become a Governor for the Trust?’</p> <p><u>Answer:</u> Linzi Maybin, Deputy Lead Governor, responded and stated that ‘having representation from service users and those with lived experiences was warmly welcome’.</p>	<p>DS</p>
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	<p>Fran Stead, The Trust Secretary, explained that there was currently governor vacancies, which would be part of an election campaign to find new Governors through a competitive election process run by an independent external organisation. She encouraged anyone who would like to be a member or governor to reach out to herself for a conversation on the opportunities.</p> <p><u>Question 6:</u> Mike Frazer, Pubic Gover, asked ‘service user representation in the NHS, is this something that we do, or could we expand what we already have in place’?</p> <p><u>Answer:</u> Chris Dixon, Deputy Director of Nursing explained that the Trust uses the Care Trust Way to help with any improvements to services and Involvement Partners reflect on Trust services by reflecting back to Committees. The Trust also uses a patient or carer story at the beginning of each public Board meeting, with work taking place to refresh the Trust’s Your Voice Matters Strategy, which supported involvement through lived experience and representation.</p>	
<p>126</p>	<p>Thank you and close of the Annual Members’ Meeting (agenda item 10)</p> <p>The Chair of the Trust thanked colleagues for participating in the Annual Members’ Meeting and formally closed the meeting at 2:50pm.</p>	

Action Log for the Council of Governors Public Meeting from July 2023

Action Key	Green: Completed		Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
1. 01/12/22	<u>Any Other Business</u> Update on the Complaints Group, & the involvement / engagement workstream to be shared with Governors.	Deputy Director of Patient Safety, Compliance and Risk	Dec 2023	Dec 23 Update: Governors are asked to consider this action closed , the Complaints Group was disbanded a couple of years ago at the Trust. The Your Voice Matters, patient experience and involvement strategy is being refreshed during 2024. A further update on the strategy will be presented to a future meeting of the Council of Governors
2. 13/07/2023	<u>Chairs Report</u> The Chief Executive to provide a deep dive into the Universal Schools Offer at a future meeting.	Therese Patten	Feb 2024	
3. 13/07/2023	<u>Chairs Report</u> The Trust Secretary to support & plan how the Council of Governors can attend Committee meetings on a regular basis.	Fran Stead	Dec 2023	Governors are asked to consider this action closed , Governor representatives have been found for the Board Committee meetings, other than for Finance and Performance Committee. Any Governor wishing to volunteer to attend the Finance and Performance Committee, please contact Holly (holly.close@bdct.nhs.uk)

Action Key	Green: Completed		Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
4. 13/07/2023	<u>Alert, Advise, Assure & Decision (AAA+D) Report: Charitable Funds Committee held on 30 March 2023</u> The Trust Secretary to share details of the Better Lives Charity Ball.	Fran Stead	Dec 2023	Governors are asked to consider this action closed , information about the Charity ball was shared.
5. 13/07/2023	<u>Any Other Business</u> Head of Charity & Volunteering to have a discussion about how resources could be provided to the 'Well Together Programme'.	Catherine Jowett	Feb 2024	

Actions closed at the last meeting

Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
02/02/23	<u>Performance Report</u> An update on the new performance management framework would be shared with Governors.	Corporate Governance	July 2023	Included on the July agenda. It is proposed that this action can be closed.
04/05/23	<u>Issues and Questions from Communities</u> 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.	Kelly Barker	July 2023	Completed. It is proposed that this action can be closed.
04/05/23	<u>Issues and Questions from Communities</u> The Interim Chief Operating Officer agreed to meet with Mr Vaughan outside the meeting to discuss the issues relating to First Response further.	Kelly Barker	July 2023	A meeting is in the process of being arranged. It is proposed that this action can be closed and picked up if any further actions arise from it once the meeting has taken place.
04/05/23	<u>Issues and Questions from Communities</u> The Chief Executive to meet with the podiatry service to share feedback following concerns shared from service users and carers, and Governors.	Therese Patten	July 2023	Verbal update provided at the July meeting. It is proposed that this action can be closed

Council of Governors – meeting held in public

7 December 2023

Paper title:	Chair of the Trust’s Report	Agenda Item 9.0
Presented by:	Dr Linda Patterson, Chair of the Trust	
Prepared by:	Corporate Governance team	
Committees where content has been discussed previously	Board of Directors – September and November 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	

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

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

- SO3:** Maximising the potential of services to delivery outstanding care to our communities (QSC)
- SO4:** Collaborating to drive innovation & transformation, enabling us to deliver against local & national ambitions (Board)
- SO5:** To make effective use of our resources to ensure services are environmentally & financially sustainable & 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	N/A
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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
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Council of Governors – meeting held in public

7 December 2023

Chair’s Report

Partnerships

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

19 July	Meeting with Councillor Susan Hinchcliffe
21 July	Bradford District and Craven Partnership Board and Board Development Session
26 July	Meeting with Integrated Care System and Department of Health to discuss West Yorkshire Estates issues
29 August	Attended Trust Welcome Day
30 August	Meeting with Councillor Susan Hinchcliffe
1 September	Bradford District and Craven Partnership Board
5 September	West Yorkshire Chairs meeting
5 September	West Yorkshire Partnership Board Development Session
5 September	West Yorkshire Partnership Board meeting

6 September	NHS England event for Integrated Care Board Chair's and Trust Chair's
13 September	Reciprocal Mentoring Celebratory event
20 September	Long Service celebration
21 September	West Yorkshire Health and Care Partnership forum
21 September	Trust Annual Members' Meeting
27 September	Meeting Councillor Susan Hinchcliffe
3 October	Leadership Academy training
11 October	Rainbow Alliance network celebration
13 October	Better Lives fundraising ball
16 October	West Yorkshire Leaders Exchange
16 October	West Yorkshire Health and Care Partnership forum
16 October	West Yorkshire Health Services Provider Collaborative
24 October	Trust Welcome Day
25 October	Meeting Councillor Susan Hinchcliffe
30 October	NHS Confederation Chair's meeting
2 November	Leading Better Lives Matter

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://www.bdcpartnership.co.uk)

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

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

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

Speaking Up

Following the Lucy Letby conviction, we have been reviewing our internal processes on Freedom to Speak up, data monitoring of clinical care and Fit and Proper Persons Test. NHS England have circulated a letter and we will ensure we take note of that. We have brought a report of these reviews to the Board. This included how the Trust had already rolled out a strengthened Freedom to Speak Up (FTSU) Policy which all NHS organisations are now expected to adopt by January 2024 at the latest. In addition, the Trust takes the following actions:

- At induction all new starters meet with the freedom to speak up team and are given contact information and FTSU features in the local induction checklist template.
- FTSU information is clear on our Connect webpage, the information is easy to find within one click and there is a monthly screensaver relating to FTSU.
- On payslips there is a twice-yearly message to all staff, including bank staff, on how to contact the freedom to speak up team.

- The Trust has a rolling programme of recruiting FTSU ambassadors across the Trust from a variety of backgrounds, roles and bandings to ensure staff are never far away from someone to talk to.
- Human Resources colleagues and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
- The FTSU team has close links with the Aspiring Cultures network and have spoken at their network meetings and we ensure that ambassador opportunities are advertised regularly with the Aspiring Cultures network.
- To ensure anonymity, staff can report directly from Connect if they feel unable to speak up via any of the other methods, and we have a generic email address that staff can use anytime.
- The FTSU team has delivered management sessions to support managers to foster a healthy speaking up culture in their teams.
- The FTSU policy is easily accessible either from the FTSU Connect page or via the policies page on Connect, the format follows the national guidance and is easy for staff to follow. The policy is reviewed annually and is due for review in November.

National estates challenges

Work has taken place to review Trust estate at the request of NHS England after additional Reinforced Autoclaved Aerated Concrete (RAAC) problems have led to the closure of schools. To date, we have not found any issues, with the last review taking place 2019 at our Trust which also resulted in no issues being found.

People

Non-Executive Director appointment

I would like to formally welcome Sally Napper to the Board as Non-Executive Director from 1 September 2023. On behalf of the Board, thank you to everyone who was involved with the appointment strategy, & robust assessment campaign.

Deputy Chair appointment process

I would like to formally welcome Simon Lewis, Non-Executive Director as Deputy Chair from 1 September 2023.

New Fit and Proper Person framework and the Kark review

NHS England published a new Fit and Proper Persons Test Framework on 2 August 2023. Work is taking place by the Company Secretary, People Directorate, & Data Protection team, to ensure the Trust processes align to the new framework as required, which will feature within Board member appraisal discussions Spring 2024.

Insight Programme

NHS West Yorkshire Integrated Care Board and all the NHS Providers within our System are pleased to be working in collaboration with Gatenby Sanderson's [Insight Programme](#) to give prospective Non-Executive Directors from under-represented groups first-hand experience of how Boards in the public and not for profit sectors work. As a partnership, we are committed to achieving greater diversity in health and care leadership across our system and this is one of the actions that we are taking together to support this critical ambition.

The programme is sponsored by me as Chair of the Trust, with support from the Company Secretary. The first participant, Peri Thomas, has a specialism with human resources and organisational development, and Peri has commenced her placement, which will last for six months.

West Yorkshire virtual open evening: succession planning

On 26 October, the West Yorkshire NHS and third sector organisations came together with Gatenby Sanderson to hold a pilot event to promote the work of the NHS, and the role of Chair's and Non-Executive Directors within this environment. The event was in support of continued partnership working within the West Yorkshire System, to encourage successful succession planning for Chair and Non-Executive roles and to support increased diversity. As a health and care partnership there continues to be a strong commitment to ensuring that underrepresented groups are aware of recruitment and development opportunities, both to support representation, and increase diversity within health and care leadership.

Governor engagement & duties

Annual Members' Meeting

21 September saw a return for an in person Annual Members' Meeting at the Trust, which was held at Kala Sangam. Over 110 people attended, with the day comprising of three parts:

- Colleague 'thank you' event, recognising individuals who had been recognised through the Trust's staff recognition schemes 'Living our Values; and Thanks a Bunch' for their contribution within their role.
- The statutory Annual Members' Meeting, where the Annual Report and Accounts 2022/23, the Governors update, and external auditor's findings were presented.
- Formal launch of the refreshed Trust strategy 'Better Lives, Together' from ambition to action. Which included an engagement session based on purposeful questions to understand how people wanted to stay engaged with the Trust on strategy deployment, and what milestones would evidence success of the strategy being delivered.

Thank you to everyone who attended this important event, analysis is taking place currently to support learning from this year's event featuring within the planning for the 2024 event.

Board of Directors meetings

There is the opportunity for Governors to observe public Board meetings, 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
11 January 2024	9.00am	Board of Directors held in public
14 March 2024	9.00am	Board of Directors held in public

Board Committee meetings

As agreed at the Council of Governors meeting in July, work has taken place to identify a Governor to attend the Board Committee meetings over the next year. Thank you to those

Governors who volunteered to undertake this, there is one Committee still available which is the Finance & Performance Committee. If any Governor would like to attend this Committee please contact Holly Close (holly.close@bdct.nhs.uk) . The Committee attendees are:

Audit Committee: Pamela Shaw

Finance & Performance Committee: no Governor currently

Mental Health Legislation Committee: Tina Butler

Quality & Safety Committee: Trevor Ramsey

People & Culture Committee: Hannah Nutting

Governance matters

Governor elections

On your behalf the Corporate Governance team will shortly be commencing an election for public & staff Governor seats, which will end of 30 April 2024. This election campaign will include vacant seats, & those seats where a Governor will finish their term of office within this campaign timeframe. Work is taking place to award the tender to the independent external company that will run the election for our Trust, & will act as the Returning Officer. Further details of this election campaign will be presented to the Governor meeting February 2024. Below is a list of the seats that will be included within this campaign, & the names of individuals whose seat will be included. As a reminder, Governors are eligible to be elected for a term of 3-years, on 2 occasion, making it a total of 6-years when an individual can fulfil a Governor role:

No. of seats	Constituency	Name	Filled	Date term of office end	No. of Terms
3	Public: Bradford East	Michael Frazer	Yes	01.05.2024	1 st
		Vacancy	No		
		Mufeed Ansari	Yes	01.05.2024	1 st
3	Public: Bradford South	Darren Beaver	Yes	01.05.2024	1 st
		Vacancy	No		
3	Public: Bradford West	Anne Graham	Yes	01.05.2024	1 st
		Katie Massey	Yes	01.05.2024	1 st
1	Public: Craven	Helen Barker	Yes	01.05.2024	1 st
2	Public: Keighley				
		Anne Scarborough	Yes	01.05.2024	1 st
1	Public: Rest of England	Vacancy	No		

2	Public: Shipley	Sid Brown	Yes	01.05.2024	2 nd
3	Staff: Clinical	Pamela Shaw	Yes	01.05.2024	2 nd
2	Staff: Non-clinical	Vacancy	No		

Go See service visits

Following a refresh of the process that supports Go See service visits which took place April 2023, the refreshed approach came into force June. The Go See visit offers an opportunity for Leaders 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.

The Go See visits are additional visits to those that are undertaken by myself as Chair, Therese as Chief Executive, and the Executive Management Team as senior leaders within the Trust.

Below are the details of the visits that have taken place for Board members, & senior leaders within the Trust:

Month	Service	Executive Team	Non-Executive
June - 4 Go See visits			
02/06/2023	My Emotional Wellbeing Team - Fieldhead	Dr David Sims	Sally Napper
23/06/2023	LMH Ward: Clover (PICU Unit)	Tim Rycroft	
26/06/2023	Moorlands View Ward: Baildon	Mike Woodhead	
29/06/2023	ACP Clinic at Waddiloves	Kelly Barker	
July - 3 Go See Visits			
21/07/2023	CMHT - Adult (Bradford City) Somerset House	Phil Hubbard	Mark Rawcliffe
18/07/2023	Meridian House -Community Older People Mental Health Team & Memory service (Airewharfe)	Bob Champion	Chris Malish
24/07/2023	ACMH Ward: Heather	Mike Woodhead	

August - 5 Go See visits			
17/08/2023	Shipley Health Centre Tissue Viability	David Sims	
21/08/2023	Intensive Home Treatment Team (Airedale) ACMH	Fran Stead	Chris Malish
10/08/2023	Little Minds Matter	Phil Hubbard	
15/08/2023	Falls Assessment Team (f2f)	Kelly Barker	
21/08/2023	Podiatry skipton hospital	Mike Woodhead	
September - 8 Go See visits			
05/09/2023	Early Intervention In Psychosis Team (Hub), in Culture Fusion	Bob Champion	Sally Napper
25/09/2023	SLT Voice Service and shadowing patient appts	Kelly Barker	Mark Rawcliffe
05/09/2023	The Craven Centre (Skipton Hospital) - Community Older People Mental Health Team & MATS (Craven)	Grainne Eloi	Chris Malish
25/09/2023	LMH - Dementia Assessment unit - Daisy Hill	Mike Woodhead	Alyson McGregor
18/09/2023	ACMH Ward: Fern	Therese Patten	
15/09/2023	Dental Services/Oral Health	David Sims	
22/09/2023	Palliative Care- shipley health centre	Fran Stead	
04/09/2023	LMH Ward: Ashbrook	Tim Rycroft	
October - 6 Go See visits			
19/10/2023	Specialist Mother and Baby Service SMABS / perinatal	Bob Champion	
06/10/2023	A&E Mental Health Liaison Team (Airedale) ALPS	Tim Rycroft	
06/10/2023	ATU Najurally Centre	Kelly Barker	Sally Napper
09/10/2023	Patient Safety Team	Mike Woodhead	Chris Malish
17/10/2023	Airedale District Nurses	Phil Hubbard	
20/10/2023	Pharmacy Team	Therese Patten	

Dr Linda Patterson OBE FRCP
Chair of the Trust
November 2023

Observing Board Sub-Committees

Observing our Board sub-committees allows governors to get a better understanding of the work of the Trust, and provides governors with the opportunity to observe non-executive directors appropriately challenging the executive directors. We encourage our governors to observe our Board sub-committees, which are:

The Quality and Safety Committee (QSC)

This Committee has a duty to ensure that the Trust is providing high quality, safe services. It seeks assurance on a range of quality and safety issues and identifies and shares good practice. Where required, actions are taken to make sure our services continue to improve. The QSC oversees these actions.

The Finance and Performance Committee

This Committee looks at the Trust's financial and business planning. This group meets to focus on financial reporting and monitoring, and future commercial investment priorities.

The Mental Health Legislation Committee

This Committee looks at whether the Trust's processes around mental health legislation are right. It has a wide membership which includes Non-Executive and Executive Directors, hospital managers, senior clinicians and service user and carer representatives.

The Audit Committee

This Committee looks at the Trust's systems of internal control and ensures our assurance frameworks are right. It provides the Board of Directors with an independent and objective review of financial and corporate governance, risk management, and external and internal audit programmes. The committee is responsible for making sure the Trust is well governed.

The Charitable Funds Committee

This Committee governs the Trust's charitable activities and assures that they comply with the law and regulations set by the Charity Commissioners for England and Wales. The Board of Directors is responsible for this area, but this committee looks in detail at charitable matters and works with the Charity Commissioners when necessary.

The People and Culture Committee

The People and Culture Committee is underpinned by the Trust's People Development Strategy, with the five supporting priorities for the strategy forming the Committee's focus for the annual work plan. The Committee covers topics on staff engagement; recruitment and retention; talent management; leadership and management development; and diversity and inclusion.

Important Things to Consider

When observing Board sub-committees, it is important to remember that you are there to observe the proceedings but do not form part of the membership of the Committees. So although the Chair provides an opportunity for members to ask questions for clarification, governors have no role in formally participating in the discussion.

Attendance

The Corporate Governance Team will inform the Chair of the Committee that you will be attending to observe, and will ensure that you receive the appropriate paperwork at the meeting, so it is important to make the team aware.

Confidentiality

Any information that is received when observing meetings must be kept confidential and governors should not disclose any information gained from the meeting, without permission from the Chair. Governor confidentiality agreement is addressed in the Code of Conduct.

Declarations of Interest

On the agenda for each meeting is a section which requests for any declarations of interest to be noted. If you have an interest in a specific agenda item, then you should declare this at that point of the meeting. The Chair will then decide whether it is appropriate or not for you to be present during the discussion of that agenda item.

Council of Governors – Public Meeting

7th December 2023

Paper title:	Performance Report	Agenda Item 10.0
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	

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

Purpose of the report

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

Executive Summary

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

This report presents two types of information:

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

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

2. Assurance levels (the Board Assurance Framework)

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

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

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

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

<p>Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?</p>	<p><input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this)</p> <p><input checked="" type="checkbox"/> No</p>
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Recommendation(s)

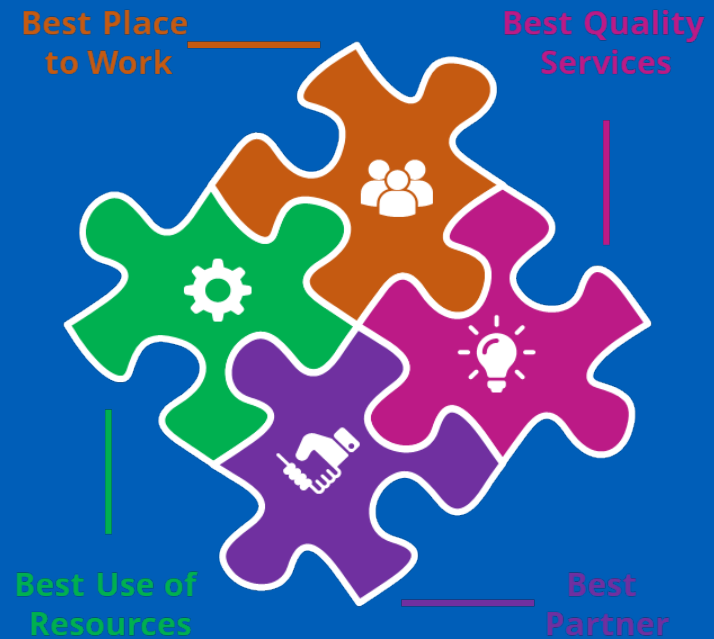
The Council of Governors is asked to:

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

Links to the Strategic Organisational Risk register (SORR)	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> • 2485: Reduced staffing levels in speech and language therapy core paediatric service due to vacancies • 2504: Waiting lists in memory assessment services • 2509: Community nursing services demand exceeding capacity • 2609: Organisational risks associated with out of area bed use (finance, performance and quality) • 2610: Core Children and Adolescent Mental Health Service waiting list • 2611: Improving Access to Psychological Therapies waiting lists • 2620: Increased demand on speech and language therapy community adult service • 2661: Increased demand on speech and language therapy paediatric complex needs service • 2672: Lynfield Mount Hospital – Estate condition, associated impacts & redevelopment requirements 						
Care Quality Commission domains Please check <u>ALL</u> that apply	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Safe</td> <td><input checked="" type="checkbox"/> Caring</td> </tr> <tr> <td><input checked="" type="checkbox"/> Effective</td> <td><input checked="" type="checkbox"/> Well-Led</td> </tr> <tr> <td><input checked="" type="checkbox"/> Responsive</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Well-Led	<input checked="" type="checkbox"/> Responsive	
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Caring						
<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Well-Led						
<input checked="" type="checkbox"/> Responsive							
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • The NHS oversight framework describes how NHS England’s oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. 						

Council of Governors Performance Report 7 December 2023 meeting

Performance Data up to Oct 2023

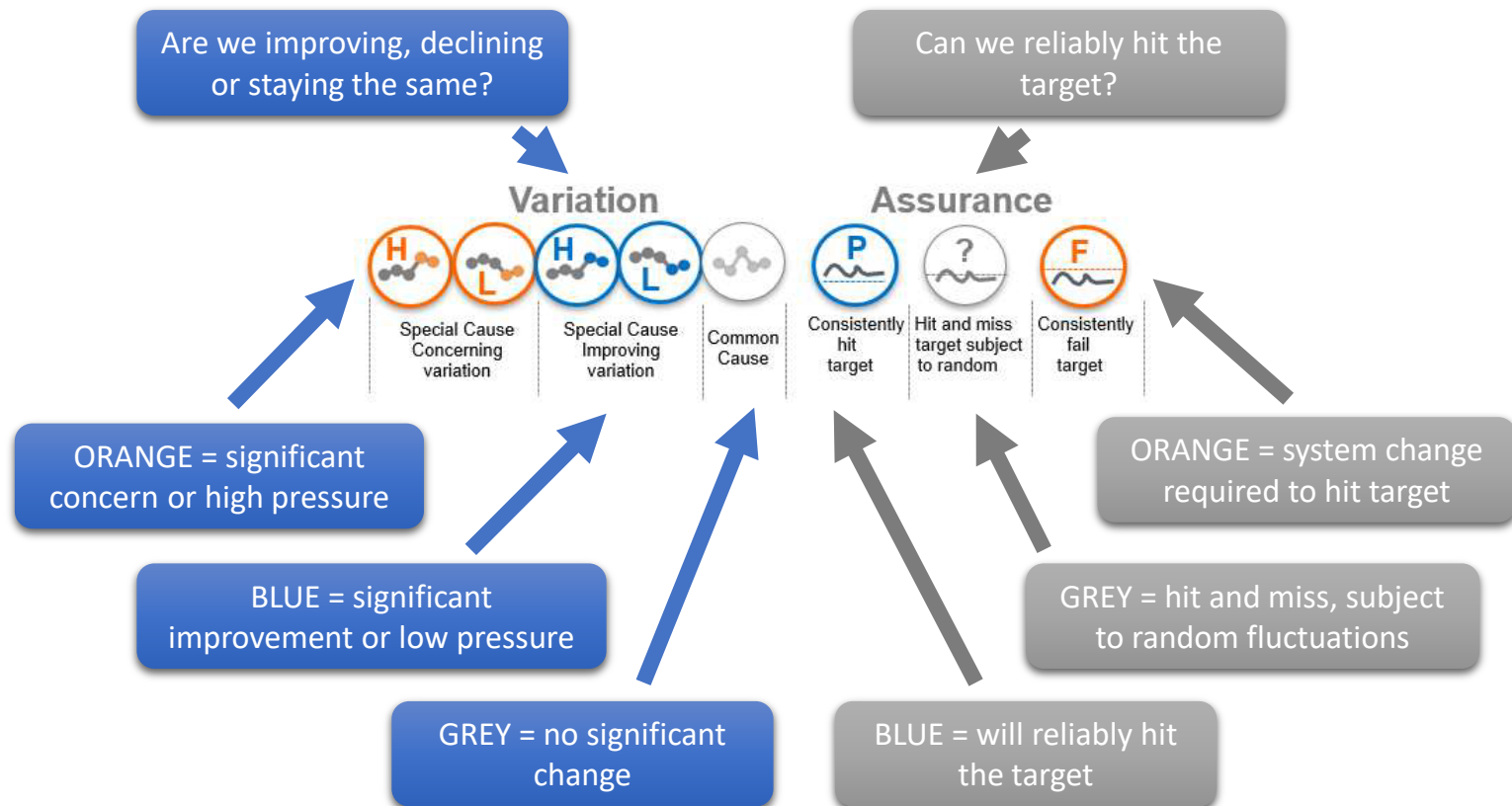


Good Governance; Accountability; Effective Oversight

A note on SPC charts

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

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



Delegated Strategic Priorities – Assurance Level

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

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

Delegated Strategic Priorities – Assurance Level

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

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

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	SPC / trend
Staff survey – engagement levels	Strategic	2022	7.1	7.4 (best)	Staff engagement score remains stable at 7.1 (-0.02);
Staff survey - % would recommend the Trust as a place to work	Strategic	2022	64%	63% (sector)	
Labour turnover	Strategic	Sep 23	13.4%	10%	<p>Labour Turnover</p>
Sickness absence related to stress / anxiety	Strategic	Sep 23	2.5%	N/a	<p>Sickness Absence</p>

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	SPC / trend
WRES data (no areas improved out of 3)	Strategic	2022/23	1/3 improved	3/3	
WDES data (no areas improved out of 2)	Strategic	2022/23	0/2 improved	2/2	
Gender pay gap (no areas improved out of 2)	Strategic	2022/23	1/2 improved	2/2	
Annual Appraisal Rates	Strategic	Sep 23	64.9%	80%	
No grievances involving discrimination	Strategic	Sep23	0	N/a	SPC to follow in future months

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	Sep 23	91.43%	100%	static
% positive feedback re using digital technologies	Strategic				NEW METRIC TO BE ADDED
Vacancy rates	Strategic	Sep 23	11.0%	10%	Increase

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

No apprenticeships	Strategic	Sep 23	102	63	Reduction
No 'new' roles recruited to (inc NAs and ANPs)	Strategic	Sep 23	9	N/a	Increase
Bank & Agency Usage (WTE)	Strategic	Sep 23	106.35 Agency 266.66 Bank	N/a	Agency usage increased

Strategic Priorities – Assurance Level

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

<p>Theme 1: Access & Flow – we will</p> <ul style="list-style-type: none"> • Implement ‘right care, right place, right time’ service delivery models to improve choice, access, reduce waiting times and enhance continuity in care, including working with our partners and those in our services, to identify where digitally enabled services will improve accessibility and experience. • Enhance collaboration between mental, physical community health services, and social care and system partners for all services to ‘make every contact count’ and to bring new and innovative ways of working to our communities. • Work collaboratively with partners in a locality-based model to reduce health inequalities by using data and evidence-based practices to maximise the impact and outcomes 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • We will have a coherent set of metrics to track performance and safety, highlight inequalities experienced by protected equality groups, identify improvements and consistently benchmark with others. • We can demonstrate equitable access to all of our services. • Use high quality information and analysis to drive predictive health interventions, clinical decision making and service planning to reduce health inequalities. • Service users have the choice to access our services using safe and secure digital tools where appropriate, to stay as healthy as possible. 	<p>Confirmed Current Assurance Level (QSC – quality perspective):</p> <p>2. Limited</p> <hr/> <p>Confirmed Current Assurance Level (F&P – performance perspective):</p> <p>1. Low</p>
<p>Theme 2: Learning for improvement – we will</p> <ul style="list-style-type: none"> • Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families. • Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • We consistently adopt a continuous improvement approach, share learning and creating opportunities for our people to develop their improvement and innovation skills. • We have a vibrant portfolio of research that guides clinical and service decisions 	<p>Confirmed Current Assurance Level:</p> <p>3. Significant</p>

Strategic Priorities – Assurance Level

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

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

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

We will know we have been successful when:

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

Confirmed Current Assurance Level (QSC):

2. Limited

Confirmed Current Assurance Level (MHLC – restrictive practices):

2. Limited

Key Performance Indicators

Best Quality Services: Theme 1: Access & Flow

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Number of people with inpatient length of stay <=3 days	Strategic	Sept 23	5	TBC			3	
Number of people with inpatient length of stay > 60 days	Strategic	Sept 23	19	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Sept 23	61.8%	92%			68%	
Inappropriate Out of area bed days	Strategic	Sept 23	567	397				

Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Summary
% of staff trained as a CTW Champion	Strategic	Aug 23	17.7%	50%	
% of staff trained as a CTW Leader	Strategic	Aug 23	3.8%	20%	
% of staff trained as a CTW Practitioner	Strategic	Aug 23	1.1%	3%	
% of staff trained as a CTW Sensei	Strategic	Aug 23	0.32%	0.5%	
No of service users and carers involved in quality improvement projects (YTD)	Strategic	Aug 23	NA	NA	NEW METRIC – WORK IN PROGRESS
No of patients offered and participating in research studies (YTD)	Strategic	Aug 23	85	589	

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	Aug 23	38	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Aug 23	3	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Aug 23	94.0%	90%	N/A	N/A	94%	
No of patient safety incidents resulting in moderate or major harm	Strategic	Aug 23	63	0	N/A	N/A	N/A	

Strategic Priorities – Assurance Summary

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

<p>Theme 1: Financial Sustainability – we will</p> <ul style="list-style-type: none"> • Ensure that all operational services and corporate functions optimise the use of resources, deliver best value and reduce waste within agreed budgets and with regard to environmental and social impacts 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • We are consistently delivering a financially balanced position at Trust and care group level. • We can demonstrate the return on investment and value for money of investments in our physical and digital infrastructure 	<p>CONFIRMED Current Assurance Level: 1. Low</p>
<p>Theme 2: Our environment and workspaces – we will</p> <ul style="list-style-type: none"> • Ensure that our people have opportunities to shape, test and implement digital solutions to stimulate innovation and creativity in service delivery. • Co-design a revised green plan to embed sustainable healthcare models and to continually drive environmental improvements and innovation. • Co-design spaces that meet the needs of our people and service users, are energy efficient and decarbonising and, where possible, use existing facilities in our neighbourhoods to reduce duplication and deliver care closer to home. • Provide a robust, resilient and secure digital infrastructure that enables our people to do their job from anywhere, anytime 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • Services are co-located in shared health and care delivery spaces across Bradford and Craven, reducing our overall footprint. • Sustainability and efficiency are embedded into all refurbishment and new build projects, using sustainability principles, completing sustainability impact assessments and taking account of NHS England’s targets and guidance. • We will have achieved the targets set out in our Trust’s green plan by focusing on reducing waste, increasing recycling and reducing our carbon emissions. • We have assessed our organisation as being digitally mature, including meeting/ exceeding all 10 standards within the data security protection toolkit 	<p>CONFIRMED Current Assurance Level: 1. Low</p>
<p>Theme 3: Giving back to our communities – we will</p> <ul style="list-style-type: none"> • Contribute to the social, economic and cultural development of our place through social value led approaches, programmes and procurement 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • We can demonstrate that social value is built into all material investment and procurements. • We have delivered the ambitions in our joint climate change adaptation plan, shared with Bradford Teaching Hospitals NHS Trust and Airedale NHS Foundation Trust. 	<p>CONFIRMED Current Assurance Level: 2. Limited</p>

Strategic Priorities – Assurance Summary

Good governance: Good governance, accountability and effective oversight

We will Have in place good governance arrangements that ensure we make the best decisions	We will know we have been successful when: We have well embedded governance processes that are clear and effective	CONFIRMED Current assurance level: 3. Significant
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Escalation and Assurance Report (AAA+D)

Agenda Item
12.1

Report from the: Audit Committee
Date of meeting: 26 October 2023
Report to the: Board of Directors

		Relevant operational high risks score 15+ identified in high risk report update (risk number & descriptor)
Good Governance	Governance, accountability and effective oversight	2569 - Potential for non-compliance with NHS complaints regulations and NHS SI framework due to reduced capacity in SI and complaints teams (risk score 16) 2632 - Cyber Security Risk: Primary & Secondary VPN Require Multi factor authentication (CONFIDENTIAL) (risk score 15)

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Failure to provide good governance, accountability and effective oversight around consultant job plans and the resultant additional payments that are made	New	
Failure to provide good governance, accountability, and effective oversight around Cyber security Risk around deployment of MFA (multi factor authentication)	Existing	

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Two internal audit reports were received had low assurance; Medics additional payments and consultant job planning. Failure to address the major and moderate recommendations would impact the annual internal audit opinion report.	The recommendations within the reports to be actioned at pace and to ensure frameworks and polices are put in place to address the audit findings. Key action - Annual job planning completed by mid-November. Including clarity on about all additional PAs and	David Sims	As per the audit report dates Key action – Mid November

	schedule in follow up audit in January.		
Advise:			
<ul style="list-style-type: none"> There is likely to be a gap in the position of Head of Legal services, as the current incumbent has resigned. However, the recruitment for a replacement is well underway. 			
Assure:			
<ul style="list-style-type: none"> The following were collectively reviewed, Strategic Performance report, the supporting compliance report and High-risk update and discussed in detail and suggestions were made to further improve upon the good work that had been undertaken on it to date. Bi-Annual Litigation report (Q3 and Q4, 2022/23) was reviewed and discussed, noting the number of ongoing claims, especially the long tail and that it is often a reflection of past process and operation and not the current position. Also it was made clear that learning from claims is shared through the Patient Safety and Learning Group, and Health and Safety Group. The Claims Handling Policy and Procedure, and the new Legal advice SOP (Standard Operating procedure) was presented and ratified. The losses and compensations payment report for the period up to the 30/09/23 was reviewed and a discussion around them took place, as well on how learning from them is shaping current policy and procedure. KPMG provided a Health Sector update, which triangulated with the risk and key challenges the Trust faces as reported to the Committee. Internal Audit progress report was presented and largely remains on track, with seven reports were presents with one still in draft. Two of which had high assurance, one was significant, two were low and one was limited. The final one was review of the implementation of eJob planning for Medics and links to findings in the two low opinion audits (as referred in the alert above). 			
Decisions / Recommendations:			
<ul style="list-style-type: none"> Recommend and ratify the changes in standing financial instruments and scheme of delegation. Recommend the Charitable funds 2022/23 financial accounts and annual report are adopted, and that the letter of representation is signed by the Chair and Chief Exec. 			

Report completed by:

Christopher Malish – Chair of Audit Committee

October 2023

Escalation and Assurance Report (AAA+D)

Agenda Item
12.2

Report from the: Charitable Funds Committee
Date of meeting: 11 July 2023
Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Significant progress being made on fundraising with £40,848 received of £100k target. This has consisted of Co-operative Community Fund: outdoor furniture Lynfield Mount £5627, Masonic Foundation: DAU sensory Room £12,996, National Lottery Awards for All: VIP Red Bag project £ 10,000 and Sport England- Lynfield Mount Rec Hall equipment £12,225	Continued focus on Ambassador role developing initiatives that grants can then be sought. There remain some pending applications with Manny Cussins Foundation for the CAMHS waiting list interventions £30,000 and Keith Howard Foundation: Creative art session for inpatients £24,748	HV/CJ	
Advise:			
<ul style="list-style-type: none"> • Staff Engagement – Visit from the Charity Fundraising team have gone to podiatry at the Diabetic Foot Clinic, CAMHs and Moorlands View, meeting clinical colleagues. There has been strong support from colleagues with 3 internal golf teams for July and 1 internal team for Dragon Boat. Staff donated their amazing works of art and crafts to the Saltaire Arts Trail. There have been 2 staff lottery winners one hit the jackpot winning £2500 • External supporters have provided gifts in kind from My Lahore, the Iftar food sponsor. Support also received Warburtons, Asda, Nuffield, golf clubs, Neom, Bookers and Parfets. • There has been a real step up in external fundraising External fundraising with Yorkshire Clinic sponsoring the golf day. • Bradford Grammar School- chosen charity for their Interact Group/volunteers for BDCT. We have been invited to speak at a Bingley Rotary Club dinner. There are 5 local schools involved in the NHS 75. JBA Consulting – chose to raise funds for us in Mental Health Week after a directors child had received outstanding support from the Trust. Enable 2 are official sponsor of the Imagination Ball. PEC have been involved in the Dragon Boat Race and there are 2 Great North Run participants from AWM 			

Assure:
<ul style="list-style-type: none">Audit report from 7th June concludes that Significant assurance has been provided on the systems and processes in place for the management of Charitable Funds.
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

17/7/23

Escalation and Assurance Report (AAA+D)

Agenda
Item
12.3

Report from the: Finance & Performance Committee
Date of meeting: 29 June 2023
Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
Financial pressure at ICS has led NHS England to undertake regulatory intervention. This therefore meant that the Trust would be part of the system response to the mandated regulatory intervention	The reflection of the Committee was that the new accountability framework and governance would support our response	MW	Ongoing
The Trust is delivering the year-to-date plan of a £1m deficit and is forecast to break-even for the full year. However, there was a large degree of risk in that forecast.. High area of risk around the Cost Improvement Programme and several budgets are off track.	Recovery plans have been put in place to mitigate the risks in areas relating to out of area placements, Model Roster 3, Clinical Admin, Low Secure and Dementia Assessment and Treatment Unit.	Executive team	Ongoing reviewed in SLT Operational & Financial Performance
Advise:			
<ul style="list-style-type: none"> Out of area bed usage had exceeded planned costs and moved away from activity plans. Recovery plans had been developed and put in place particularly around using Hollingwood Lane and expediting the opening of the beds. Bank and agency cost risk, in particular in relation to model roster 3. Agency costs had reduced but there had been an increase in bank costs. The substantive recruitment was ahead of plan. Operational recovery plans were in place for Dental, Speech Language and Therapy, Podiatry and Continence teams. The plans had been reviewed at SLT, and further refinement had been requested to the plans to capture onward trajectories and forward plans. The Children and Young Peoples Eating Disorder Routine Better Access target was off track, but a recovery plan was in place. The service had however achieved 100% in relation to urgent appointments which put the service as the highest performing Early Intervention in Psychosis service in the country. 			

- The Improving Access to Psychological Therapies service (IAPT) had achieved all required targets.
- The Model Roster 3 implementation and work plan go live date for July was still on track.
- The Trust is lobbying at an ICS level to determine how ICS capital funding could be used to help fund the redevelopment. A capital workshop had been planned for 14 July which would involve Director of Finances, but also estates and Medical Directors across the ICS to discuss how the capital funds could be used.

Assure:

- Significant progress on IAPT waiting times and target now achieved.
- New granularity of new MI framework giving the Committee strong assurance around accountability, strong action plans and a culture shift.

Decisions / Recommendations:

- Risks discussed:**
- -
 -
 -

- New risks identified:**
- -
 -

Report completed by:

[Mark Rawcliffe
Deputy Committee Chair and Non-Executive Director

17/6//23

Escalation and Assurance Report (AAA+D)

Report from the: Finance and Performance Committee
Date of meeting: 27th July
Report to the: Board of Directors

**Agenda
Item
12.3**

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
The Committee were made aware of the £25m gap at ICS level. The Integrated Care System (ICS) had been placed under regulatory intervention requiring additional reporting from the Trust	The accountability work already being undertaken by the trust and move to monthly committee were all in line with what would be required with this intervention. Desktop review to identify any gaps is underway	MW	Ongoing
The very close relationship between the workforce plan and the financial implications were noted	Agreed to have a joint Workforce and Financial and Performance meeting in late September	BC/MW	End Sept
Advise:			
<ul style="list-style-type: none"> Significant risk areas to the financial plan were the OAPs and temporary staffing spend which was driving an underperformance on the Trust's cost improvement programme. Model Roster 3 was a key enabler for the Trust to reduce length of stay. Two wards were live using Model Roster 3, and a further two wards would be live from 1 October 2023. It was noted that the plan assumes that reductions in length of stay from embedding the new staffing model on the wards is expected to be realised after three months of each of the wards going live. Time was spent scrutinising the workforce plans and financial implications. It was noted that that several substantive posts had been filled but bank usage had not reduced. This was due to timing and onboarding colleagues and it was expected that in Sept several staff would be starting and an impact should be seen. There had been a reduction in the use of agency staff and the Safer Staffing Group had changed to provide further scrutiny and oversight. As part of the quarterly NHS England report Mr Woodhead provided an update relating to the ICS Capital workshop. It was shared that the vast majority agreed that as an ICS, capital should be used in a different way, in that a percentage could fund small to mid-scale strategic capital cases, such as Lynfield Mount Hospital re-development. 			
Assure:			

<ul style="list-style-type: none">• Assurance was given personally by the Chief People Officer on the work being undertaken to reduce agency spend through recruitment activities. Given the close interconnectivity of people and finances it was agreed to convene an extra ordinary meeting to deep dive and provide additional assurance.• The Health and Safety Policy – Annual Assurance Report and the Fire Safety Policy – Annual Assurance Report were both presented given the Committee assurances in these areas.
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

[September 2023]

Escalation and Assurance Report (AAA+D)

Report from the: Finance and Performance Committee

Date of meeting: 26 October 2023

Report to the: Board of Directors

Agenda
Item

12.3

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

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
There is a maintained risk that the trust will be unable to maintain its financial sustainability in the medium to long term	Existing	Low – there are in year mitigations in place but the underlying drivers of the financial challenge, such as out of area placements and use of agency staff are persistent and proving hard to address. This is also contributed to by wider system pressures
There is a risk that ongoing lack of capital funding will mean we are unable to effectively address the short, medium and long term estates requirements at Lynfield Mount, impacting on the safety, experience and outcomes for patients and staff	Existing	Low – capital funding is out with the control of the trust and there is little likelihood, given the current national financial environment, that current policies will change in the short to medium term. Alternative plans are being explored but require support from partners.

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
The trust continues to anticipating being £6.4m off track against it financial position at year end. This is driven by out of area placements, use of temporary staffing (medical locum staffing is an increasingly high proportion of this as nursing agency use reduces) and underachievement of CIP in the Adult & children's care group	- Deep dive into OAP undertaken. Revised trajectories with confidence levels to be developed	KB/KC/CR	December 2023
	- Implementation of new roles Board; continued recruitment into Model Roster 3 posts	KB/BC	Ongoing
	- Focus on reducing temporary medical staffing	DS/KB/BC	On going
Advise:			
<ul style="list-style-type: none"> - Potential future risk relating to capital as a result of national allocation of IFRS16 cover not meeting the trust's planned spend. This is mitigated across West Yorkshire in year but may impact in 2024-25 - Waiting lists are increasing across a number of areas of both physical and mental health services. Assurance was provided that appropriate check and challenge of recovery plans was in place from Executives via the SLT meeting structure. - There is an increasing focus on data-led conversations and root cause analysis which has been welcomed by the committee. Challenges remain in place about data quality in some areas but these are being addressed and continue to improve. 			
Assure:			
<ul style="list-style-type: none"> - In year mitigations in place to address deviation from plan including use of £3m contingency; £2.9m Mental Health Investment Standard monies and a number of smaller in-year mitigations, although this position is not without risk - Committee received assurance that the processes for completing the National Cost Collection were sufficient robust, and whilst there were still some data quality concerns, these had significantly improved from last year 			
Decisions / Recommendations:			
<ul style="list-style-type: none"> • Agreed to bring back further information resulting from the out of area deep dive, with a closer look at drivers of some of the associated metrics • Agreed to bring back a closer look at the impact of improved data quality on patient activity in terms of operational and financial modelling • Agreed to keep committee sighted on medium to long term modelling in advance of the operational planning round 			

- Agreed that the assurance level relating to Best Use of Resources Theme 1: Financial sustainability should be changed from 2. Limited (as initially recommended) to 1. Low – this is due to the priority relating to medium to long term sustainability and the challenges relating to this
- Agreed that the assurance level relating to Best Use of Resources Theme 2: Our environment and workspaces should remain as 1. Low due, in part, to the impact of lack of capital funding on the Lynfield Mount estate
- Agreed that the level relating to Best Use of Resources Theme 3: Giving back to our communities should remain as 2. Limited – reflecting the need to further develop this ambition
- Agreed that the assurance level relating to Best quality Services Theme 1 :Access and Flow (from a performance perspective) should remain as 1. Low due to increasing waiting times across a number of services, and the ongaonga use of out of area beds.

Report completed by:

Escalation and Assurance Report (AAA+D)

Report from the: Mental Health Legislation Committee
Date of meeting: 27.07.23
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. The Committee (“C”) did not consider any matter arising from the meeting to require a formal alert.</p>			
Advise:			
<p>2. Associate Hospital Managers reported some (albeit limited) concerns relating to the quality of some reports for Associate Hospital Manager meetings/hearings.</p> <p>3. There has been a rise in race-related abuse, from service users towards staff. The Trust is working with staff teams to support them and with the police. C will look into this issue further at a future meeting.</p> <p>4. C benefitted from an exceptionally insightful session from Ms Eacret, the manager of Heather ward, about how physical interventions are, in practice, carried out and managed on wards. C recommends that the full board gets an opportunity to benefit from it. C will continue to explore how resources can be best used to improve the safe and effective execution of such interventions, where they are necessary (including the adoption of new/more equipment such as smaller leg bags and safety pods). A further training need was identified (re “positive behavioural support”).</p> <p>5. C thanked Carole Panteli for her exceptional contribution to C as both chair and member.</p>			
Assure:			
<p>6. Ethnicity data is now available for Associate Hospital Managers, enabling the Committee to understand another aspect of diversity within that group of important decision-makers.</p> <p>7. Key metrics on the dashboard remain strong and in line with or above targets.</p> <p>8. The number of blanket restrictions and restraints had fallen.</p> <p>9. An independent review of extended/ongoing use of blanket restrictions on Heather ward has taken place, in response to C’s specific challenges. A written report, and any associated action plan, shall be considered at C’s next meeting.</p> <p>10. The Trust had identified and analysed key themes arising from the 5 mental health act monitoring review visits during 2022-2023.</p>			

11. The **Mental Capacity Act audit** continued to show improvements. There is evidence of better practice being embedded over time. Another audit is planned for Nov 2023.
12. The Trust's **in-house lawyer** shall be invited to be formal member of C.

Decisions / Recommendations:

13. C approved:

- (a) The minutes from the previous meeting.
- (b) The Associate Hospital Managers report.

Risks discussed:

- See above.

New risks identified:

- N/A

Report completed by:

Simon Lewis
Committee Chair and Non-Executive Director

16.08.23

Escalation and Assurance Report (AAA+D)

Agenda Item
12.4

Report from the: **Mental Health Legislation Committee (“C”)**
 Date of meeting: **28.09.23**
 Report to the: **Board of Directors**

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

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
<p>I shall focus on one such risk in this report:</p> <p>There is a risk that the safety and experience of service users and staff is materially compromised by a limited ability of the trust to respond, in a sufficiently coherent and rapid way, to estates issues and/or innovations.</p>	Existing	Limited – due to a perceived lack of rapid/effective progress relating to (1) taking full advantage of the potential benefits of additional/new “safety pods”; and (2) making apparently necessary changes to the “hearing room” at Airedale.

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
C escalates the risk/issue (set out further above) relating to safety pods and the quality of the hearing room at Airedale – and the speed (as C perceived it) of the organisation to push through action.	Executive directors to identify clear leadership accountability for both matters and ensure that any necessary steps are taken timeously. Next steps to be clarified, at C’s next meeting.	Relevant executive directors (but the COO kindly agreed to provide an update at C’s next meeting.)	Clarity re next steps asap (by the upcoming board meeting ideally); with a view to swift further steps if and as necessary.

Advise:

1. Further evidence that safety pods are really good and capable of delivering very strong outcomes. Appears to be evidence of a pressing need to get more of the right kind of pods in place, swiftly, to assist staff and improve SU experience.
2. There seem to be significant issues re the quality and suitability of the hearing room at Airedale. It seems likely that it is not fit for purpose. A process is in motion – but C is concerned that it is progressing too slowly.
3. One of C's involvement partners had an issue re hard copy papers not being sent, restricting his ability to contribute. Another involvement partners had an issue getting access to the online meeting. C values their contribution, highly. It is important that such barriers are removed in future. One of the partners made a useful point about the risks re ADHD assessments (and/or similar assessments) by alternative providers causing potential issues for NHS trusts.
4. The Associate Hospital Managers ("AHM") indicated they would appreciate a visit from NEDs. C agreed that one or more NEDs would try to do so, as part of a "Go See" visit. The Chair encouraged NEDs (whether on C or not) to observe an AHM hearing, as well, if able. AHMs are welcome to attend C's meetings.
5. C liked the Medical Director's suggestion we consider of the use of seclusion on the new Najurally Centre – so that any lessons/benchmarking can be considered, along with ideas for best managing seclusion across 3 sites in future.
6. Timeliness of reports for AHM and Mental Health Tribunal ("MHT") hearings have improved: full sets ready on time in 67% of AHM and in 71% of MHT hearings. Reasons provided for others. Still room for improvement. C will monitor. Balanced by v positive feedback re the team's efforts and Audit Yorkshire (see below).
7. Clinical board: issue re medication (Valproate) discussed; action being taken by the Medical Director and Chief Pharmacist to manage any relevant risks.

Assure:

8. Audit Yorkshire: high assurance, with no recommendations, re the mental health team, following a robust review (despite some challenging circumstances).
9. New member – Sally Napper (NED) – attended. Strong credentials.
10. Dr Ruby Bhatti OBE DL – one the lead AHMs – appointed Deputy Lieutenant for West Yorkshire (building on various other impressive appointments). Further indication of quality on the AHM panel, with others such as Chrissie Freeth.
11. Insightful and encouraging session from Matthew Cook, of the Practical Training Unit, re its development, its "trauma-informed-care" and modern approach, and effective outcomes re training staff on physical interventions etc. Re (1) further above, Matthew indicated that developments re safety pods have been one of the best things to have emerged in his career (but that we do need more of them).
12. The well-established "Positive and Proactive Group" provided further assurance re substantial ongoing efforts to manage and reduce use of restraint and seclusion.
13. Good paper re arrangements for oversight of and commitment to managing risks re sexual safety.
14. No new major concerns arising from the integrated performance report.
15. No other relevant high risks arising from the papers, compliance report, or BAF.
16. No mental health act visits in the relevant period.

Decisions / Recommendations:

- Minutes approved (with one minor but helpful amendment).
- Overall, and trying step back to look at things in the round, C took the view that (1) it had **significant assurance** in relation to “Theme 3” (see above) in many respects and in general; but (2) only **limited assurance** in relation to the two specific matters highlighted above, due to a potential lack of agility, urgency, or organisational connectedness (as perceived by C on the limited information before it at the time of the meeting).

Report completed by: Simon Lewis (06.10.23)

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee
Date of meeting: 20th July 2023
Report to the: Board of Directors

**Agenda
Item
12.5**

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"> The level of risk on understanding the support needed for people to prevent harm whilst waiting for services has remained static since April. Labour turnover continues to be above the target but has remained static since April Patient safety incidents remain within the normal statistical limits Demand for community dental service is increasing and there has been a large decrease to 73.6% of patients waiting less than 18 weeks We have seen a significant reduction in adult acute out of area placements and an equivalent increase in Psychiatric intensive care unit out of area placements. Our involvement partner flagged 1) the negative experiences of service users of assessment for autism, 2) some suggestions for improving the memory assessment conversations which involved a lot of repetition of questions 3) some communication issues in relation to the smoke free policy 4) some suggestions from service users about finding ways to prevent the need for people to be sent out of area for care 5) long waits for ADHD assessment 			
Assure			
<ul style="list-style-type: none"> Sickness rates have decreased slightly again this month Mandatory training- overall compliance remains within control limits. Four areas fall below the target and are being targeted for improvement Appraisal compliance has increased. Fill rates are increasing and moving to more bank than agency Patient experience remains above the target of 90% There has been a significant increase in the compliance for high-risk medical devices The committee received an excellent presentation by the Public Health School Nursing Team 			
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:

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

[21.7.23]

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee
Date of meeting: 19th September 2023
Report to the: Board of Directors

**Agenda
Item
12.5**

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"> The Committee approved two changes to risk scores: SO1:3 and SO3:2 have reduced and reached the target . One new risk added 2736 (Invoicing delays Complaints relating to waits continue to be the major area and theme across all services. This was echoed by our Involvement Partner who identified problems with waiting times for care coordinators in CHMHT and poor response from the Duty Team were highlighted Action to be taken to ensure that the issues identified in the First response service are addressed (not suicide friendly, patients feeling unsupported) Some concerns expressed about lack of update/communications from the Involvement Team. New postholder to connect with Involvement Partner to address Waiting lists remain a concern and more work still to be done The overall number of open complaints remains at its highest for 18 months A further decrease to 61.2% in the number of patients waiting less than 18 weeks to commence treatment in the community dental service and demand continues to increase Acute length of stay has increased to 82 days from the target of 45 days Capacity gap risk within Patient Advice and Complaints remains high due to new staffing challenges 			
Assure			
<ul style="list-style-type: none"> Committee received assurance from the recent Proactive Care Team evaluation update which showed that PACT reduced A&E attendance by 41%. The high quality of service and the success in tackling health inequalities was commended by the committee. Considerable assurance was given in relation to improvements across a range of indicators in relation to IAPT(Talking Therapies Service) Slight increase in appraisal compliance The increasing success of the self-management facilitators have helped 50 patients to become independent which has saved over 1400 hours of District Nursing time 			
Decisions / Recommendations:			

Risks discussed:

- The Committee approved two changes to risk scores: SO1:3 and SO3:2 have reduced and reached the target . One new risk added 2736 (Invoicing delays

New risks identified:

- One new risk added 2736 (Invoicing delays

Report completed by:

[Alyson McGregor MBE]

Committee Chair and Non-Executive Director

19.9.23]

Escalation and Assurance Report (AAA+D)

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

Date of meeting: **19 October 2023**

Report to the: **Board of Directors**

Agenda
Item

12.5

		Relevant operational high risks score 15+ identified in high-risk report update (risk number & descriptor)
Best Quality Services	Theme 1 - Access & flow (quality perspective)	2590 2703 2609 2509 2610 2620 2611 2485 2504 2254 2451
	Theme 2 – Learning for improvement	No risk scoring 15+
	Theme 3 – Improving the experience of people using our services	2621 2653 1661 1989 2102 2572 2370

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Continued pressure on our workforce impacting on quality of care to patients	New pressures on existing situation	Limited assurance
Continued demand & acuity in a number of services including acute inpatient, community MH, Children & Adults, Podiatry, LAC	Existing	Limited assurance

Key escalation and discussion points from the meeting

Alert	Action (to be taken)	By Whom	Target Date

Advise:

- 1.High number of student nurses have had delayed PIN allocation due to failed exams. Failure of University to notify students over a year ago. Poses a significant risk across the whole health system.
- 2.Increased fixed ligature incident report on Clover and Heather.
- 3 A rise in complaints is anticipated due to the national shortage of **ADHD medication** – temp suspension of no new medication prescribed which will put increased pressure on complaints team. Guidance is being produced by Chief Pharmacist & situation monitored. Use of **acute adult and Psychiatric Intensive Care Unit (PICU) out of area** beds remains high due to a combination of reduction in bed capacity to support COVID

infection prevention and control requirements for isolating and cohorting patients and acuity of service user presentation.

4. The **Dental General Anaesthetic (GA)** 18-week RTT performance remains a concern because patients are unable to get a timely appointment 61.2% (Target 92%)

5. System challenges in relation to Neurodiversity assessment and diagnosis, both adults & children continue

6. Referral rates in **Memory Assessment Services** continue to rise. Whilst diagnostic rate performance is well above national target, wait for assessment remains a challenge.

7. CYP Core MH referral to treatment performance times improved however numbers of referrals into specialist CAMHS remains high impacting upon team capacity and flow.

8. **Safer Staffing** – concerns continue on the organisations ability to recruit into vacant posts this is monitored monthly through the safer staffing group with a reduction in agency workers in HCSW being seen. Progress has been made to support the recruitment to model roster 3, however key areas of concern remain in community nursing and learning disabilities this could impact on the Trusts ability to fulfil its transformation Magda and delivery of safe effective care.

9. Continued reduced medical capacity to undertake Initial Health Assessments (CYP) and the impact on Looked After Children presents a significant risk to children

10. In addition, involvement partner flagged ongoing concerns about First Response service along with the difficulty of getting hold of Care Coordinators in CMHT

11. Najurally centre Band 5 LD nurse gaps

Assure:

1. Positive feedback from our Involvement Partner on the support provided to IPs
2. NHS Talking Therapy (TT) access & recovery targets have improved and continue to be achieved
3. CYP Eating Disorder urgent appointments achieved 100% (5/5) within 1 week (target 95%)
4. EIP access within 2 weeks of referral 78.4% (target 60%)
5. Zero HCSW substantive vacancies reported reducing the need for agency and bank staff which will lead to improvements in quality of care
6. The Age of Wonder collaboration has recently received a NIHR grant in regard to work on mental health support through schools

Decisions / Recommendations:

- The proposal to utilise support from an agency specialising in undertaking IHAs for to deal with the large backlog and poor performance against target was supported by the committee

Report completed by: **Alyson McGregor**

Escalation and Assurance Report (AAA+D)

Report from the: Workforce & Equality Committee
Date of meeting: 20th July
Report to the: Board of Directors

**Agenda
Item
12.6**

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
The consistent metrics of workforce, recruitment, retention, absence, bank, agency and out of area placements continue to dominate the discussion of this committee and link through	Detailed actions in the BAF and ongoing actions reviewed and evaluated in committee	BC	ongoing
Advise:			
<ul style="list-style-type: none"> • Workforce Race Equality Standard (WRES) Report was presented and 7 out of the 9 metrics had improved. However there were significant gaps in the experiences between Black, Asian and Minority Ethnic (BAME) colleagues compared with White colleague experience. The Committee noted the target work taking place within this, & supporting actions for improvement on this contrasting experience • Workforce Disability Equality Standard Report was presented which provided an update on the 2023 NHS WDES data for the Trust, & the relating action plan for approval. Attention was drawn to the following: <ul style="list-style-type: none"> • The Trusts performance had improved for four of the 13 metrics & dropped for nine. For two of the nine metrics the drop was not statistically significant. • Disabled staff were more likely to be: bullied or harassed than non-disabled staff; more likely to feel pressure to attend work when they were unwell; & less likely to feel that their work was valued. • The Committee approved the proposal to re-name the Workforce & Equality Committee to the People & Culture Committee. 			
Assure:			
<p>Significant assurance was received through the learning through staff experiences agenda item which related to the Public Health Nursing Service. Improvement plans were detailed and the Committee felt assured and encouraged as a result:</p> <ul style="list-style-type: none"> • The introduction of Chat Health which was an anonymous text messaging service. • Dedicated screening team for reception aged children. 			

<ul style="list-style-type: none"> • Commencement of peer support groups related to social media & the different platforms that Children & Young People use. • Introduction of a School Nursing Duty Team. • The Service would be delivering MESH Infant to School Programme which was identified as a gap. The team were the only school nursing service in the North of England delivering such a programme. • Launch of a dedicated vulnerable children school nursing team who worked with vulnerable children who were subjected to a child protection plan.
<p>Decisions / Recommendations:</p>
<p>Continue to triangulate performance of key workforce metrics with the Finance and Performance Committee</p>
<p><u>Risks discussed:</u></p> <ul style="list-style-type: none"> • • • •
<p><u>New risks identified:</u></p> <ul style="list-style-type: none"> • • •

Report completed by:

Mark Rawcliffe
 Committee Chair and Non-Executive Director

[September 2023]

Council of Governors – Public Meeting

7 December 2023

Paper title:	Freedom to Speak Up Guardian Bi-Annual Report	Agenda Item 13.0
Presented by:	Phillipa Hubbard - Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive, Director of Nursing and Quality for Bradford Healthcare Partnership (distributed leadership)	
Prepared by:	Joe Cohen – Freedom to Speak Up Guardian Emma Greenwood – Deputy Freedom to Speak Up Guardian	
Committees where content has been discussed previously	Not applicable	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For discussion	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For discussion

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

Purpose of the report

This paper provides information about Freedom to Speak Up activity in Q1/2 2023/24. It is presented in a format to comply with the Guidance for Boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts, published by the office of the National Guardian FTSU and NHSE/I in July 2019.

Executive Summary

The key issues are:

1. A total of 34 cases have been reported to the BDCT Guardian team during Q1/2 2023-24.
2. A significant increase in anonymous concerns received is noted.
3. The number of cases with perceived disadvantageous or demeaning treatment as a result of speaking up has increased slightly from the previous year.
4. There has been a welcome increase of the use of the online booking system for appointments with the FTSU team.
5. Speaking up cases continue to contribute to the broader improvement strategy.
6. As the Kind Life methodology becomes embedded it continues to influence the options for addressing concerns received.

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 are asked to:

- Note the contents of this report.

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: <ul style="list-style-type: none"> • n/a 						
Care Quality Commission domains Please check <u>ALL</u> that apply	<table> <tr> <td><input checked="" type="checkbox"/> Safe</td> <td><input checked="" type="checkbox"/> Caring</td> </tr> <tr> <td><input checked="" type="checkbox"/> Effective</td> <td><input checked="" type="checkbox"/> Well-Led</td> </tr> <tr> <td><input checked="" type="checkbox"/> Responsive</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Well-Led	<input checked="" type="checkbox"/> Responsive	
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Caring						
<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Well-Led						
<input checked="" type="checkbox"/> Responsive							
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> • n/a 						

Council of Governors – Public Meeting

7 December 2023

Freedom to Speak Up Bi-Annual Report 2023-24

1 Purpose

This paper provides information about FTSU activity for the period April to September 2023. The format complies with the 2018 and 2019 publications by the National Guardians Office (NGO) and NHS Improvement published guidance concerning FTSU Guardians Board Reporting.

Section 1 - Assessment of FTSU cases April 2023 to September 2023

Section 2 - Themes

Section 3 - Learning and improvement from April 2023 to September 2023

Section 4 - Actions taken to improve access to the FTSU Guardian route.

Section 5 - Speaking up/listening up culture and actions taken to improve culture.

Section 6 - National/regional activities and information

Section 7 - Future actions

Section 8 – Other news

Section 1 - Assessment of FTSU cases Q1 & Q2, 2023/24

Table 1 shows the total number of cases from 1 April 2023 to 30 September 2023, broken down into those with an element of patient safety/quality of care, bullying and harassment, worker safety or wellbeing and other inappropriate attitudes or behaviours. The table also shows the numbers of colleagues who wanted to remain anonymous to the Guardian and the numbers who considered they had experienced disadvantageous and/or demeaning treatment because of speaking up. Please note that some cases involve a number of different matters, and this is reflected in the figures.

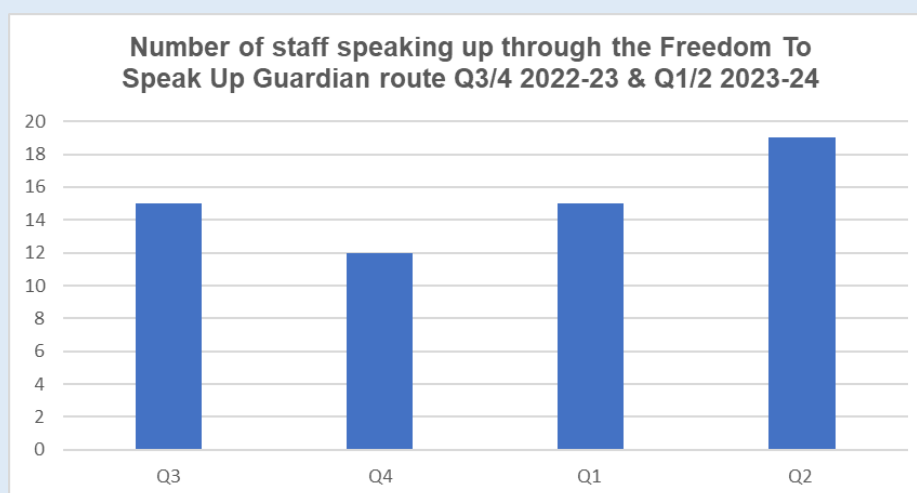
Item	2020/21	2021/22	2022/23	2023/24 (Q1/2 only)
Total no of cases	57	71	75	34
Patient safety and quality of care concerns	9 (16%)	16 (23%)	20 (26%)	10 (29%)
Bullying and harassment concerns	21 (37%)	33 (47%)	18 (23%)	11 (32%)
Worker safety or wellbeing concerns*	Not collected	13 (18%)	58 (74%)	26 (76%)
Concerns related to other inappropriate attitudes or behaviours	Not collected	Not collected	40 (51%)	20 (58%)
Colleagues wishing to remain anonymous to Guardian	8 (14%)	4 (6%)	8 (11%)	9 (26%)

Colleagues perceiving an element of disadvantageous and/or demeaning treatment as a result of speaking up	2 (4%)	10 (14%)	2 (3%)	1 (3%)
Number of staff completing survey who say they would speak up again	8	17	10	2 (6%)

* Please note change in wording to include worker wellbeing from 1 April 2022. This may have influenced the rise in cases compared to 2021/22.

Figure 1 shows the number of FTSU cases by quarter. Only cases that involve colleagues directly contacting the Guardian or the Deputy Guardian for advice or support in speaking up can be classified as FTSUG cases.

Figure 1



Number of colleagues speaking up by professional groups in Q1 and Q2 2023/24

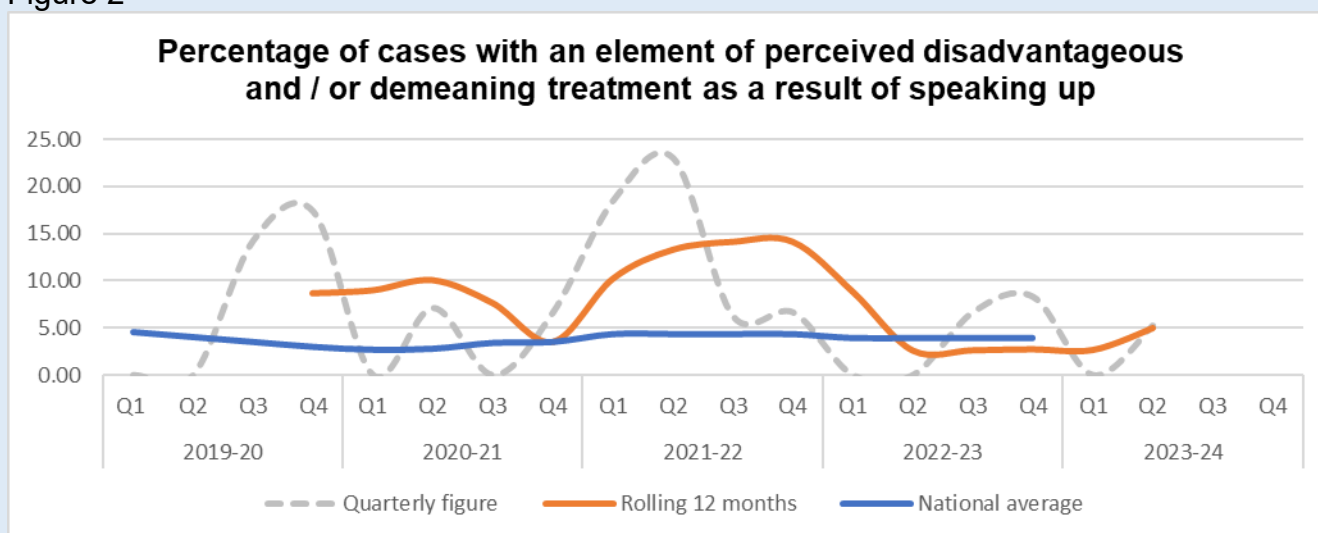
	Q1	Q2	Total
Additional clinical services	0	3	3
Additional professional scientific and technical	0	0	0
Administrative and clerical	3	4	7
Allied Health Professionals	3	0	3
Estates and ancillary	0	2	2
Healthcare scientists	0	0	0
Medical and dental	1	0	1
Nursing and midwifery registered	6	6	12
Students	1	0	1
Other	0	1	1
Not known	1	3	4
Total	15	19	34

Please note professional/worker groups were updated from 1 April 2022.

Number of colleagues with an element of perceived disadvantageous and/or demeaning treatment as a result of speaking up

Figure 2 shows the percentage of cases with an element of perceived disadvantageous and/or demeaning treatment (detriment) as a result of speaking up. Our percentage has slightly increased to be higher than the national average.

Figure 2



Section 2 – Themes

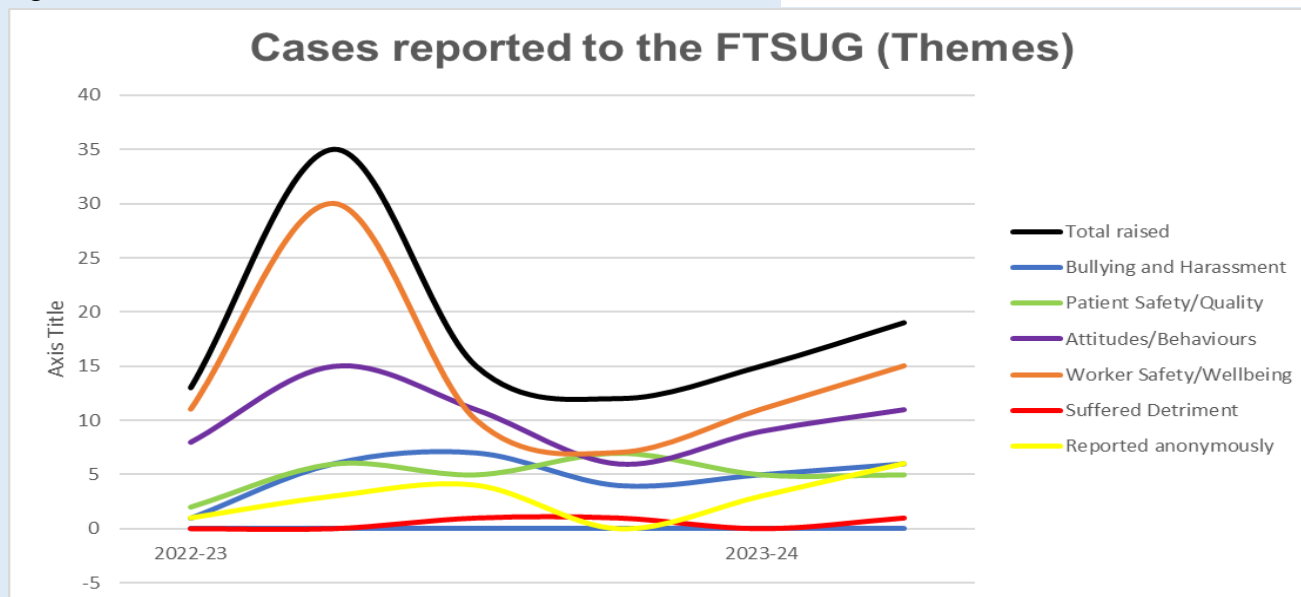
Figure 3 provides a longitudinal view of FTSU cases and the frequency in which different themes have appeared for 2019/20, 2020/21, 2021/22, 2022/23 and 2023/24. Over the four-year period, more colleagues have spoken up with concerns about bullying and harassment than direct patient safety/quality concerns. This is in line with a national trend.

In Q1/2 2023/24 the main themes spoken up about were:

- Deteriorating and dysfunctional teams
- Bullying culture
- Unfair recruitment/nepotism
- Availability of psychological support and issues with training, additional challenge of working from home for certain groups of staff
- Increase of anonymous concerns raised.

Two new categories which were ‘Attitudes/Behaviours’ and ‘Worker Safety/Wellbeing’, were added in 2022-23 there is therefore no data for those categories prior to this year.

Figure 3



Section 3 - Learning and improvement

Managers/leaders are asked to identify the changes made, lessons learnt and any transferable learning that results from FTSU cases. They are responsible for ensuring the implementation of the learning relevant to their service area and for sharing transferable learning within appropriate forums/structures.

The Guardian share’s themes and overall learning from cases at the Board of Directors, the People and Culture Committee, Quality & Safety Committee, the Patient Safety and Learning group and the six-weekly meeting with staff side chair, HR and the EDI leads.

Changes made following colleagues speaking up through the FTSU Guardian route in Q1/2 2023/24

- The continuing partnership with the Safeguarding Team continues to strengthen the freedom to speak up response system.

Case Studies

Case Study 1

This anonymous concern was received regarding both the recruitment process and subsequent performance of a manager. There was a specific element of the concern regarding the reviewing of existing contracts with external providers.

The FTSU team asked for support from senior leaders in both the team named and finance to pursue the issues. A comprehensive set of meetings was carried out (group and 1:1) to create safe conversations and explore the context of the concern.

It was found that the recruitment process had been followed according to Trust policies and HR processes.

The newly appointed manager was performing very well in the role and that they had identified some existing contracts that were not delivering 'value for money' and new providers were being arranged.

Learning.

As with any concern received anonymously, it was impossible to meet with the individual to thank them, explore their issues, agree next steps, keep them updated on the progress of any investigations and feedback the outcomes.

Despite these limitations the response from the relevant senior leaders was commendable and carried out in a timely manner, they ensured that the Trust was ensuring proper systems of both recruitment and financial management.

Case Study 2

The Freedom to Speak Up team received an anonymous concern from a member of staff in Adult and Children's Physical Health Services. The concern turned out to be a suggestion for improvement to the systems used in District Nursing.

The FTSU team passed the suggestion onto senior management who expressed they loved staff presenting ideas for improvement but were a little confused why the person had chosen the speaking up route. Management then shared the idea with the digital clinical systems lead and operational managers to explore further.

There are obvious difficulties as the person who had the suggestion could not be contacted to be included in any improvements made.

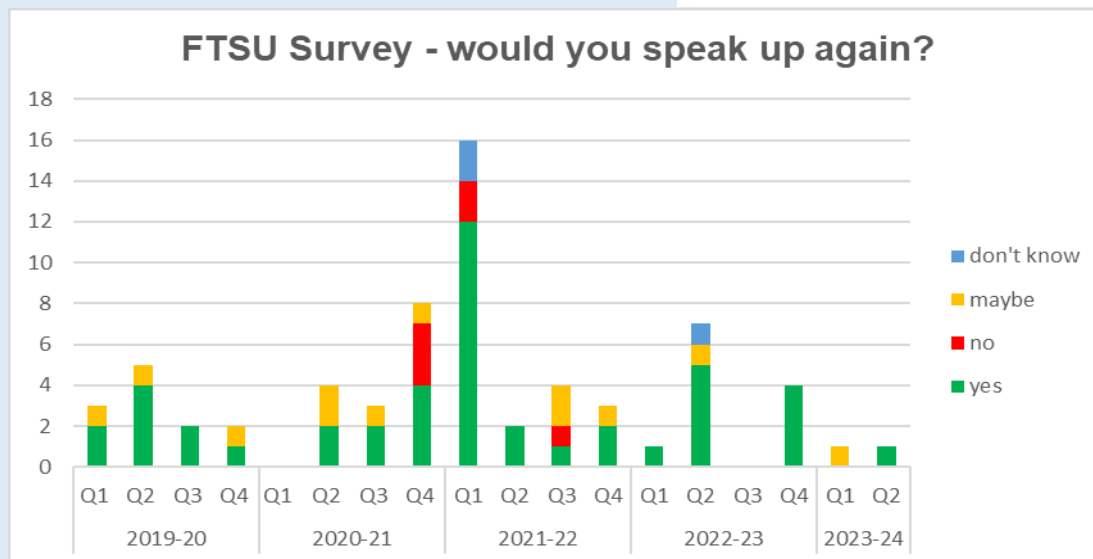
Learning.

There needs to be better communication around where staff can take ideas for improvement and that these would be welcomed.

Feedback about FTSU process

Once a case is closed a survey is sent to the person who spoke up asking questions about their experience of the FTSU process and if they would speak up again. Figure 4 shows the number of people completing the survey and the response to the question "would you speak up again?" People who said they would not speak up again said while they were satisfied that their concerns had been escalated appropriately and in a timely way they were not satisfied with the response from manager/leaders. Please note cases may be closed in a different quarter to when they were raised, so numbers saying they would speak up do not necessarily relate to cases raised in that quarter.

Figure 4



Qualitative feedback provided to the team is generally positive, but staff are critical of managers responding to concerns; some examples from the first half of the year are provided below.

I really appreciate the help of the FTSU guardian and was able to offer updates on the matter.

Not enough support in place from managers when you do speak up and ultimately little action is taken.

The freedom to speak up champions were helpful with their advice, unfortunately managers need more help and guidance with how to respond when an issue is raised.

The staff survey has four questions directly related to raising concerns, see figure 5 for the latest staff survey results available at the time of writing this report which are from 2022.

Section 4: Actions taken to improve access to the FTSU Guardian route

The FTSU team is now fully integrated into the monthly Induction event. Conversations with our new starters are so valuable as they are encouraged to see 'speaking up' as business as usual. On several occasions Board members have responded to concerns by personally arranging to meet teams and listen to their experiences. This type of access has been a powerful message about our Trust values. Realistically this availability of Board members may not be easily arranged in most cases so the 'cascading' of this approach to all levels of leadership will result in continued improvement.

Section 5 – Speaking up/listening up culture.

Action taken to improve the ‘speak up, listen up, follow up’ culture.

The previously mentioned presentation at the monthly Induction event specifically mentions our FTSU Ambassadors. They continue to provide that crucial ‘first conversation’ within the different teams. Their training emphasises the need to first explore the ‘story so far’ ... Has it been possible to explore the concern with your line manager? If not, what might be the barriers? Where appropriate signposting individuals to the full support of the FTSU team.

Interest in volunteering to be part of the Ambassador group continues and cohort training sessions arranged.

Section 6 - National/Regional activities and information

There has been a significant restructuring of the regional networks. The Yorkshire and Humberside group becomes the Northeastern group taking in Trusts in the Newcastle, North and South Tees areas as well as Trusts in the Cumbria region.

Membership of and participation in these groups is essential as it provides a regular direct link to the National Guardians Office who attend them at least on a quarterly basis. Support and advice along with accurate updates on high profile cases (Countess of Chester, University Hospitals Birmingham etc) has been timely and useful.

The second National Conference (since Covid restrictions were lifted) will take place in Birmingham in March 2024

Section 7 – Future actions

- Trust Board FTSU Development Session
- Trust Board Self-Assessment Exercise
- Identification of psychological supervision of FTSU team

Demands on the Trust Board calendar have prevented the Board development session which still remains. This actually creates a very positive opportunity.

The excellent materials created for the Board development session can be repurposed as the platform for the Trust Board Self-Assessment exercise which is mandatory with a completion deadline of January 2024.

A common opinion in regional discussions is that Trusts could arrange a ‘quid pro quo’ psychological support resource with neighbouring Trusts. This would ensure independent advice and avoid unintentional conflicts of interest.

Name of author/s: Joe Cohen and Emma Greenwood

Title/s: Freedom to Speak Up Guardian and Deputy Guardian

Date paper written: 10/2023

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	Corp Gov	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	✓	✓		✓	✓
- People and Culture 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	-	-		✓			

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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:

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