Board of Directors – held in public

Date: Wednesday 29 May 2024

Time: 9.00am until 12:00pm

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

AGENDA

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

This meeting will be held 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**	**9.00**
	2	**Declaration of any conflicts of interest** (enclosure)	**LP**	**-**
BQS	3	**Learning from your experience: An Involvement Partners journey from Crisis to Involvement** (verbal)	**Pauline Soper**	**9.05**
GG	4	**Questions received** (verbal)	**LP**	**-**
	5	**Minutes of the previous meeting held on 14 March 2024** (enclosure)	**LP**	
	6	**Matters arising** (verbal)	**LP**	**-**
	7	**Action log** (enclosure)	**LP**	

Strategy and partnerships

All	8	**Chair's Report** (enclosure)	**LP**	**9.35**
All	9	**Chief Executive's Report** (enclosure)	**TP**	**9.45**
All	10	**Strategic Assurance and Performance Report** (enclosure)	**KB**	**10.05**
		10.1 Strategic Risk Report (enclosure)	**FS**	

Break (10:30am – 10:35am)

Quality and Safety

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BQS	11	**Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held on 28 March 2024** (enclosure)	**SL**	**10.35**
	12	**Alert, Advise, Assure and Decision Report: Quality and Safety Committee held on 21 March 2024** (enclosure)	**AM**	**10.40**
	13	**Freedom to Speak Up Guardian Annual Activity Report** (enclosure)	**Joe Cohen**	**10.45**
	14	**Trust Operational Plan 2024/25** (enclosure)	**KB**	**11.00**
		People and Culture		
BPTW	15	**Safer Staffing Annual Activity Report** (enclosure)	**PH**	**11.10**

Finance and Sustainability

BUOR	16	**Finance Report** (enclosure) **16.1 NHS England Quarterly Submission** (enclosure)	**Claire Risdon**	**11.20**
	17	**Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on 28 March 2024** (enclosure)	**MA**	**11.35**
	18	**Green Plan** (enclosure)	**Emma Clarke**	**11.40**

Governance and well led

GG	19	**Compliance Against Care Quality Commission Registration** (enclosure)	**PH**	**11.45**
	20	**Board Committee's Annual Governance Report, and Terms of Reference** (enclosure) - **Audit Committee** - **Charitable Funds Committee** - **Finance and Performance Committee** - **Mental Health Legislation Committee** - **People and Culture Committee** - **Quality and Safety Committee** -	**FS**	**11.50**
	21	**Alert, Advise, Assure and Decision Report: West Yorkshire Community Health Services Provider Collaborative – 15 April 2024** (enclosure)	**For Information**	**-**
	23	**Any other business** (verbal)	**LP**	**11.55**
	24	**Comments from public observers** (verbal)	**LP**	**-**

| | 25 | **Meeting evaluation** (verbal) | | LP | - |

Date of the Next Meeting: 17 July 2024 – final details to be confirmed by Corporate Governance Team

Questions for the Board of Directors can be submitted to:
Name: Fran Stead (Trust Secretary)
Email: fran.stead@bdct.nhs.uk
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**

Register of Interests – Board of Directors – May 2024

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Non-Executive Directors								
Maz Ahmed	M&M Property (Stoke) Ltd: Director Advantage Advisory Ltd: Director Director of following subsidiaries of Wm Morrison Supermarkets PLC: • Wm Morrison Produce Ltd • Lowlands Nurseries Ltd • Falfish Limited • Falfish (Holdings) Limited • Farmers Boy Limited • Farmers Boy (Deeside) Limited • International Seafoods Limited • Neerock Limited • Rathbone Kear Limited	Nil	Nil	Nil	Nil	NHS Professionals Ltd: Non-Executive Director	Operations Director: Wm Morrison Supermarkets PLC	Nil

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	• Safeway Wholesale Limited • Wm Morrison At Source Limited							
Chris Malish	Bradford College: Vice Principal Finance & Corporate Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Simon Lewis	Nil	Nil	Nil	ASDA Foundation: trustee/non-Executive Director	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities). This also includes acting on behalf of the General Medical Council.	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities) ASDA Foundation: trustee/non-executive director.	Independent Member of the ACAS Council (i.e. the Advisory, Conciliation and Arbitration Service: a non-departmental public body of the Department for Business, Energy and Industrial Strategy (BEIS)). Board member of the Bar Standards Board (i.e. the regulatory body for barristers and some others in the legal services market). Fee-paid Deputy District Judge (including private family law cases, which can involve input from CAFASS, local authorities, NHS organisations, etc). Newly-appointed fee-paid Tribunal Judge (mental health tribunal). Clearly: I would not sit on cases involving applications from service users at BDCT. Court Examiner.	Burley Oaks Primary School: employee

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							Junior Counsel to the Crown. England and Wales Cricket Board: chair of national safeguarding panel. The Football Association: independent chair of disciplinary/regulatory panels. British Cycling: independent chair of disciplinary/regulatory panels. England Boxing: independent chair/member of disciplinary panel. ACCA (the global accountancy body): independent member of disciplinary/regulatory panels. General Optical Council: independent statutory case examiner in fitness to practise (or similar) cases. Phone-Paid Standards Authority: Independent Chair of Code Adjudication Panel University of Bradford – Lay Member of Council Premier League Independent Oversight Panel	
Alyson McGregor	Nil	Nil	Nil	Altogether Better (NHS	Nil	Nil	Nil	Nil

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				hosted organisation): Director Health Foundation Common Ambition Programme Advisory Group: Expert Advisor				
Mark Rawcliffe	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sally Napper	Nil	Nil	Nil	Nil	Consultancy work within Hospice Sector	Nil	Nil	Nil
Linda Patterson	Nil	Nil	Nil	Nil	Nil	Nil	Independent Governor London Metropolitan University Trustee Royal Society of Medicine Fellow of Royal College of Physicians of Edinburgh and London Registered with General Medical Council	Nil
Executive Directors								
Therese Patten	Nil	Nil	Nil	NHS Providers: Trustee	Nil	Nil	Place based lead as part of the Place based system (BdC) as Accountable Officer/Chief Executive West Yorkshire Integrated Care Board, Accountable Officer, BdC Place	North Yorkshire County Council: Practice Supervisor (Family Assessment

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								and Support Team)
Phil Hubbard	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Quality Committee	Place based lead as part of the Place based system as Director of Nursing and Quality distributed leadership team	Langtry Langtons: Employee
Iain MacBeath	Nil	Nil	Nil	Nil	Nil	Bradford District Council	Nil	Nil
Tim Rycroft	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
David Sims	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Quality Committee	Nil	Nil
Mike Woodhead	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Finance Committee	Place based lead as part of the Place based system as Director of Finance	Nil
Kelly Barker	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Quality Committee Bradford District & Craven Finance Committee	Nil	BDCFT: employee
Bob Champion	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven People Committee West Yorkshire Integrated Care Board, People Committee	Nil	Nil

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Board of Directors – Meeting held in Public

29 May 2024

Paper title:	Chair of the Trust's Report	Agenda Item
Presented by:	Dr Linda Patterson – Chair of the Trust	**08.0**
Prepared by:	Corporate Governance team	

Committees where content has been discussed previously	Board of Directors Council of Governors
Purpose of the paper Please check **ONE** box only:	☐ For approval ☒ For information ☐ For discussion
Link to Trust Strategic Vision Please check **ALL** that apply	☐ Providing excellent quality services and seamless access ☐ Creating the best place to work ☐ Supporting people to live to their fullest potential ☐ Financial sustainability, growth and innovation ☒ Governance and well-led
Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Caring ☐ Effective ☒ Well-Led ☐ Responsive

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

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

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

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Recommendation(s)

The Board is asked to:
- note the continuing engagement that has taken place with external partners, internally at the Trust, & with the Council of Governors.

Relationship to the Board Assurance Framework (BAF)

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

☒ **SO1**: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)

☒ **SO2**: Prioitising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)

☐ **SO3**: Maximising the potential of services to delivery outstanding care to our communities (QSC)

☒ **SO4**: Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board)

☐ **SO5**: To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC)

☐ **SO6**: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)

Links to the Strategic Organisational Risk register (SORR)	N/A
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Well-Led Compliance • Foundation Trust Code of Governance • NHS Act • Health and Social Care Act • Nolan Principles • Provider Licence

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Board of Directors – Meeting held in Public

29 May 2024

Chair of the Trust's Report

Partnerships

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

24 Jan	Cllr Susan Hinchcliffe
30 Jan	Cathy Elliott, Chair West Yorkshire Integrated Care Board
31 Jan	West Yorkshire Mental Health, Learning Disability, Autism Committee in Common
1 Feb	Council of Governors
2 Feb	Chairs Interviews Bradford Teaching Hospital NHS Foundation Trust
5 Feb	NHS Confederation Chair's Group
6 Feb	Leading Better Lives together by example as we deliver together
7 Feb	West Yorkshire Chairs Forum
7 Feb	Yorkshire and Humber Chairs Meeting
8 Feb	Board Development Session
13 Feb	Trust Welcome day
14 Feb	Advisory Appointments Committee Panel Consultant in Child and Adolescent Psychiatry Interview
16 Feb	Bradford District and Craven Partnership Board Development Session
22 Feb	Meeting with Peri Thomas, Insight Programme
26 Feb	West Yorkshire Health and Care Partnership meeting
28 Feb	NHS Integrated Care Board and Trust Chairs event London
29 Feb	Lead Governor and Deputy Lead Governor meeting
5 March	West Yorkshire Chairs, Non-Executive Directors, Associate Non-Executive Director peer networking session
5 March	West Yorkshire Partnership Board meeting
7 March	Bradford Proactive Care – Ministerial Visit
8 March	Bradford District and Craven Partnership Board
12 March	Trust Welcome Day
12 March	Trust site visit at Lynfield Mount Hospital - Julian Smith MP
19 March	Chairs and Chief Executive's NHS Providers meeting
20 March	Lynfield Mount Hospital meeting with Philip Davies MP
21 March	Round table dinner with Richard Meddings Chair of NHS England
22 March	Cathy Elliott, Chair West Yorkshire Integrated Care Board
27 March	Cllr Susan Hinchcliffe monthly catch up
8 April	NHS Confederation Chairs Group
9 April	Trust Welcome day
9 April	Introductory meeting with Lorraine O'Donnell Chief Executive at Bradford Council

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25 April	Bradford District and Craven Partnership Board Development Session
26 April	West Yorkshire Association of Acute Trusts Senior Leadership Programme Launch Event
2 May	Leading Better Lives Together event
7 May	Trust Welcome day
7 May	West Yorkshire Health and Care Partnership Monthly Chairs meeting
9 May	Annual Trust Nursing Celebration Event
9 May	West Yorkshire Mental Health, Learning Disability and Autism Committees in Common meeting
14 May	Council of Governors Coffee Morning and Induction Sessions

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

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

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

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

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

People
Bradford District and Craven (BDC) Place roles
The Board have supported the following Executive's undertaking a Place leadership role:
- Therese Patten (Trust Chief Executive), as BDC Place Lead and Accountable Officer for BDC Place within the West Yorkshire integrated Care Board.
- Phil Hubbard (Trust Director of Nursing, Professions and Care Standards), as BDC Place Lead for Director of Nursing.
- Mike Woodhead (Trust Chief Finance Officer), as BDC Place Chief Finance Officer.

The Board were assured that all three colleagues have the time, capacity, and support to undertake these additional new responsibilities. With backfill arrangements in place at the Trust, which the Board will keep updated on in the coming months. These opportunities provide a chance for them to use their expertise to benefit the Bradford District and Craven Place on a wider scale and personal development for all three colleagues.

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Delivering the Better Lives Together Strategy
Following a review and listening exercise that took place Spring 2022 with senior leaders at the Trust, a development programme was created for this group. The purpose was to form a group of colleagues who represent the breadth of work at the Trust and align it to the delivery of the Trust strategy Better Lives, Together. This important programme provides a safe space for colleagues to reflect, learn, co-produce, listen and support each other. To date, 6 sessions have been run in total and I would like to thank Terry Henry, Organisational Development Facilitator who continues to guide us through this vital work.

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 myself as Chair of the Trust, with support from the Trust Secretary. The first participant, Peri Thomas, has now finished her placement with our Trust, we wish Peri well in her future endeavours and thank her for the contributions made over the last six months. Work is taking place to finalise the arrangements for the next placement.

Council of Governors
Recent Council of Governors Meetings
Therese Patten, the Chief Executive, and I continue to have regular meetings with the Lead and Deputy Lead Governor, offering the Senior Independent Director the opportunity to attend, as previously has taken place.

Annual Members' Meeting
Work will soon be taking place to agree the format for this year's Annual Members' Meeting, which will take place on Thursday 19 September 2024 (time to be confirmed). Board colleagues will receive further details soon along-with an agreed proposal for the event & formal 'Notice of the Meeting'. This key statutory event is a chance for our Trust members, service users, carers, staff, Governors, Directors & members of the public to come together to learn more about Trust services, achievements & future vision. The Deputy Trust Secretary is the lead for the event, & will be finalising the events management strategy in the coming months, which includes oversight through a Task & Finish Group, working closely with the Governors.

Governance matters
Governor election campaign – Spring 2024
The Spring 2024 Council of Governors Elections started with 14 seats in the following constituency areas:

Constituency	Number of seats available	Comments
Public: Bradford East	3	1 vacant seat at the start of the election period

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Public: Bradford South	2	1 vacant seat at the start of the election period
Public: Bradford West	2	
Craven	1	
Keighley	1	
Rest of England	1	1 vacant seat at the start of the election period
Shipley	1	
Staff: Clinical	2	At the start of election period, we had 1 vacant seat, but this turned into 2 seats due to a Staff Clinical Governor resigning. 1 vacant seat at the start of the election period
Staff: Non-Clinical	1	1 vacant seat at the start of the election period

Breakdown of existing Governors:
7 Governors came to the end of their 1st term of office during this time & were eligible to re-stand formally through the election if they wished to.
2 Governors came to the end of their 2nd term & were not eligible to re-stand as they had completed 2 terms of office.
2 Governors submitted a nomination to stand again for a 2nd term (Bradford East).

Nomination Phase:
The Election nomination phase started on 12 February 2024 and closed on 11 March 2024.
We had a total of 15 applications in the following areas:

Seat	No of seats	Notes
Bradford East	3 seats	All seats elected unopposed
Staff: Clinical	2 seats	All seats elected unopposed
Bradford West	2 seats	5 applications – Contested seat – a ballot was required
Rest of England	1 seat	1 Seat elected unopposed
Shipley	1 seat	1 Seat elected unopposed
Staff: Non-Clinical	1 seat	1 Seat elected unopposed
Bradford South	2 seats	1 Seat elected unopposed
Keighley	1 Seat	1 Seat elected unopposed

Due to having a contested seat in the Bradford West constituency there was a ballot within that constituency. The ballot phase started on 4 April 2024 and closed on 29 April.

Outcome of Election and Ballot:
The following people were elected unopposed:

Seat	Name	Notes

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Public: Bradford East	Mufeed Ansari	Mufeed was re-elected for a second term
	Michael Frazer	Michael was re-elected for a second term
	Aurangzeb Khan	
Public: Bradford South	Umar Ghafoor	
Keighley	Connor Brett	
Rest of England	Michael Lodge	
Shipley	Paul Hodgson	
Staff: Clinical	Arshad Ali	
	Tabaro Rwegema	
Staff: Non-Clinical	Terry Henry	

The following people were elected through the ballot:

Seat	Name
Public: Bradford West	Imran Khan
	Emmerson Walgrove

Civica Electoral Services acted as the Returning Officer for the election.

<u>Update on Appointed Governors:</u>
During the Spring election campaign, the Appointed Councillor for Bradford Assembly – Tina Bulter will come to the end of her 2nd term on 1 May 2024, on behalf of the Trust I would like to thank Tina for her involvement with the Trust. We are currently waiting for the Appointed Governor for Bradford Assembly to be announced.

We have also been appointed Councillor Allison Coates for Bradford Council who has started her term with us. A very warm welcome to all new Governors, we are looking forward to working closely with you all in the important role you undertake.

Dr Linda Patterson OBE FRCP
Chair of the Trust
May 2024

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Board of Directors – Meeting held in Public

29 May 2024

Paper title:	Chief Executive's Report	Agenda Item
Presented by:	Therese Patten, Chief Executive	**09.0**
Prepared by:	Therese Patten, Chief Executive	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check **ONE** box only:	☒ For approval ☒ For information ☒ 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	Yes
	Belonging to our organisation	Yes
	New ways of working and delivering care	Yes
	Growing for the future	Yes
Delivering Best Quality Services	Improving Access and Flow	Yes
	Learning for Improvement	Yes
	Improving the experience of people who use our services	Yes
Making Best Use of Resources	Financial sustainability	Yes
	Our environment and workplace	Yes
	Giving back to our communities	Yes
Being the Best Partner	Partnership	Yes
Good governance	Governance, accountability & oversight	Yes

Purpose of the report
The purpose of the report is to provide commentary on strategic, operational and systems issues.

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Executive Summary

The areas covered in this report include:

- Well Together
- North Yorkshire SEND Inspection
- Awards and Recognition
- Regulatory Matters and Visits
- Patient Safety Incidents and Never Events
- Media Coverage and Awards
- Place and System
- End of Year Resourcing Highlights
- Keep it Local
- Creative Health System
- Climate Change
- The Fair Work Charter

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

Recommendation(s)

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

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

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Board of Directors – Meeting held in Public
29 May 2024

Chief Executive's Report

1   Purpose

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

2   Trust News

Well Together

This year our Well Together service is celebrating its 15th year. In February the team were proud to present a newly published impact report which demonstrates the life changing impact of volunteer led activities in the community. With over 120 volunteers delivering more than 50 health and wellbeing groups per week across our district, Well Together demonstrates how engaging in meaningful activity within local communities has long lasting positive health outcomes for participants and volunteers. In addition, as an active partner the service is an essential part of the local wellbeing offer to people in our communities.

The full impact report can be found here:
Bradford-Well-Together-Evaluation-report-February-2024-v6.1.pdf (storage.googleapis.com)

Special Educational Needs and Disabilities (SEND) Inspection

At the end of April North Yorkshire Local Care Partnership were inspected by Ofsted and the Care Quality Commission on their local area arrangements for children and young people with special educational needs and disabilities (SEND). The inspection involved fieldwork initially with interviews and staff engagement on the final week and was led by Joanna Warburton (Social Care), Marian Cullen (Education Ofsted), Geraldine Bates (CQC) and Lea Pickerill (CQC).

The team reviewed eight initial Key Lines of Enquiry (KLOEs) which included Education Health Care Plan (EHCP) processes, commissioning, communication with families and young people, thresholds including Children's Disability Services (Social Care) and into CAMHS, waiting times and access to specialist health services and early intervention and prevention.

Following the initial scoping and review of evidence and feedback a further four KLOEs were explored: short breaks, sleep, continence and preparation for adulthood.

Verbal feedback was received on the 3 May from the inspectors and the NY Partnership are still awaiting written confirmation of the outcome and recommendations. I am grateful to all staff from across our Health and Care Partnership who supported with this very comprehensive inspection.

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3 Awards and Recognition

Living our Values Awards

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

- We care – Alison Summers and the Palliative Care Team
  For their "amazing service… outstanding care… visits, practical support and assistance" in helping a family's loved one remain at home for the last months of his life - "This team are very special people."

- We listen – Rayhaan Boota, IPS Employment Specialist
  For being "an exemplary team player, supporting significantly more service users into paid employment than would be expected in his first year, and enabling service users to have a voice and tell their story. What a fantastic start!"

- We deliver - Sian Bardgett, Transition health care support worker
  For her support with a hospital admission for a patient with a learning disability and autism "Sian showed fantastic resilience, knowledge, and skills… ensuring the patient remained calm and remaining with the patient and family until he was discharged after working hours - Sian is a fantastic asset to the team we are extremely lucky to have her."

Thanks a Bunch Nominations

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

Month	Nominations	Awards	Single nominations	Team nominations	Grouped nominations	Single award	Team award	Group award
Feb-24	4	3	3	0	0	3	0	0
Mar - 24	16	5	14	1	1	5	0	0

4 Supporting our People

Resourcing Highlights

A full end of year report on the work of the People Matters Directorate went to the May People and Culture Committee. The headlines included:

- 925 recruitment episodes, 500 of which were external applicants
- Average time to hire (from conditional offer to unconditional offer) 29.5 days against a 35-day target
- 98% of new starters attended Trust Induction

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- From 1 April 2024 90% of vacancies were subject to recruitment activity
- Introduction of new weekly training on the TRAC system for managers to enhance capability and reduce bottlenecks
- Long-standing issues with UKVI compliance for migrant workers subject to review and resolution

This represents not just significant work but real progress from a Directorate that has had to stabilise and rebuild during the year.

5   Regulatory Matters and Visits

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

Mental Health Act (MHA) visits

There were no MHA visits during the reporting period. The action statement for the February visit to the Najurally Centre was received in March and returned by the deadline. Further information was requested by the CQC, and this was provided to the CQC within timescales.

CQC Notifiable incidents

Number by category	Detail
1 AWOL	Ilkley – returned by police
1 YP Admissions	Re-admission of YP to Ashbrook CAMHS suite, was then discharged back to place of residence

CQC Engagement and Enquiries

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

Inquests

Seven inquests were concluded during this period in which BDCFT had provided some level of evidence to the Coroner. Of those, BDCFT staff were not called by the Coroner. There was no criticism made of the Trust by the Coroner in any of the cases and no Prevention of Future Death reports were made.

The coroner's conclusions for all cases were:

2 x Drug related
1 x Drug and alcohol related
2 x Suicide

1 x Accidental
1 x Narrative

6 Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported and four new Patient Safety Incidents have been reported, three suspected suicide and one non-accidental injury to a child.

Currently we have nine open investigations with one being an external investigation, this is a double homicide and NHSE have commissioned NICHE to complete the investigation. An action planning meeting has now been scheduled for mid-May with all relevant parties. Three investigations were completed in the reporting period.

7 Media Coverage and Awards

Media and news highlights since the last Board meeting included:

Area / dates	Details
Care Trust welcomes new Governors: 13 May	Bradford District Care Trust has welcomed seven new public Governors, following elections across Bradford Airedale, Wharfedale and Craven, and three new staff Governors
Mother of two encourages mums to seek support during Maternal Mental Health Awareness Week: 22 April	Bradford District Care Trust and mother of two, Katie, are encouraging mums to seek support during Maternal Mental Health Awareness Week, 29 April – 5 May 2024. The week is a reminder of the mental health challenges many mothers face before, during and after pregnancy
NHS Trust launches dance project to support mental health in young people: 20 March	Young people across Bradford, Airedale, Wharfedale and Craven are benefitting from a new dance project, led by Bradford District Care Trust which aims to improve mental health, physical fitness and confidence
Care Trust social worker recognised in national awards: 6 March	Bradford District Care Trust social worker, Janessa Andrews, has been recognised in the prestigious Amazing Social Workers Awards 2024, by the British Association of Social Workers
Greener future for patients at Bradford Care Trust: 28 February	Patients at Lynfield Mount Hospital will have a greener future with the planting of 260 trees, as part of a wider initiative funded by Natural England, the public body that helps protect nature and landscapes

National awards

Award	Details
THE BUTLER TRUST	The Youth Justice Service have been awarded the Kathy Biggar trophy by the Butler Trust for their work with young people in Bradford raising awareness and working to prevent knife crime.

8   Place and System

On 5 March 2024 our Trust Chair attended the West Yorkshire Partnership Board meeting, which is an important statutory body bringing together elected members, non-executives, executives and lay members in decision-making. Papers for this meeting can be found here: West Yorkshire Health and Care Partnership Board meeting - Tuesday 5 March 2024 :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)   The Chair was particularly interested in four agenda items and asked executives for a view on them.

Keep it Local

In summary this means transforming public services by prioritising local partnerships and investment. In West Yorkshire it is recognised that there is significant potential to do this building on areas of best practice and prioritising supporting, partnering with and commissioning the local VCSE sector recognising that they produce high quality people-centred services with intrinsic social value. Keep it Local has six key principles including thinking about the whole system not individual service silos, co-ordinating services at a neighbourhood level and proactively supporting local organisations.

In our Trust the integration and transformation team work closely with the Local Authority who have a long standing Keep it Local workstream. We are now incorporating the six principles into our work and using them specifically in Community Mental Health transformation and the review of commissioning that is taking place as part of the Closing the Gap programme across the Healthy Minds and Healthy Communities priority areas.

Creative Health System

West Yorkshire is a creative place, and the creative industries play a vital role in our economy. West Yorkshire is already one of only four national Arts and Health hubs with the National Centre for Creative Health (NCCH) and has a unique opportunity to build a legacy from Leeds 2023, Kirklees Year of Music, CultureDale, Wakefield Year of Culture and Bradford City of Culture 2025.

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In December 2023, the NHS West Yorkshire Integrated Care Board, Mayor of West Yorkshire Tracy Brabin and the West Yorkshire Combined Authority announced our region as a Creative Health System with a mission to bring alignment, amplification, and connection across our system to enable people to engage in creative approaches so that they can live well in their community and achieve their potential.

As a Trust we know that creativity is an important part of wellbeing, and we have a strong legacy of creative health work as part of our LynFest activities and iCare. Building on this, we are working in partnership with Mind in Bradford, Bradford 2025 and the ICB and have established a Creative Health steering group. This group are working to develop a programme of work for 2025 and beyond that will be community arts driven, bringing together artists, health and care staff and communities.

Our Ambition to Tackle Climate Change

In 2020 the West Yorkshire Health and Care Partnership set a strategic ambition to become a global leader in response to the climate emergency. Since the ambition was set a Climate Strategy has been developed which sets out clear actions for the system to adapt, mitigate and lead collaboratively to reduce the negative population health impacts of climate change.

In the Trust we are fortunate to have a passionate and committed Energy, Waste and Sustainability Manager who presented at the West Yorkshire Partnership Board alongside the Partnership's Climate Change lead, Frank Swinton.

As a Trust we are an active participant in both operational and Board-level sustainability meetings, highlighting issues, challenging peers, and promoting good work. Our Sustainability Team work to address both our own targets and priorities and those identified for Trusts to complete within the ICS Green Plan, which sits alongside the Climate Change Strategy. An example of this is training and awareness raising for staff and working with colleagues from across the Bradford and Craven Partnership to promote and embed net zero decision making at a local level.

The Trust endeavours to complete sustainability impact assessments and teams are beginning to consider the environment at an earlier stage of decision making. An example of how we are supporting this is that the Trust has joined the Sustainability in Quality Improvement (SusQI) Academy and is an aspiring beacon site. The KPO and Sustainability Teams are working closely to ensure sustainability is embedded alongside quality, safety, and other priorities, into everything we do.

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The Fair Work Charter

The Mayor of West Yorkshire pledged to introduce a Charter to recognise the many employers in the region that are committed to Fair Work, and Mission 1 of the West Yorkshire Plan (launched in June 2023) sets out the region's ambition for "a prosperous West Yorkshire – an inclusive economy with well paid jobs".

The Mayor's Fair Work Charter is an important part of achieving this mission by ensuring a fair and just economy that works for everyone. It will help to ensure that everyone employed in West Yorkshire receives the greatest possible employment security, best working conditions, as well as promoting greater employee wellbeing, workforce diversity, social mobility, and so accelerate Inclusive Growth

The principles of the Fair Work Charter are based predominantly on belonging, inclusion, diversity and equality, employee voice and establishing sustainably safe, healthy, and positive work environments. Much of what is contained within the charter is already embedded in NHS organisations, so we are ahead of the curve as far as implementing it. The following schemes demonstrate our commitment to this work:

- WRES, WDES and GPG compliance
- NHSE EDI Improvement Plan actions and outcomes
- FTSU mechanism
- Agenda for Change terms and conditions of service
- WTD compliance
- Trade union recognition agreement and facilities time
- A plethora of employment policies based on fair work principles and practices

As a Trust we have registered interest in association with the Fair Work Charter and feel we have much to contribute.

Author: Therese Patten
Title: Chief Executive
Date: 16 May 2024

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Board of Directors – Meeting Held in Public
22 May 2024

Paper title:	Board Integrated Performance Report – Feb 24/Mar 24 Data	Agenda Item
Presented by:	Phil Hubbard, Director of Nursing, Professions & Care Standards Fran Stead, Trust Secretary	**10.0**
Prepared by:	Kelly Barker, Chief Operating Officer Karthik Chinnasamy, Deputy Director of Performance and Planning	

Committees where content has been discussed previously	Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee Audit Committee
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ 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

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Purpose of the report

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

Executive Summary

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

This report presents two types of information:

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

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

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

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

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

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

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

March 2024 data has been presented for all workforce and operational performance sections. For quality and safety sections, February 2024 data has been presented due to the timings of the committee.

The summary position as confirmed across the delegated committees is noted below.

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Being the Best Place to Work

- Theme 1 – Looking after our People - Confirmed assurance level by delegated Committee – **Significant**
- Theme 2 – Belonging to our Organisation - Confirmed assurance level by delegated Committee – **Significant**
- Theme 3 – New Ways of Working and Delivering Care - Confirmed assurance level by delegated Committee – **Limited**
- Theme 4 – Growing for the Futures - Confirmed assurance level by delegated Committee – **Significant**

Delivering Best Quality Services

- Theme 1 – Access & Flow – Confirmed assurance level by QSC - **Limited**
  - Confirmed assurance level by F&P - **Low**
- Theme 2 – Learning for Improvement - Confirmed assurance level by delegated Committee - **Significant**
- Theme 3 – Improving the experience of people who use our services - Confirmed assurance level by both delegated Committees - **Limited**

Making Best use of resources

- Theme 1 – Financial Sustainability - Confirmed assurance level by delegated Committee – **Low**
- Theme 2 – Our Environment & Workspaces - Confirmed assurance level by delegated Committee – **Low**

- Theme 3 – Giving back to our communities - Confirmed assurance level by delegated Committee – **Limited**

Best Partner – measures & metrics to be agreed

Good Governance
Confirmed assurance level - **Significant**

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

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

Recommendation(s)

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The Board of Directors is asked to:
- Note the data and associated narrative and triangulation as discussed within each delegated committee, detailed within the AAA+D
- Accept the BAF Assurance levels as confirmed within each delegated committee, detailed within the report and in the AAA+D

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR: • 2504: Waiting lists in memory assessment services • 2509: Community nursing services demand exceeding capacity • 2609: Organisational risks associated with out of area bed use (finance, performance and quality) • 2610: Core Children and Adolescent Mental Health Service waiting list • 2611: Improving Access to Psychological Therapies waiting lists • 2672: Lynfield Mount Hospital – Estate condition, associated impacts & redevelopment requirements
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Caring ☒ Effective ☒ Well-Led ☒ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • The NHS oversight framework describes how NHS England's oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.

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

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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.

Are we improving, declining or staying the same?

Can we reliably hit the target?

Variation

H/L Special Cause Concerning variation	H/L Special Cause Improving variation	Common Cause

Assurance

P Consistently hit target	? Hit and miss target subject to random	F Consistently fail target

ORANGE = significant concern or high pressure

BLUE = significant improvement or low pressure

GREY = no significant change

ORANGE = system change required to hit target

GREY = hit and miss, subject to random fluctuations

BLUE = will reliably hit the target

NHS
Bradford District Care
NHS Foundation Trust

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.

Theme 1: Looking after our people – we will	We will know we have been successful when:	CONFIRMED Current Assurance Level: 3. Significant
• Ensure our people have a voice that counts. • Strengthen the recognition and reward offers for our people. • Support our people to be active in improvement and innovation efforts inside and outside the organisation. • Embrace the principles of trauma informed practice across all of our services.	• We 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.	CONFIRMED Current Assurance Level: 3. Significant
Theme 2: Belonging in our organisation – we will • Continue to nurture compassionate, supportive and inclusive teams in our Trust. • Build on our collective learning to shape an increasingly diverse, culturally competent, flexible and inclusive workforce that represents our communities. • Continue to empower our staff networks, ensuring people can engage and act as a voice for the unheard voices. • Continue to measure and improve the experiences and progression of our staff from protected equality groups. • Encourage greater use of our comprehensive wellbeing offer so people are safe, healthy, thrive in their place of work and have a good work/life balance. • Organise all our leaders to lead by example and demonstrate values, behaviours and accountability in action	**We will know we have been successful when:** • We can demonstrate that our workforce, including our senior leadership, is representative of the community it serves. • Our people tell us they feel supported and developed	CONFIRMED Current Assurance Level: 3. Significant

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.

Theme 3: New Ways of Working and Delivering Care - we will	We will know we have been successful when:	CONFIRMED Current assurance level: 2. Limited
• 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.	• 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.	
Theme 4: Growing for the future – we will • Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities.	**We will know we have been successful when:** • Working with our education and training providers, we've developed pathways to increase the number and variety of roles that can be accessed through a vocational route. • 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.	CONFIRMED Current Assurance Level: 3. Significant

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	Mar 24	13.68%	10%	
Sickness absence related to stress / anxiety	Strategic	Mar 24	2.6%	N/a	
Sickness absence (Overall)	Supporting	Mar 24	6.6%	4.0%	

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	3/3 improved	3/3	
WDES data (no areas improved out of 2)	Strategic	2022/23	1/2 improved	2/2	
Gender pay gap (no areas improved out of 2)	Strategic	2022/23	1/2 improved	2/2	
Annual Appraisal Rates	Strategic	Mar 24	69.08%	80%	
No grievances involving discrimination	Strategic	Mar 24	1 Grievance	N/a	

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	Mar 24	91.4%	100%	Reduction in agency and unfilled duties. Top 3 reasons for bookings are Vacancy, Increased Observations and High Patient Acuity
Vacancy rates	Strategic	Mar 24	7.4%	10%	Reduction

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

No apprenticeships	Strategic	Mar 24	116	63	Increase
No 'new' roles recruited to (inc NAs and ANPs)	Strategic	Mar 24	1	N/a	Increase
Bank & Agency Usage (WTE)	Strategic	Mar 24	30.01 Agency 313.70 Bank	N/a	Agency usage reduced slightly

Strategic Priorities – Assurance Level

NHS
Bradford District Care
NHS Foundation Trust

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

Theme 1: Access & Flow – we will	We will know we have been successful when:	Confirmed Current Assurance Level (QSC – quality perspective):
• Implement 'right care, right place, right time' service delivery models to improve choice, access, reduce waiting times and enhance continuity in care, including working with our partners and those in our services, to identify where digitally enabled services will improve accessibility and experience. • Enhance collaboration between mental, physical community health services, and social care and system partners for all services to 'make every contact count' and to bring new and innovative ways of working to our communities. • Work collaboratively with partners in a locality-based model to reduce health inequalities by using data and evidence-based practices to maximise the impact and outcomes	• We will 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.	**2. Limited** **Confirmed Current Assurance Level (Finance and & Performance perspective):** **1. Low**
Theme 2: Learning for improvement – we will • Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families. • Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste.	**We will know we have been successful when:** • We consistently adopt a continuous improvement approach, share learning and creating opportunities for our people to develop their improvement and innovation skills. • We have a vibrant portfolio of research that guides clinical and service decisions	**Confirmed Current Assurance Level:** **3. Significant**

NHS
Bradford District Care
NHS Foundation Trust

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	We will know we have been successful when:	
• 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	• 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	Mar 24	2	TBC			3	
Number of people with inpatient length of stay > 60 days	Strategic	Mar 24	18	0		F	14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Mar 24	58.5%	92%	L	F	67.7%	
Inappropriate Out of area bed days	Strategic	Mar 24	414		L		615	

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Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Charts
% of staff trained as a CTW Champion	Strategic	Feb 24	43.7%	50%	
% of staff trained as a CTW Leader	Strategic	Feb 24	21.9%	20%	
% of staff trained as a CTW Practitioner	Strategic	Feb 24	35.2%	3%	
% of staff trained as a CTW Sensei	Strategic	Feb 24	75.4%	0.5%	
No of patients offered and participating in research studies (YTD)	Strategic	Feb 24	18	589	CHART IN PROGRESS

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	Feb 24	23	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Feb 24	11	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Feb 24	93.1%	90%	N/A	N/A	87%	
No of patient safety incidents resulting in moderate or major harm	Strategic	Feb 24	63	0	N/A	N/A	N/A	

Delegated Strategic Priorities – Assurance Levels

NHS
Bradford District Care
NHS Foundation Trust

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

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

Strategic Priorities – Assurance Summary

NHS
Bradford District Care
NHS Foundation Trust

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

Board of Directors- Public

29 May 2024

Paper title:	Committee Alert, Advise, Assure + Decision (AAA+D) – strategic risk summary	Agenda Item
Presented by:	Fran Stead, Trust Secretary	**10.1**
Prepared by:	Fran Stead, Trust Secretary	

Committees where content has been discussed previously	Mental Health Legislation Committee; Quality & Safety Committee; Finance & Performance Committee, Audit Committee, People & Culture Committee
Purpose of the paper Please check **ONE** box only:	☐ For approval ☐ For information ☒ 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

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Purpose of the report

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

Executive Summary

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

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

In support of continuous improvement, work is taking place to consider a reporting template which integrates:
- strategy deployment
- strategic risk
- strategic performance
- strategic assurance.

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

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

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

One of the tools the Board can use annually to review assurance on this is the Well Led Internal Audit. Aligned to the Care Quality Commissions assessment framework & quality statements, the audit supports the Trust's aspirations to become outstanding, specifically within well led this means:

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There is an inclusive & positive culture of continuous learning & improvement. This is based on meeting the needs of people who use services & wider communities, & all leaders & colleagues share this. Leaders proactively support colleagues & collaborate with partners to deliver care that is safe, integrated, person-centred & sustainable, & to reduce inequalities.

There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care.

The framework reviews assurance against the 8 key lines of enquires:
- shared direction & culture
- capable, compassionate & inclusive leaders
- Freedom to Speak Up
- workforce equality, diversity & inclusion
- governance, management & sustainability
- partnerships & communities
- learning, improvement & innovation
- environmental sustainability.

A Board Development Session will take place June to consider the findings for the first Well Led Internal Audit.

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

Recommendation(s)
The Board of Directors is asked to: • Note the strategic risks identified by each Committee and discuss the implications for achievement of the Trust's overall Strategy. • Note the update on ensuring an integrated model of good governance, assurance & risk is embedded robustly within the Trust.

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR: • N/A •
Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Caring ☐ Effective ☒ Well-Led ☐ Responsive

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Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Well-led

Board of Directors - Public

29 May 2024

Committee AAA+D – strategic risk summary

1   Purpose

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

2   Strategic risks and assurance of mitigation

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

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

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Committee	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Changes since last report update
	There is a risk that the safety and experience of service users and staff is materially compromised by the unjustified or badly-managed use of restraint/intervention on the wards.	New.	January 2024	Limited due to new and emerging risk.	N/A – new.
Quality & Safety Committee	Continued pressure on our workforce impacting on quality of care to patients.	New pressures on existing situation.	September 2023	Limited.	Static.
	Continued demand & acuity in a number of services including acute inpatient, community MH, Children & Adults, Podiatry, LAC will have a negative impact on patient experience and outcomes.	New pressures on existing situation.	September 2023	Limited.	Static.
Finance & Performance Committee	There is a maintained risk that the trust will be unable to maintain its financial sustainability in the medium to long term.	New pressures on existing situation.	September 2023	Low – there are in year mitigations in place within the Trust, which is also contributed to by wider system pressures.	Static.
	There is a risk that ongoing lack of capital funding will mean we are unable to effectively address the short, medium and long term estates requirements at Lynfield Mount, impacting on the safety, experience and outcomes for patients and staff.	New pressures on existing situation.	September 2023	Low – capital funding is out of the control of the Trust, alternative plans are being explored but require support from partners.	Static.

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Committee	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Changes since last report update
People & Performance Committee	Continuing medical locum usage, associate quality & financial pressures associated with this strategic risk.	Existing.	September 2023	Limited.	Static.
	Workforce utilisation and effective rostering as part of the Model Roster 3 programme.	New pressures on existing situation.	May 2024	Limited.	N/A – new.
	Manager capability & competence, in light of new financial pressures/challenges.	New pressures on existing situation.	May 2024	Limited.	N/A – new.
Audit Committee	Failure to provide good governance, accountability and effective oversight around consultant job plans and the resultant additional payments that are made.	Existing.	November 2023	High – due to improvement work reported through assurance oversight.	Increase in assurance level due to management mitigation/actions.

Name of author/s: Fran Stead
Date paper written: May 2024

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Escalation and Assurance Report (AAA+D)

NHS
Bradford District Care
NHS Foundation Trust

Report from the: Mental Health Legislation Committee
Date of meeting: 28.03.24
Report to the: Board of Directors

Agenda Item

11.0

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

Top strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
I shall focus on three such risks in this report: There is a risk that the safety and experience of service users and staff is materially compromised by a limited ability of the trust to respond, in a sufficiently coherent and rapid way, to estates issues and/or innovations.	Existing	Significant
There is a risk that the safety and experience of service users and staff is materially compromised by the unjustified or sub-optimally-managed use of restraint/intervention on wards.	Existing	Significant
There is a risk of sub-optimal application of "best interests" principles.	New	Limited

Key escalation and discussion points from the meeting			
Alert	**Action (to be taken)**	**By Whom**	**Target Date**
N/A (but note the conclusion at para 15 below)	N/A	N/A	N/A
Advise			
1. The Committee ["**C**"] considered – and scrutinised – project work in relation to **"sensory processing"** on inpatient units (seeking to improve the experience of service users impacted by processing issues, including autism). Improvements have included training/workshops, sensory suitcases, lighting, ear plugs. In			

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scoping work at Moorlands View, 80% of service users and 90% of staff agreed that the relevant environment impacted on recovery. Evidence indicated it had an impact on both length of stay and staff absence. Future plans (including a new business case) were discussed to extend the work (beyond June 2025 when current funding arrangements end). C made various challenges, including in relation to whether: available ear plugs were sufficient in number/quality; more could be done regarding noise from doors; the most desirable lighting is in place. C saw considerable value in this ongoing project/work. C recommended that the Board should try to learn more about this work and the issues arising.

2. C was updated on a recent **CQC** Mental Health Act monitoring review visit at the Najurally Centre. Points were raised relating to blanket restrictions/access; a review concluded that one area of the ward would be "opened up" but that two others would remain restricted. A point was also raised in relation to the use of CCTV in a bathroom in the seclusion area; the team was reviewing the situation and ethical issues. A further point was raised in relation to an under 18 on the ward, whether his/her voice was being heard and whether communication with the family was sufficient; C was provided with assurance. C will be provided with a fuller report in due course.

3. C considered the Integrated Strategic **Performance Report**. Data relating to diversity would become part of the Patient Carer Race Equality Framework. There had been some seclusion/segregation in relation to a particular service user. C noted the updated position in relation to training metrics. C noted the content of the dashboard more generally, including the evidence of mitigating factors.

4. C appreciated the detail within the written and oral report from the **Positive and Proactive Group**. The overall trend on incidents and interventions remained encouraging but there were relatively high numbers at Heather, DAU and Najurally. Use of safety pods and the use of de-briefs will both now be reported to C.

5. There is evidence of a decline in the quality of "**best interests**" work in the Trust (from around 71% to 51%). Actions in place to improve (including coaching and a refresh of daily lean management). KB, CD, and JT will meet to discuss further. A mini-audit is planned to be conducted in June. C will receive further updates.

Assure

6. Marked improvement in compliance/performance regarding getting relevant **documents to Mental Health Tribunals and Associate Hospital Managers** in a timely manner (from 33% to 83% for MHTs, 71% to 75% for AHMs).

7. **Associate Hospital Managers** report presented. Improved (co-produced) forms, to help structure decisions and decision documents, had been introduced; 35 hearings had taken place in last 3 months (2 service users discharged); annual reviews were being conducted; managers now had access to ESR and trained on the MHA and Deprivation of Liberty Safeguards (DoLs). The Chair agreed to attend a meeting of AHMs in September (with Ms McGregor hoping to attend too) and re-iterated the invitation for AHMs to attend C's meetings. C recognised the contribution of a retiring long-serving AHM. C asked for a version of the MHA and DoLs training to be delivered to it too.

8. C was informed that the **estates work at the Airedale Centre** for Mental Health has been tendered and work had started.

9. Ms McGregor challenged whether, in light of para 2 above and generally, someone directly from the **estates team** should attend C's meetings. The CFO will consider.

10. C considered the bi-annual report on **sexual safety**, including the Trust's ongoing work in that regard. The Trust is working with service users to understand sexual safety issues, their rights, and how they can share any concerns.

11. The Trust is set to welcome Dr Katherine Turner, the lead in restorative just cultures in mental health settings, to a meeting in June.

12. The annual **effectiveness survey** was carried out, online, at or towards the end of the meeting (in an attempt to improve participation etc).

Decisions / Recommendations:

13. The minutes (of C's previous meeting) were approved.

14. The report of the AHMs was approved.

15. Overall, and trying to step back to look at things in the round, C took the view that it had **limited assurance** (at this time) in relation to "Theme 3" (see above) in general. This was mainly due to the concerns relating to (a) the evidence of a decrease in good practice relating to "best interests" work and (b) the feedback from the recent CQC MHA monitoring review visit.

Report completed by: Simon Lewis (20.05.24)

Escalation and Assurance Report (AAA+D)

Report from the: **Quality and Safety Committee (QSC)**

Date of meeting: **21 March 2024**

Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	**Action (to be taken)**	**By Whom**	**Target Date**
Nothing to alert.			

Advise:

1. Our Involvement Partner raised 3 issues
   - Dialectical Behavioural Therapy (DBT) Graduates who completed the course during Covid are experiencing barriers in accessing the new training programme which has different modules and offers wider support. A review into the issues and barriers will be undertaken.
   - There has been a lack of coproduction in relation to updating the Involvement Strategy. This was acknowledged and will be addressed.
   - Concerns from service users around lack of involvement in their discharge from hospital. A more person-centred approach was being looked at to get the right balance between managing the demands on beds and financial pressures. A mini Quality Assurance Framework (QAF) would also be undertaken with the flow team to look at how the Trust discharged service users safely.

   2) The Committee was advised that a recent Freedom of Information (FOI) breach had been downgraded.
1) The AAA+D for safer staffing advised that the risk around children in care and initial health assessments now sits at partnership Integrated Care Board (ICB) Level. A business case had been developed and would be presented at the financial decisions board within the ICB.
2) Speech and Language Therapy vacancies had been added to the risk register.

Assure:

1. Learning from your experience: A presentation from the Dialectical Behavioural Therapy (DBT) Graduate Programme outlined the programme and the positive impact that DBT graduates (who were colleagues that had undertaken DBT therapy) had on the running of future programmes. Providing real life hands on experience for the DBT skills trainers.
2. QSC received an update on the new NHS Patient Safety Incident Framework (PSIRF) which would go live on 1 April 2024. The Committee was assured that the

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Trust had already been looking at trends and themes and offering challenge through the new panel.

3. The Committee was sighted on the concept of 'waiting well' in relation to reducing waiting lists. It was explained that a targeted approach would be used to focus on where the Trust had inequalities in access to waits by introducing the use of technology like Power Bi to track levels and for the Trust to become a data led organisation.

4. QSC were sighted on improvements made by services to tackle waiting lists such as Speech and Language Therapies (SaLT) and Child and Adolescent Mental Health Services (CAMHS) who had looked at introducing targeted approaches to waiting lists such as utilising self-care and guided self-treatment for those that were on a waiting list.

5. An update on the developments to the Patient and Carer Race Equality Framework was provided and it was highlighted that there had been an emphasis on involvement of communities and coproduction and that an engagement structure had been developed. The Trust would now work towards implementing the engagement structure.

6. The AAA+D for Clinical Board noted that the alert in relation to AEDs had now been completed and physical health checks of devices had been carried out and the log updated.

7. The AAA+D for Allied Health Professionals highlighted that although there were staffing issues for Occupational Therapists at Airedale Centre for Mental Health which would have a significant impact on what could be delivered, plans had been put in place to minimise associated risks.

8. The procurement for a new Friends and Family Test had been completed and the Trust had contracted Heathcare Comms to conduct the running of Friends and Family Tests for the Trust. Whilst procurement was ongoing, the Trust had agreed with NHS England that paper copies would be used.

9. New guidance released by the Department of Health in relation to the rise in outbreaks of cases of measles had been shared with junior doctors, inpatient wards and children's services.

Decisions / Recommendations:

The Committee approved the proposals for the next steps for the Patient and Carer Race Equality Framework (PCREF) which included increasing feedback and engagement from ethnically diverse communities, engaging and utilising the Council of Governors and proposing a co-opt Governor position on the Council of Governors to represent the NOOR project with a focus on PCREF.

Report completed by: Alyson McGregor

Chair of the Quality and Safety Committee

Board of Directors – Meeting held in Public

May 2024

Paper title:	Freedom to Speak Up Guardian Bi-Annual Report	Agenda Item
Presented by:	Joe Cohen – Freedom to Speak Up Guardian	**13.0**
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:	☐ For approval ☐ For information ☒ 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

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This paper provides information about Freedom to Speak Up activity in Q3/4 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 69 cases have been reported to the BDCT Guardian team during 2023-24.
2. The number of anonymous concerns received is still higher the previous year.
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. A number of concerns are specifically alleging racial discrimination as a component of their experience.
5. Speaking up cases continue to contribute to the broader improvement strategy.

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

Recommendation(s)

The Board of Directors is asked to:
- Note the 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: • n/a
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Caring ☒ Effective ☒ Well-Led ☒ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • n/a

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Board of Directors – Meeting held in Public

29 May 2024

Freedom to Speak Up Bi-Annual Report 2023-24

1   Purpose

This paper provides information about FTSU activity for the period October 2023 to March 2024. 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 October 2023 to March 2024
Section 2 - Themes
Section 3 - Learning and improvement from October 2023 to March 2024
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 Q3 & Q4, 2023/24

Table 1 shows the total number of cases from 1 April 2023 to 31 March 2024, 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
Total no of cases	57	71	75	69
Patient safety and quality of care concerns	9 (16%)	16 (23%)	20 (26%)	17 (25%)
Bullying and harassment concerns	21 (37%)	33 (47%)	18 (23%)	27 (39%)
Worker safety or wellbeing concerns*	Not collected	13 (18%)	58 (74%)	54 (78%)
Concerns related to other inappropriate attitudes or behaviours	Not collected	Not collected	40 (51%)	41 (59%)
Colleagues wishing to remain anonymous to Guardian	8 (14%)	4 (6%)	8 (11%)	14 (20%)
Colleagues perceiving an element of disadvantageous and/or demeaning treatment as a result of speaking up	2 (4%)	10 (14%)	2 (3%)	3 (4%)

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Number of staff completing survey who say they would speak up again	8	17	10	7

* 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
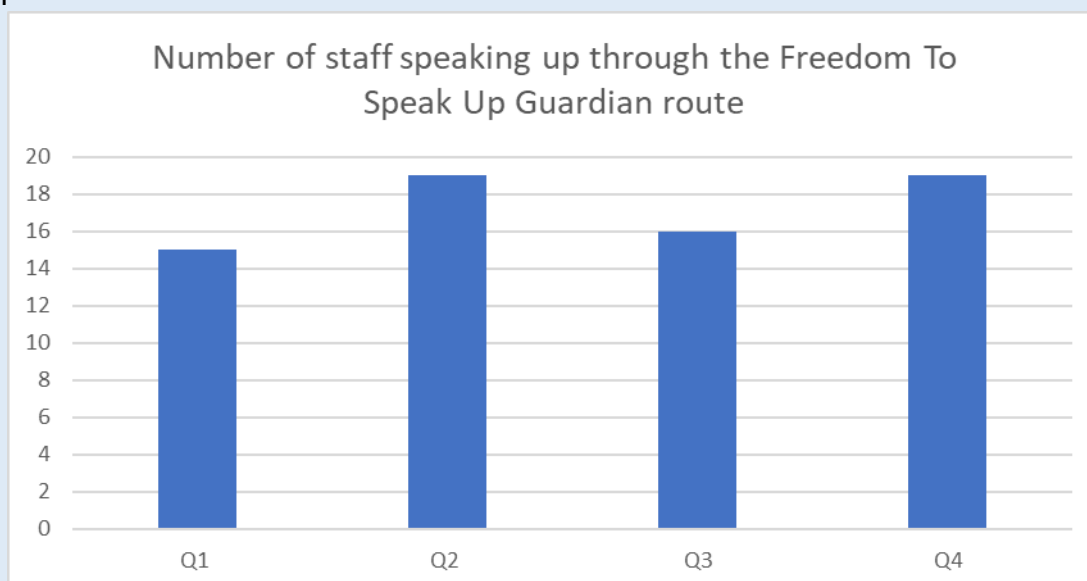
Number of colleagues speaking up by professional groups in 2023/24

	Q1	Q2	Q3	Q4	Total
Additional clinical services	0	3	0	2	5
Additional professional scientific and technical	0	0	0	0	0
Administrative and clerical	3	4	1	3	11
Allied Health Professionals	3	0	6	3	12
Estates and ancillary	0	2	0	0	2
Healthcare scientists	0	0	0	0	0
Medical and dental	1	0	2	1	4
Nursing and midwifery registered	6	6	6	4	22
Students	1	0	0	1	2
Other	0	1	1	4	6
Not known	1	3	0	1	5
Total	15	19	12	12	**69**

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 from the previous year.

Figure 2
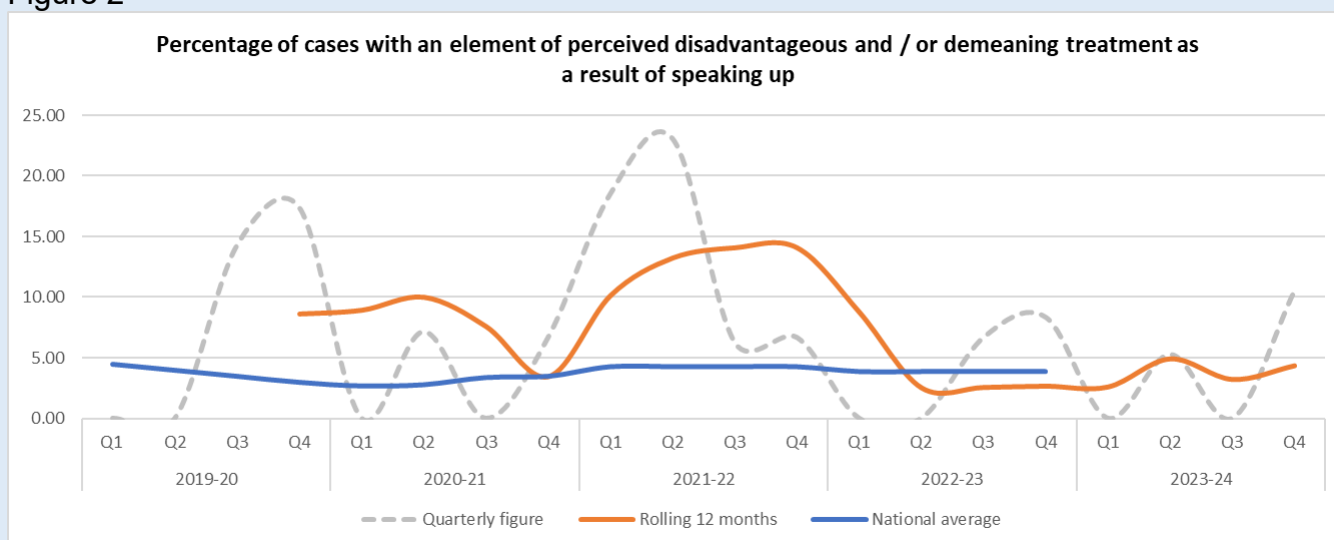
Section 2 – Themes

Figure 3 provides a longitudinal view of FTSU cases and the frequency in which different themes have appeared for 2022/23 and 2023/24. Over the two-year period, more colleagues have spoken up with concerns about attitudes and behaviours than direct patient safety/quality concerns. This is in line with a national trend.

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

- A number of concerns are specifically alleging racial discrimination as a component of their experience.
- A pattern of poor intra and inter team relationships, respectful behaviours potentially affecting decisions on SU care.
- Perceived unfairness when individuals are the subject of allegations
- Inappropriate relationships between colleagues in immediate line-management positions.

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Figure 3

Cases reported to the FTSUG (Themes)
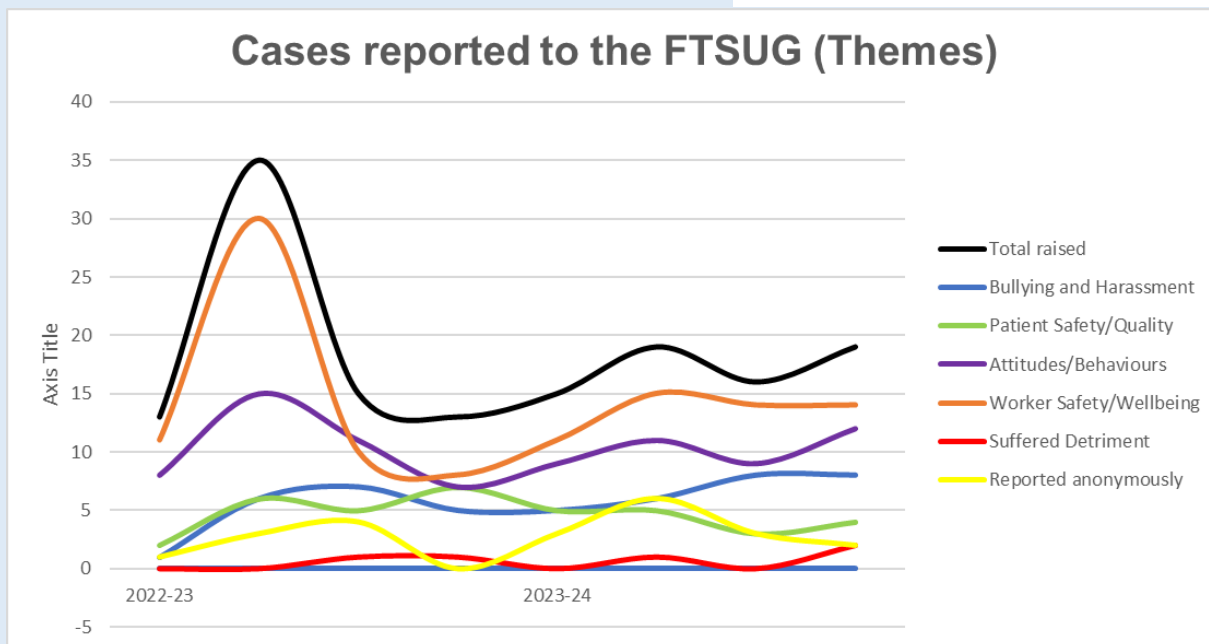
Section 3 - Learning and improvement

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.

Case Studies
Case Study 1

This concern was received anonymously and alleged unacceptable (aggressive) behaviour by a consultant that had created an unsafe working environment. The individual stated this could have been a 'one off' incident and may not be typical of the Consultant's leadership style. There was enough information to seek the support of the Medical Director who offered to explore the issue and utilise the information in the Consultant's next appraisal.

This case demonstrates that concerns received anonymously limit/prevent ongoing support to the person speaking up and the opportunity to thank them when feeding back assurance that their concern has been dealt with appropriately.

Case Study 2
A case involving a staff member being subjected to 'controlling and coercive' behaviours by a colleague was raised to the Guardian. This was mostly, but not exclusively occurring away from the workplace. In collaboration with our Safeguarding team, it was recognised as a

potentially criminal matter. Within 2 hours the Guardian had a second meeting with the staff member who was supported to contact the specialist team within their local police station. They attended their home address the same evening and took over the investigation/processing of the case.

The FTSU team is only one option when a person reaches out for support. It is important to recognise where more specialised intervention (including by agencies external to the Trust) is more appropriate.

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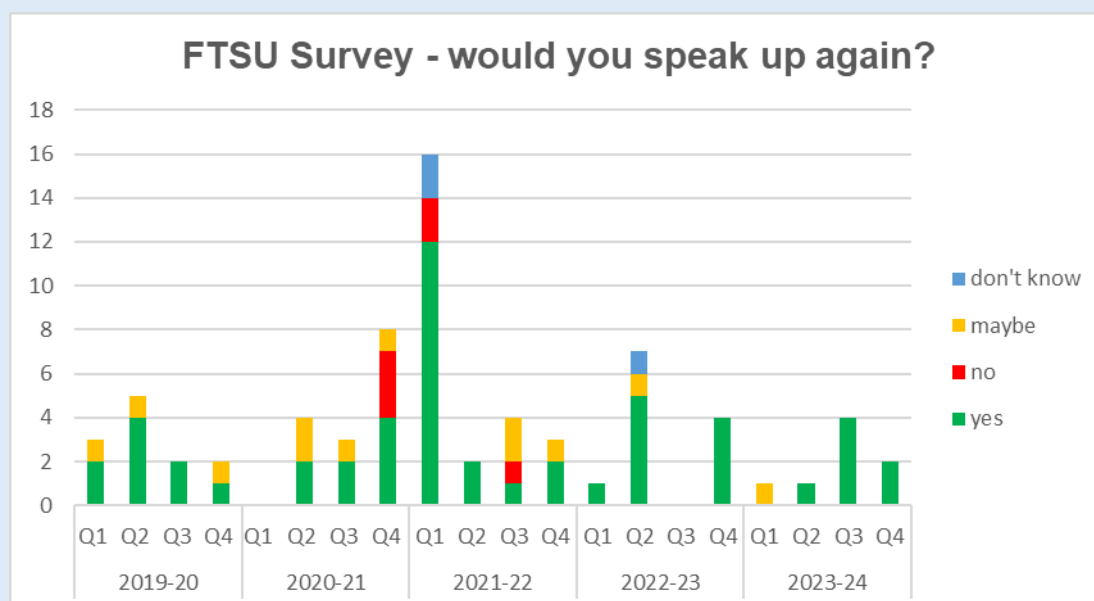
Qualitative feedback provided to the team is generally positive, but staff are critical of managers responding to concerns; some examples are provided below.

I became more relaxed due to Joe being so easy to talk to/relate to.

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.

I felt very supported to speak up by Emma. She listened to everything I needed to say and reassured me that speaking up is okay. I received an update on the situation as soon as one was available and felt well informed during the process.

It worked for me, and I didn't think it was ever for me.

Rebecca was absolutely 10/10 in how she handled everything.

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

Building on the excellent platform of presenting to new staff at Corporate Induction, the FTSU team are now being included in a range of events. Health and Wellbeing, Staff training, Celebration and Awards events all afford opportunities to raise the positive profile of 'speaking up' in our organisation. It also provides excellent networking conversations with colleagues who provide a spectrum of supportive services.

A significant increase in the use of Speaking Up 'drop-in centres' to form part of the response by senior leaders to areas/teams/services that are known through other channels to be experiencing challenges. This is particularly timely as the Trust is required to implement some difficult financial plans going forward.

Section 5 – Speaking up/listening up culture.

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

The continuing improvement in the culture (making speaking up business as usual) depends not only on staff having access to the FTSU arrangements but much more importantly on the behaviour and response by our managers when they hear concerns from their team members.

We inform new staff from day one that the expectation is that any concerns they have that affect the quality of care we are providing or their experience of working in the Trust should in the first instance be raised with their line manager. To support our managers in responding appropriately to the person speaking up, we continue to offer customised training that recognises the challenges they face in incorporating this often unscheduled and unpredictable part of their leadership role.

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Section 6 - National/Regional activities and information

The national conference in Birmingham (March '24) emphasised the barriers faced by NHS staff of BME background including those recruited from overseas. The coordination of the FTSU and EDI teams working in Trusts was explored.

The Regional network has been reorganized and our Yorkshire and Northeast sector is now significantly expanded.

Psychological Supervision is now made available to FTSU teams at a regional level, and we are part of a 'pilot scheme' in Leeds to explore how this is best delivered.

Section 7 – Future actions

Incorporating learning from the focussed drop-in centres activity into bespoke support to management teams as they continue to address the concerns being raised. A balance will be maintained to protect the confidential nature of the speaking up process with disclosing necessary information to be integrated into the ongoing team support initiatives.

Name of author/s: Joe Cohen and Emma Greenwood
Title/s: Freedom to Speak Up Guardian and Deputy Guardian
Date paper written: 17 May 2024

Performance and Activity –Mental Health

Programme	NHS Planning Objective	Target	2024/25 Plan
Adult Acute Mental Health	Talking Therapies Service Reliable Recovery (National)	48%	Current performance at 48.2% on average and high confidence levels of meeting the target
Adult Acute Mental Health	Talking Therapies Service Reliable Improvement (National)	67%	Current performance at 68% on average and high confidence levels of meeting the target
Adult Acute Mental Health	NHS Talking Therapies waiting < 6 weeks (National)	75%	96%
Adult Acute Mental Health	NHS Talking Therapies waiting < 18 weeks (National)	95%	98%
Adult Acute Mental Health	NHS Talking Therapies –waiting > 90 days between 1st & 2nd treatment (National)	<10%	5%
Adult Acute Mental Health	Work towards eliminating Mental Health Out of Area Placements (National)	TBC	Reduces from 14 beds in Apr 2024 to 7 beds by Apr 2025 - Assumes continuity principles applied from 01/04/23 to 18 beds block contracted from Cygnet healthcare
Adult Acute Mental Health	Completed 72 Hour Follow Ups by Week (Local – Previously National)	80%	83%
Adult Acute Mental Health	Access to specialist community Perinatal and Maternity Mental Health Services (National)	349	364
Older Adults Acute Mental Health	Dementia Diagnosis Rates (National)	66.70%	69%
Adult Acute Mental Health	CMH 2+ Contacts in transformed services (12-month rolling) (National)	TBC	5610
Specialist Mental Health	Children and Young People (CYP) 1+ Contact (12-month rolling) (National)	10311	8611
Specialist Mental Health	Urgent CYPED cases waiting < 1 week (National)	95%	98%
Specialist Mental Health	Routine CYPED cases waiting < 4 weeks (National)	95%	98%

Performance and Activity – Adults and Children Physical Health

Programme	NHS Planning Objective	Target	2024/25 Plan
Adults and Childrens Physical Health	Podiatry - % patients waiting 18 weeks or less (National)	92%	97%
Adults and Childrens Physical Health	Continence - % of referrals offered an appointment within 4 weeks of referral (Commissioning target)	95%	65%
Adults and Childrens Physical Health	Continence - % of referrals offered an appointment within 8 weeks of referral (Commissioning target)	95%	90%
Adults and Childrens Physical Health	Dental - Consultant led waiting times <18 weeks (National)	92%	70%
Childrens (0-5) - Adults and Childrens Physical Health	Childrens (0-5) % of births where the mothers who receive a 1st f2f antenatal contact (Commissioning target)	55%	61%
Childrens (0-5) - Adults and Childrens Physical Health	% of births that receive a f2f New Birth Visit (NBV) within 14 days (Commissioning target)	95%	95%
Childrens (0-5) - Adults and Childrens Physical Health	Breastfeeding Prevalence at 6 to 8 weeks (Commissioning target)	42%	52%
Childrens (0-5) - Adults and Childrens Physical Health	% of babies who received a 12m health review by the age of 12m (Commissioning target)	90%	93%

Board of Directors – Meeting held in Public
29 May 2024

Paper title:	Safer Staffing Bi-Annual Report	Agenda Item **15.0**
Presented by:	Christopher Dixon, Interim Deputy Director of Nursing, Professions and Care Standards	
Prepared by:	Christopher Dixon, Interim Deputy Director of Nursing, Professions and Care Standards Nicki Sinclair-Smith, Associate Head of Children's Services James Cooke, Head of Adult Community services Catherine Schofield, Deputy Director for Professions, Chief Allied Health Professional	
Committees where content has been discussed previously	Safer Staffing Steering Group	
Purpose of the paper Please check **ONE** box only:	☐ For approval ☒ For information ☐ 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	
	Improving the experience of people who use our services	X
Making Best Use of Resources	Financial sustainability	X
	Our environment and workplace	
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	X

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Purpose of the report

The purpose of this report is to update the Trust Board of the latest position in relation to Nurse staffing in line with NHS England (National Quality Board) expectations and those of the Care Quality Commission. This report covers the period November 2023 to May 2024 and is the biannual update.

Executive Summary

The paper provides the required assurance that Bradford District Care NHS Foundation Trust plan safe nursing staffing levels and that there are appropriate systems in place to manage the demand for nursing staff based on the acuity of services.

The organisation provides its safe staffing ratio information based upon complexity of need and an evidenced-based tool. The nationally developed, Mental Health Optimal Staffing Tool (or MHOST), was made available in Autumn 2019 and the Trust implemented this; alongside the SafeCare module within the e-Rostering system, in January 2020. This tool continues to provide daily reports in the form of a safer staffing dashboard, which indicates the patient acuity level on each ward, with analysis of how many extra staff per ward would be required based on the levels recorded.

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

Recommendation(s)

The Board of Directors is asked to:
- Receive assurance that the analysis demonstrates current staffing levels are providing the cover needed to deliver safe effective patient care
- Understand the continued increased levels of risk within inpatient and community services leading to increased observations.

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: • SO3
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Caring ☒ Effective ☒ Well-Led ☒ Responsive

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Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report:
	• None

Board of Directors – Public

29 May 2024

Safer Staffing Bi-Annual Report

1. Introduction & Background

The purpose of this report is to update the Trust Board of the bi-annual safer staffing review in relation to Nurse staffing in line with NHS England and NHS Improvement expectations and those of the Care Quality Commission. In line with the National Quality Board (NQB) January 2018 updated guidance, Trusts, are responsible and accountable to Trust Boards for ensuring safe, sustainable, and productive staffing levels.   This report offers a bi-annual   update reflecting the inpatient, adult and community nursing services. This report offers a narrative and assurance of continued monitoring and leadership using Care Trust Way methodologies of continual improvement and coaching (see appendix 1, 2, 3 for information on adult community nursing, 0-19 services, and Allied health professional's workforce planning).

Staffing levels, acuity, capacity, and demand continues to be monitored using the daily lean management processes within the teams. These are monitored through the daily reporting to the executive leadership team and concerns escalated through command structures.
This paper provides an update from the last safer staffing report (November 2023) and provides a summary of the current challenges around staffing, workforce plans and developments across care groups.

2. Inpatient Current Service Position

Sickness

Organization Name	2023 / 10 Absence % (FTE)	2023 / 10 Absence Estimated Cost	2023 / 11 Absence % (FTE)	2023 / 11 Absence Estimated Cost	2023 / 12 Absence % (FTE)	2023 / 12 Absence Estimated Cost	2024 / 01 Absence % (FTE)	2024 / 01 Absence Estimated Cost	2024 / 02 Absence % (FTE)	2024 / 02 Absence Estimated Cost	2024 / 03 Absence % (FTE)	2024 / 03 Absence Estimated Cost	2024 / 04 Absence % (FTE)	2024 / 04 Absence Estimated Cost
453 Ashbrook Ward (AMH) - (113003)	6.95%	7,657.81	15.20%	15,205.56	17.92%	17,533.01	18.73%	17,583.19	12.54%	10,362.49	14.41%	12,214.42	21.02%	18,294.31
453 FERN (Male Ward) (AMH) (113014)	3.84%	4,878.52	6.23%	4,782.76	5.01%	4,061.98	7.54%	6,982.03	5.80%	5,516.37	5.36%	5,108.73	7.32%	5,748.04
453 Heather Ward (AMH) - (113009)	9.44%	7,195.94	9.30%	6,899.52	8.97%	4,802.83	3.68%	648.90	5.48%	3,243.55	5.76%	2,969.84	10.13%	7,723.12
453 Maplebeck Ward (AMH) (113004)	7.45%	6,302.98	6.54%	6,434.34	10.10%	8,756.29	11.97%	10,071.48	17.78%	15,178.98	10.32%	9,579.66	9.26%	6,572.34
453 Oakburn Ward (AMH) (113005)	8.04%	6,662.84	8.31%	9,392.30	9.79%	11,499.84	14.41%	12,910.36	14.28%	11,739.11	18.10%	12,784.34	16.57%	14,661.89
453 Baildon Ward (FSM) (113127)	0.50%	321.78	1.46%	764.02	6.10%	4,034.98	0.47%	234.41	2.28%	1,399.14	0.00%	0.00	1.16%	680.23
453 Ilkley Ward (FSM) (113128)	1.62%	843.20	0.89%	459.92	4.17%	2,725.91	1.58%	941.27	1.58%	968.52	8.01%	8,294.12	8.50%	6,018.54
453 Step Forward Centre (113061)	8.82%	1,959.36	8.62%	1,763.04	8.00%	1,717.51	12.90%	2,859.30	6.68%	166.68	7.35%	895.38	5.88%	0.00
453 Thornton Ward (FSM) (113126)	2.02%	1,524.51	1.70%	1,636.09	7.27%	6,099.32	5.59%	4,620.75	5.15%	3,048.47	9.39%	6,999.37	13.36%	11,290.83
453 Clover (PICU Airedale) (AMH) (113010)	12.10%	14,099.44	8.07%	7,116.15	11.71%	11,298.90	15.23%	14,181.53	12.30%	10,339.51	14.38%	15,082.56	11.18%	11,122.43
453 Najurally Ward (ATU) (112161)	6.91%	8,159.75	7.72%	8,261.89	10.56%	11,411.54	10.72%	11,285.10	4.73%	4,902.26	7.93%	8,756.16	11.60%	12,672.46
453 Bracken Ward (OPMH) - (113600)	6.52%	5,802.97	4.46%	4,005.96	5.03%	5,454.68	9.20%	9,002.26	11.11%	10,165.77	5.85%	5,802.89	9.99%	8,065.14
453 Dementia Assessment Unit (113501)	16.21%	24,096.24	11.64%	16,856.82	8.52%	13,746.66	7.80%	11,972.32	3.91%	4,510.94	4.00%	4,605.57	8.61%	9,602.99

Top 3 reasons
- Long term - Anxiety, Stress and Depression remains the highest reason across the Trust and is the same across Inpatient services.

- Cold, cough, flu is the second main reason (and mostly for short term sickness).
- Musculo-skeletal problems is still the third highest reason for sickness – both at Trust level and across Inpatient services.

Labour Turnover

	2023 / 10		2023 / 11		2023 / 12		2024 / 01		2024 / 02		2024 / 03		2024 / 04	
Organization Name	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)
453 Ashbrook Ward (AMH) - (113003)	6.53	18.74%	5.61	15.99%	5.61	15.94%	6.41	18.17%	6.41	18.11%	6.41	17.96%	8.41	23.64%
453 Baildon Ward (FSM) (113127)	1.00	4.98%	1.00	4.98%	1.00	4.98%	1.00	4.98%	1.00	4.98%	1.00	4.95%	1.00	4.91%
453 Bracken Ward (OPMH) - (113600)	4.15	10.46%	3.15	7.94%	4.53	11.46%	6.53	16.58%	7.53	19.30%	8.53	22.23%	10.09	26.83%
453 Clover (PICU Airedale) (AMH) (113010)	6.53	16.72%	6.53	16.80%	4.44	11.34%	4.44	11.21%	3.44	8.59%	4.44	11.01%	7.44	18.59%
453 Dementia Assessment Unit (113501)	5.43	10.96%	3.43	6.88%	4.43	8.90%	4.43	8.90%	5.23	10.50%	5.23	10.50%	4.23	8.48%
453 FERN (Male Ward) (AMH) (113014)	3.27	12.04%	3.27	11.93%	3.27	11.79%	2.45	8.76%	2.45	8.65%	3.45	12.10%	3.45	12.05%
453 Heather Ward (AMH) - (113009)	3.61	10.68%	3.61	10.45%	2.61	7.39%	2.61	7.27%	2.61	7.17%	2.61	7.11%	3.92	10.60%
453 Ilkley Ward (FSM) (113128)	1.00	4.37%	1.00	4.36%	1.00	4.36%	1.00	4.37%	1.00	4.33%	1.00	4.27%	1.00	4.22%
453 Maplebeck Ward (AMH) (113004)	5.91	17.35%	4.91	14.08%	4.91	13.88%	3.91	10.86%	3.91	10.78%	3.52	9.68%	2.52	6.92%
453 Najurally Ward (ATU) (112161)	6.81	19.63%	6.81	19.61%	6.81	19.59%	6.41	18.29%	6.41	18.23%	4.41	12.42%	6.29	17.59%
453 Oakburn Ward (AMH) (113005)	3.80	12.95%	3.80	12.79%	4.80	15.99%	6.80	22.59%	4.80	15.81%	4.80	15.69%	5.61	18.23%
453 Step Forward Centre (113061)	2.80	18.73%	3.60	24.16%	3.60	23.97%	3.60	23.79%	1.80	11.75%	1.80	11.61%	1.80	11.48%
453 Thornton Ward (FSM) (113126)	2.44	9.14%	2.44	8.93%	2.44	8.76%	1.80	6.34%	1.80	6.22%	1.00	3.43%	1.00	3.40%

Vacancy

	Contracted WTE	Funded WTE	Vacancy WTE	Vacancy Rate %
453 AMH - Community Services (Level 4)	401.55	473.09	71.54	15.12
453 AMH - Inpatient Services (Level 4)	383.76	500.59	116.83	23.34
453 AMH - Management (Level 4)	2	2	0	0.00
453 Child & Adolescent Mental Health - CAMHS (Level 4)	209.99	245.98	35.99	14.63
453 Learning Disabilities Services - LD (Level 4)	103.87	122.12	18.25	14.94
453 NHS Talking Therapies Service (Level 4)	109.58	102.91	-6.67	-6.48
453 Older Peoples Mental Health Services - OPMH (Level 4)	171.74	177.83	6.09	3.42

The current inpatient vacancy rate is 23.34%, which is a slight increase from the figure of 22.61% reported in September 2023.

Bank and Agency Use

The charts below show reasons for requesting bank shifts; firstly, by gaps in baseline demand and secondly by additional shift requests above demand (by month across all Mental Health Services Inpatient wards).

Bank & Agency Request Reasons

Legend: Appointments; Apprentice Back Fill; Career Break; COVID-19; COVID-19 ~ CVP; CVP; CVP ~ COVID-19; DN Reactive Shift; Estates Chaperoning; Hearing / Tribunal; High Patient Acuity; Holiday; Increased Observations; Increased Observations - CAMHS; Long Term Illness; Maternity/Paternity; Other Leave; Redeployment Cover; Short Term Illness; Skill Mix Change; Specialling - 136; Specialling / Out of Area Patient; Study Leave / Training; Trust Event; Trust Post vacancy; Unauthorised Absence; Winter Pressures

Filled Additional Duty Reasons

Legend: Appointments; Career Break; COVID-19; ECT; Estates Chaperoning; Hearing; High Patient Acuity; Holiday; Increased Observations; Increased Observations - CAMHS; Increased Observations/ Engagement; Long Term Illness; Maternity/Paternity; Other Leave; Redeployment; Redeployment Cover; Short Term Illness; Skill Mix Change; Specialling / Out of Area Patient; Study Leave / Training

The top 3 reasons for Bank and agency cover continues to be attributed to increased observations, high patient acuity, and vacancies.

Training

Team	ACEs, Trauma and Resilience	Autism Awareness	Basic Life support	CPA - Role, Authority, Responsibilities of Care Co-Ordinator CLINICAL ROLE - 3 Years	CPA Care Planning for Clinical Staff - 3 Years	CPA Clinical Risk, Formulation, Assessment and Management - 3 Years	Equality, Diversity and Human Rights - 3 Years	Fire Safety - 1 Year	Food Hygiene Awareness	Freedom to Speak Up - All Workers - 2 Years	Health, Safety and Welfare - 3 Years	Immediate Life Support	Infection Prevention and Control - Level 1 - 2 Years	Infection Prevention and Control - Level 2 - 1 Year	Information Governance and Data Security - 1 Year	Learning Disability Awareness	Level 2 Certificate Food Safety in Catering	MAV-Breakaway - 1 Year	MAV-Physical Intervention - 1 Year	Medicines Management - 2 Years	Mental Capacity Act - 3 Years
453 Ashbrook Ward (AMH) - (113003)	96.67%	93.33%	70.00%	100.00%	57.14%	90.91%	90.00%	83.33%	75.86%	76.67%	93.33%	60.00%	100.00%	72.41%	76.67%	93.33%	50.00%	76.67%	71.43%	90.00%	90.00%
453 Baildon Ward (FSM) (113127)	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%	100.00%	95.45%	95.45%	100.00%	100.00%	90.00%		95.45%	100.00%	95.45%		100.00%	90.48%	100.00%	100.00%
453 Bracken Ward (OPMH) - (113600)	100.00%	96.77%	95.24%	100.00%	100.00%	100.00%	100.00%	93.55%	96.43%	100.00%	100.00%	90.00%		96.77%	100.00%	96.77%	100.00%	93.55%	80.00%	90.00%	100.00%
453 Clover (PICU Airedale) (AMH) (113010)	100.00%	100.00%	64.00%	100.00%	100.00%	100.00%	100.00%	91.18%	90.91%	97.06%	100.00%	66.67%		88.24%	94.12%	100.00%	100.00%	88.24%	87.10%	100.00%	100.00%
453 Dementia Assessment Unit (113501)	100.00%	97.96%	88.89%	100.00%	100.00%	84.62%	97.96%	87.76%	95.74%	93.88%	93.88%	100.00%	100.00%	87.23%	93.88%	93.88%	100.00%	95.74%	91.49%	90.91%	95.74%
453 FERN (Male Ward) (AMH) (113014)	100.00%	100.00%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	100.00%	100.00%	80.00%		100.00%	100.00%	100.00%	100.00%	92.00%	87.50%	100.00%	96.97%
453 Heather Ward (AMH) - (113009)	100.00%	100.00%	95.45%	100.00%	100.00%	100.00%	96.97%	90.91%	96.97%	96.97%	100.00%	90.91%		96.97%	96.97%	100.00%	100.00%	93.94%	87.50%	100.00%	96.97%
453 Ilkley Ward (FSM) (113128)	100.00%	100.00%	86.67%	100.00%	100.00%	100.00%	91.67%	91.67%	87.50%	83.33%	95.83%	66.67%		95.83%	87.50%	95.83%		100.00%	100.00%	100.00%	95.83%
453 Maplebeck Ward (AMH) (113004)	100.00%	100.00%	66.67%	100.00%	100.00%	91.67%	90.63%	90.63%	83.87%	93.75%	100.00%	54.55%		87.50%	87.50%	100.00%	100.00%	78.13%	76.67%	90.91%	100.00%
453 Najurally Ward (ATU) (112161)	100.00%	100.00%	76.00%	100.00%	100.00%	100.00%	94.44%	100.00%	93.10%	94.44%	100.00%	77.78%		91.67%	97.22%	100.00%	0.00%	94.29%	89.66%	100.00%	100.00%
453 Oakburn Ward (AMH) (113005)	100.00%	100.00%	83.33%	100.00%	90.00%	100.00%	96.30%	88.89%	88.46%	100.00%	96.30%	55.56%		85.19%	96.30%	100.00%	33.33%	76.92%	72.00%	100.00%	96.30%
453 Step Forward Centre (113061)	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	86.67%	85.71%		100.00%	93.33%	100.00%	100.00%		93.33%	93.33%	100.00%	100.00%
453 Thornton Ward (FSM) (113126)	96.43%	96.43%	100.00%	90.91%	90.91%	81.82%	100.00%	100.00%	96.30%	100.00%	96.43%	81.82%		96.43%	96.43%	96.43%		89.29%	88.89%	90.91%	96.43%

Team	Mental Health Act - 3 Years	Mental Health Act HCSW - 3 Years	Moving & Handling People (Min. Assistance) - 1 Year	Moving & Handling People (Practical) - 1 Year	Moving and Handling - Level 1-2 Years	NHS Conflict Resolution (England) - 3 Years	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	Preventing Radicalisation - Prevent Awareness - 3 Years	Rapid Tranquilisation - 2 Years	Risk Management - 5 Years	Safeguarding Adults (Version 2) - Level 1 - 3 Years	Safeguarding Adults (Version 2) - Level 2 - 3 Years	Safeguarding Adults (Version 2) - Level 3 - 3 Years	Safeguarding Children (Version 2) - Level 1 - 3 Years	Safeguarding Children (Version 2) - Level 2 - 3 Years	Safeguarding Children (Version 2) - Level 3 - 1 Years	Safeguarding Children (Version 2) - Level 3 - 3 Years	SystmOne Community Adult	SystmOne Core	SystmOne Mental Health
453 Ashbrook Ward (AMH) - (113003)	80.00%	87.50%	70.37%		100.00%	89.66%		93.33%	80.00%	96.67%		84.21%	81.82%	100.00%	86.67%	70.00%	100.00%		96.67%	96.67%
453 Baildon Ward (FSM) (113127)	100.00%	91.67%	85.71%		100.00%	95.45%		100.00%	100.00%	95.45%		91.67%	100.00%		100.00%	100.00%	100.00%		100.00%	100.00%
453 Bracken Ward (OPMH) - (113600)	100.00%	93.75%	100.00%	80.00%		93.55%	100.00%	100.00%	90.00%	100.00%		95.00%	100.00%		100.00%	100.00%			100.00%	100.00%
453 Clover (PICU Airedale) (AMH) (113010)	100.00%	100.00%	66.67%		100.00%	100.00%		97.06%	88.89%	100.00%		91.30%	100.00%	100.00%	95.00%	66.67%	75.00%		100.00%	100.00%
453 Dementia Assessment Unit (113501)	84.62%	100.00%		89.36%	100.00%	97.92%		97.87%	90.91%	93.88%	100.00%	88.64%	66.67%	100.00%	97.87%				100.00%	100.00%
453 FERN (Male Ward) (AMH) (113014)	100.00%	100.00%	100.00%	95.83%		100.00%		100.00%	100.00%	96.00%		100.00%	100.00%		100.00%	80.00%	100.00%		100.00%	100.00%
453 Heather Ward (AMH) - (113009)	90.91%	100.00%	100.00%	96.88%		96.97%		96.97%	100.00%	100.00%		95.24%	90.91%		100.00%	100.00%	100.00%		100.00%	100.00%
453 Ilkley Ward (FSM) (113128)	100.00%	93.33%	65.22%		100.00%	95.83%		95.83%	100.00%	95.83%		93.33%	100.00%		91.67%	100.00%	100.00%		95.83%	91.67%
453 Maplebeck Ward (AMH) (113004)	72.73%	100.00%	56.67%		100.00%	100.00%		96.88%	90.91%	100.00%		80.00%	83.33%	100.00%	100.00%	87.50%	100.00%		100.00%	100.00%
453 Najurally Ward (ATU) (112161)	100.00%	100.00%	48.28%		100.00%	97.22%	100.00%	100.00%	100.00%	97.22%	100.00%	84.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%
453 Oakburn Ward (AMH) (113005)	87.50%	100.00%	62.50%		100.00%	96.30%		96.30%	100.00%	100.00%		82.35%	100.00%	100.00%	100.00%	75.00%	66.67%		100.00%	92.31%
453 Step Forward Centre (113061)	100.00%	100.00%	86.67%			100.00%		100.00%	100.00%	100.00%		87.50%	100.00%		100.00%	100.00%	100.00%		100.00%	100.00%
453 Thornton Ward (FSM) (113126)	90.91%	100.00%	77.78%		100.00%	100.00%		100.00%	90.91%	96.43%		94.12%	100.00%		100.00%	81.82%	100.00%		96.30%	96.30%

Immediate Life Support, Basic Life Support and Moving and Handling are key areas of focus for the operational teams to ensure compliance with requirements. All staff were contacted to complete the relevant eLearning package and work continues with BTHFT to identify capacity to deliver training to continue increasing compliance with ILS training.

Recovery plans and compliance with the training requirements are supported via the weekly Operations call out chaired by the Deputy Director of Operations.

Safer Staffing / Rostering Update

Heat Map - Inpatient Wards

Inpatient Ward	Registered Safe Staffing						Unregistered Safe Staffing						Care Hour per Patient Day				
	Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Planned Registered CHPPD	Actual Registered CHPPD	Planned Unregistered CHPPD	Actual Unregistered CHPPD	Actual CHPPD Total
Fern	79.07%	20.59%	96.55%	69.64%	1.95%	4.40%	146.46%	48.97%	174.71%	74.34%	4.08%	4.14%	3.6	2.9	4.3	6.8	9.7
Heather	101.16%	16.09%	98.28%	77.19%	0.37%	3.05%	195.69%	63.88%	274.71%	76.15%	9.78%	6.37%	3.4	2.7	4.0	9.0	11.7
Bracken	85.71%	12.22%	96.55%	73.21%	3.07%	2.80%	101.66%	46.20%	124.14%	56.25%	4.35%	4.12%	4.4	2.7	5.5	6.3	9.0
Ashbrook	83.13%	34.78%	94.83%	87.27%	13.14%	4.36%	162.07%	61.70%	224.14%	84.10%	11.87%	6.99%	3.6	2.5	4.2	7.9	10.4
Maplebeck	90.48%	17.11%	93.10%	61.11%	3.70%	4.04%	193.10%	59.82%	264.37%	72.61%	7.60%	5.54%	3.3	2.5	3.9	8.6	11.1
Oakburn	87.21%	25.33%	100.00%	67.24%	9.05%	6.46%	171.55%	70.35%	226.44%	73.60%	6.43%	8.87%	3.4	2.6	4.0	7.7	10.3
Baildon	114.04%	4.62%	120.69%	11.43%	1.52%	1.46%	100.00%	33.33%	93.10%	48.15%	0.44%	3.89%	5.0	4.3	7.5	7.2	11.4
Ilkley	106.90%	4.84%	100.00%	10.34%	2.67%	5.67%	102.33%	11.36%	101.15%	13.64%	6.13%	1.34%	4.9	3.8	7.3	7.4	11.2
Thornton	108.86%	22.09%	227.59%	51.52%	7.17%	3.88%	133.88%	57.96%	133.33%	80.17%	4.45%	4.50%	11.0	8.0	18.6	24.9	32.9
Najurally Ward	101.39%	20.55%	106.90%	67.74%	8.22%	5.50%	85.96%	19.90%	119.31%	70.52%	3.90%	5.59%	12.9	4.9	19.7	20.2	25.1
Clover (PICU)	86.21%	24.00%	60.56%	62.79%	0.73%	6.48%	143.68%	55.60%	239.66%	85.61%	6.01%	6.50%	9.9	4.7	11.7	21.2	26.0
Step Forward (Rehab)	113.79%	16.67%	100.00%	68.97%	0.00%	6.45%	102.30%	35.96%	100.00%	85.06%	3.00%	3.03%	4.5	3.7	6.8	6.9	10.6
Dementia Assessment Unit (DAU)	73.75%	3.39%	93.10%	44.44%	5.90%	5.46%	106.63%	12.95%	92.98%	15.72%	4.90%	7.47%	11.7	5.8	17.5	17.2	23.0
Total	93.14%	17.46%	100.16%	60.51%	4.51%	4.61%	130.79%	47.82%	159.03%	68.65%	5.48%	5.42%	5.2	3.4	6.9	10.0	13.4

This is based on the total number required in the month against the total number who worked

RAG Ratings

Fill rates	Annual Leave	Sickness
>90% - Green	>14.1% - Red	>5% - Red
80-90% - Amber	10-14% - Amber	4-5% - Amber
<80% - Red	<10 - Green	<4 - Green

Weekly meetings remain in place within inpatient ward managers to review the rostering requirements and ensure forward planning. The current monthly meetings with Service/Clinical managers incorporate the business partnering model in terms of performance tracking (with particular focus on the Model Roster 3 progress). The fill rate of shifts is also reviewed at the safer staffing steering group which is held monthly and escalations of risk to staff take place daily as part of Daily Lean Management processes. Weekly reports are submitted to Director of Nursing and daily review of Incident reporting.

The above outlines that planned CHPPD for qualified and unqualified staffing is 9.8 with actual CHPPD usage registered at 13.4. Increased observations requiring unqualified staff is a key driver for the additional requirements.

3. Challenges and Success

Clinical Supervision

Clinical supervision overall compliance has been achieved during the period of reporting meeting the 80% compliance requirements monthly. Operations managers supported compliance utilising daily lean management weekly call outs.

The annual clinical supervision survey in April 2024 only received 65 responses from across both nursing and AHP services, with a mix of both supervisees and 39 were also clinical supervisors. 59/65 respondents felt that the organisation enabled them to meet professional requirements by providing access to supervision. The 6 respondents who responded to the contrary all gave lack of protected time as a key factor. A third of responses indicated that their clinical supervisor was external to BDCFT and those who accessed support in-house advised in the main that they chose who this was (and did not have them allocated by their line manager as was identified in the 2022 survey). 54 of the 65 respondents felt that they could access high quality supervision whilst 8/31 clinical supervisors felt that they were not enabled to provide high quality supervision due to staffing/work pressures.

Red Shifts

The inpatient teams have not had registered any shift during the last 12 month where there has not been a qualified nurse in charge of a shift. Additional support measures have been introduced with daily joint staffing reviews chaired by the service managers for adult and specialist services to provide mutual support to all teams to ensure safer staffing levels are maintained.

To note that to maintain safer staffing levels substantive staff are, on occasions, redeployed to other areas of work. Clinical and ward managers are also on occasions supporting primary nursing tasks such as medication rounds where reduced staffing levels occur.

Feedback from staff during the inpatient quality visits highlights that this is an area staff would like to see reduce and the trust is working to achieve via the implementation of the model roster recruitment strategy.

Amber staffing levels have been reported on a number of occasions within inpatients due to the ability of bank staff to allocate them self's to shifts due to issues with the online booking system. A working group between senior operations and BDCFT staff bank leadership has been established to address some of the underlying reasons and work is ongoing to monitor the changes to ensure ease of access to bank staff when unplanned support is required ie increase in new observations.

Observation Levels

One of the key drivers for increased staffing requests are related to the need to support service users at risk to themselves or others. There has been a noted increase in violence and aggression reports between the months of January and March with a reduction noted in Aprils data (Outlined in the chart below).

Observation levels in relation to risk to self-continue to be high with a noted increase in incidents of self-ligaturing particularly within female acute admission wards. Increased utilisation of observation levels is a national trend. BDCFT has reviewed the engagement and observation policy in line with best practice guidance to ensure staff are sufficiently aware of their responsibilities and mitigate the use of these restrictive practices by enhancing the skills of the workforce to manage service user risk and mitigation of self-harm incidents utilising the skills of the wider MDT.

Where staffing numbers are temporarily unavailable due to sickness levels the observation levels are reviewed by the MDT to ensure the clinically required observation levels are undertaken and requests for redeployment undertaken from other areas to ensure safe levels of care are provided.

Date range: **Previous 2 Years**
Category: **Physical Violence & Aggression**
Ward: **All Wards**
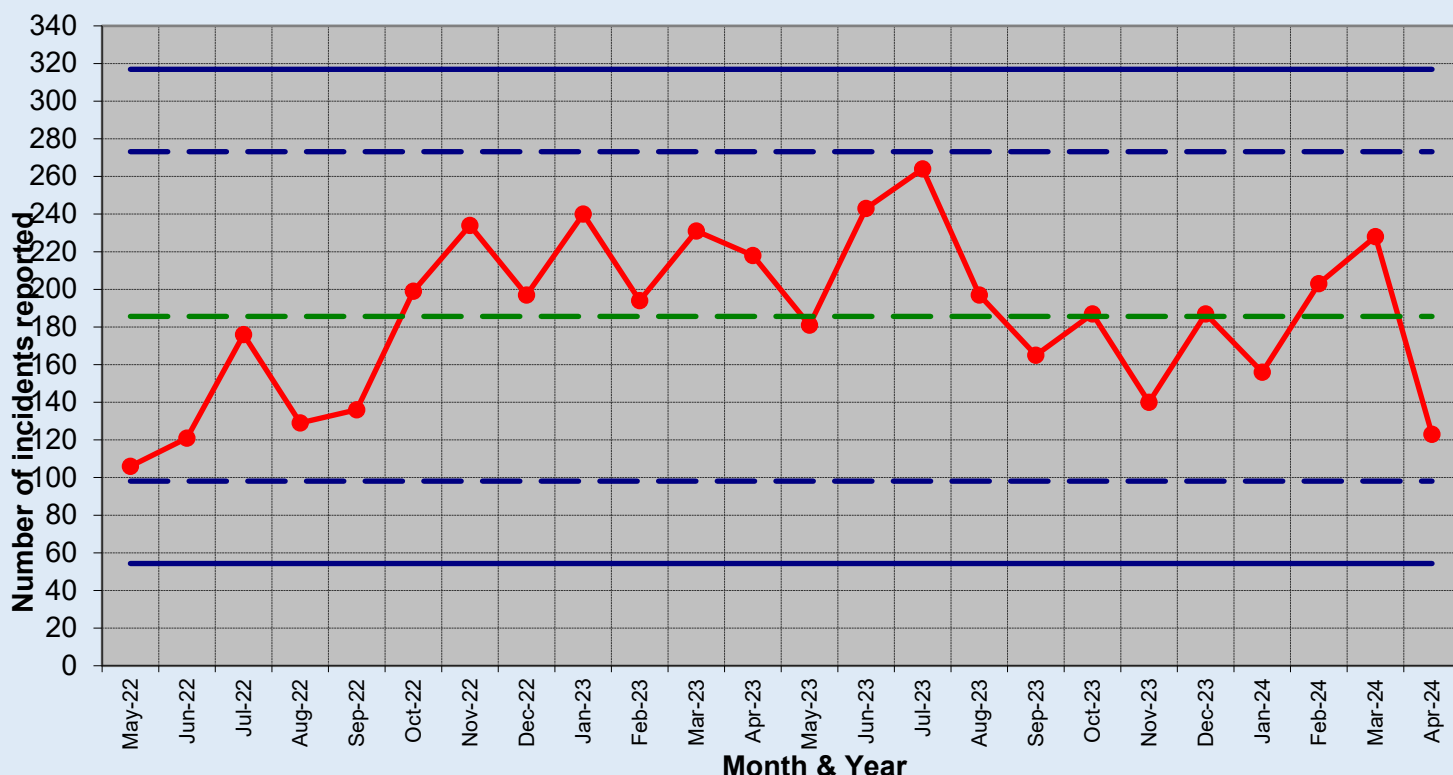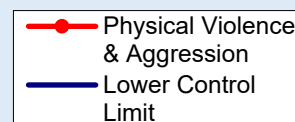
Racial and Sexual Abuse Towards Staff

The Trust has updated our zero tolerance approach towards all forms of abuse but particularly around racial abuse in line with the Management of Racial and Other Types of Discrimination and Harassment of Staff by Service Users, Carers and Relatives Policy.

BDCFT continues to engage with West Yorkshire police via a pilot project to ensure, where appropriate, perpetrators of violence, aggression, and racial abuse are reported with range of outcomes implemented to support the victims.

West Yorkshire Police are undertaking a review of reported incidents in line with the Pilot with a review with senior leads scheduled for June 2024.

BDCFT has become a signatory of the NHSE Sexual Safety Charter which requires the trust to embed the core commitments by July 2024 to support a safe environment for staff and service users.

Najurally Centre

As previously reported in the November update the availability of registered learning disability nurses continues to be a considerable challenge for the Najurally centre with recent rounds of recruitment failing to attract applications. The service has opened up to registered mental health nurses, but recruitment continues to be difficult leading to the temporary use of agency staff to support the team.

Quality assurance framework visits have been undertaken to review the service provision and provide recommendations to support quality and safety improvements to the service with the safer staffing group working with services to regularly review workforce plans.

The service leadership has undertaken a review of the service staffing requirements and have introduced band 7 senior clinical lead posts and are currently advertising the secondment opportunities. In the interim the service leadership is working closely with the trusts staff bank team to block book registered nurses to maintain consistency whilst ongoing substantive recruitment is undertaken.

4. **Inpatient skill mix (Model Roster Implementation)**

The Trust is currently working towards embedding a strategic Workforce Planning process at Service level to ensure rolling 5-year plans are produced and reviewed/ updated regularly to link into the wider Workforce, Finance and activity planning submissions required by NHS Improvement at ICS level.

The inpatient service are implementing the model roster 3 which builds upon the previously approved 'Care Closer to Home' model, enhancing roles that compliment and support the traditional rostered nursing and support worker roles; maximising opportunities for skill mix, offering recovery focused interventions across the 7 days and 12 hour roster period thus enriching the skill mix in favour of an enhanced therapy offer; all of which are evidenced to

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support improved recovery & shorter lengths of stay as described within national benchmarking and evidenced based practice. The model roster 3 will enable the trust to meet the Therapeutic Acute Mental Health Inpatient Care component outlined in NHS England's mental health implementation plan.

To enable the implementation of the model roster the multidisciplinary team has expanded with greater access to roles for professional groups.

BDCFT Social Worker Role

BDCFT Social Work workforce is 114 Social Workers including Newly Qualified, Experienced, Trainee Social Workers and Social Work Apprenticeship.

BDCFT has supported the Bradford Teaching Partnership to increase Social Work Student Mental Health placements for Bradford University. BDCFT Social Work Development Team work with Bradford University to offer lectures, recruitment fairs and summer schools for Year 11's and college students raising the profile of NHS Social Work and the Trust as an employer of Social Work.

There are currently no challenges to recruiting NHS Social Workers for the Trust and staff retention is good. The Social Work Development Team employs 3 x Band 7 Advanced Practitioner/Lead Social Workers to meet the development needs of all the staff across the various mental health pathways. This includes acting running the programme and acting as Assessor for the Assessed and Supported Year in Employment (ASYE), Practice Educator, Mentor to Practice Educators, Band 6 Social Work Supervision and pastoral support. The team support all Band 5 Interviews to ensure Social Workers are identified and an induction and professional development pathway is in place prior to the start date.

Inpatient Nursing Recruitment

The inpatient services currently have forty-one nurses undertaking the recruitment process. Thirty-three nurses are due to commence into post between June and September 2024. Eight staff are scheduled to commence in January to September 2025. The current vacancy rate for inpatient qualified nurses stands at 13.95%.

The Virtual Centre for Professional Development and inpatient operational leads will be reviewing the current offer of practice educators and legacy mentor support to those wards which are due to support increased numbers of new nurses considering the impact preceptorship will have on the current qualified nursing staff.

Preceptorship

BDCFT is currently working with the University of Bradford and BTHFT to consider a rotational preceptorship offer for graduates of the 4 year MNurse programme where the nurses complete with a dual registration status of either Child/mental health or Adult/mental health. This will enable the graduates to access further exposure to both fields of nursing and the associated competency development for the scope of practice of their first destination post.

BDCFT Preceptorship framework supports newly qualified Band 5 nurses, B5 Allied Health Professionals and Nursing Associates across a 12-month period to support and manage the transition from student to registered nurse/AHP or registered nursing associate. For an individual who has completed a recognised return to practice course with registration with the NMC a preceptorship period is ensured for a minimum of 3 months to support transition back into the registered workforce. The BDCFT preceptorship programme is supported by the Director of Nursing, Professions and Care standards as Strategic Preceptorship Lead and the Operational Manager for the Centre for Clinical Education and Professional Development as Operational Preceptorship Lead for the trust.

A Practice Educator (mental health nurse and AHP for the allied health students/preceptees) provide clinically based education and wrap around pastoral support alongside monthly group restorative supervision or 1-1 on a need basis. Two further part time Legacy Mentors are in secondment posts until May 2025 working across dedicated inpatient wards/community nursing teams. The impact and focus of both Practice Educators and Legacy Mentors across inpatients has been significant across the last 6 months providing an increasing need for 1-1 support for both pre-registration students in the clinical area and newly qualified registrants. Newly qualified registrants have also been afforded access to education and training to increase confidence and safety around effective communication,
formulation (the 5Ps), How to write a tribunal report and present a service user in a tribunal meeting, Mental State examination and how to apply this in clinical documentation including section 17 leave assessment, Care planning and risk assessment, IM depot injection training, the role of the nurse in charge/ team leader/care-coordinator in mental health services. All of these topics were raised as priorities by the preceptees themselves.

In October 2023 Bradford District Care Trust was awarded the NHSE Quality Mark for its Preceptorship programme for nursing. The quality mark was awarded following submission of evidence to confirm compliance with the 14 core standards and additional gold standards of the NHSE National Preceptorship standards. This award is held for 2 years at which point a resubmission will be required.
The NHSE National Preceptorship framework for AHP was published in November 2023 with a mandate for a self-assessment submission in April 2024 against the 50 standards. This will be an annual submission with associated live action plan against any priority development needs.

5. Community Mental Health Services

Community mental health services (CMHT) continue to work with the local authority leadership to recruit into community posts as partners in an integrated service. Since the start of 2024 there have been 10 new starters into local authority posts in the CMHT.
The Principle Social Worker is supporting the newly recruited BDCFT social workers as they integrate into the community mental health teams and acquire caseloads to coordinate in line with BDCFT CPA policy.

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CMHT have recently successfully recruited to Band 5 and Band 6 Nurse vacancies which will support services in reducing waiting lists. Labour turnover within CMHT services is generally related to staff moving internally to specialty community services.
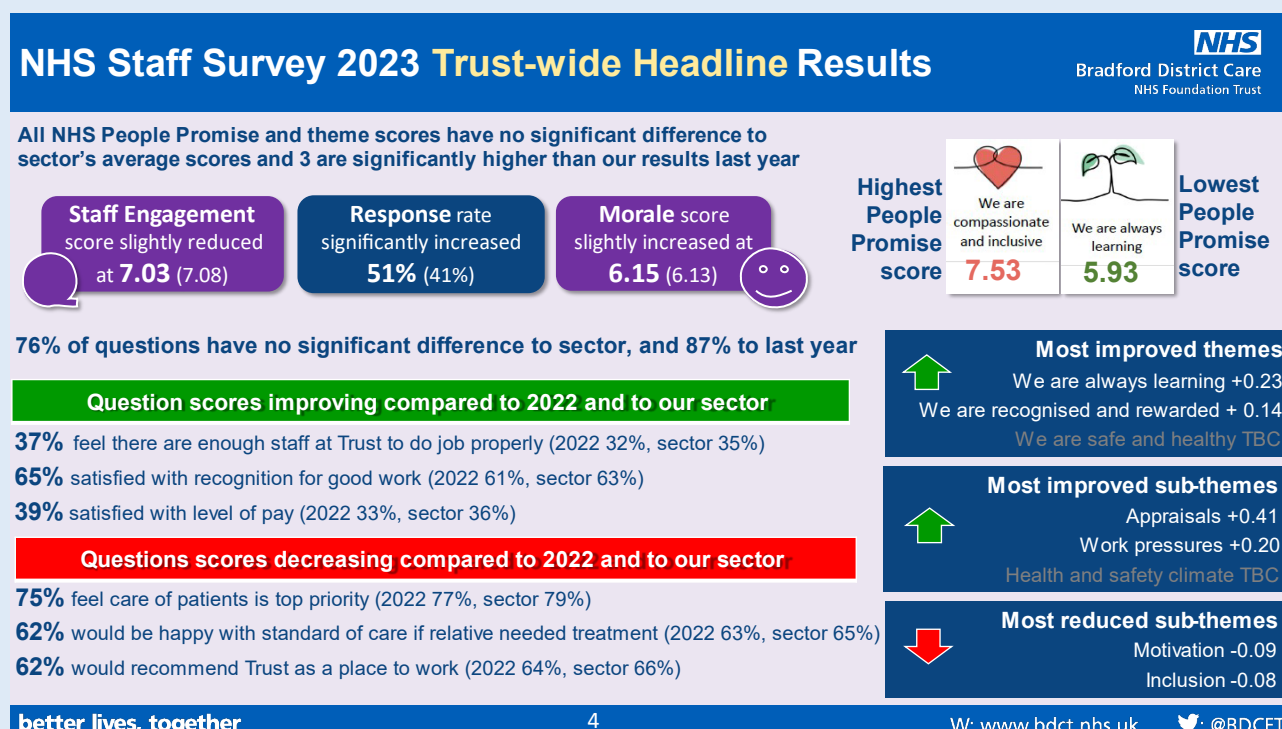
Workforce Development Plans

CMHT services are continuing to implement the community transformation programme with a key focus on workforce development.

CMHT transformation demands our staff be better trained and requires them to step up and step-down care as required, and this skill requires monthly skill updates and learning to apply reflective practice as the basis to acquiring the skill that will be needed to deliver the '10 year plan' for community mental health. Opportunity also exists for our secondary care trust to provide expertise to the system, in terms of training and development for staff to ensure standardisation of care across the Place.

All current vacancies have been reviewed in the teams and posts are being advertised to multi professionals including OT's and Social workers. This has already enhanced the transformation agenda and improved the skill mix. The introduction of the Principal Social Worker has significantly improved the recruitment and band 5 Social Workers are currently being recruited.

<u>Trust Staff Survey Feedback 2023</u>

NHS staff survey data for 2023 has seen a slight increase in the number of staff identifying that they have enough staff to undertake their job properly, satisfied with the recognition for the work they undertake and levels of as pay outlined below which are above sector response.

NHS Staff Survey 2023 Trust-wide Headline Results

NHS
Bradford District Care
NHS Foundation Trust

All NHS People Promise and theme scores have no significant difference to sector's average scores and 3 are significantly higher than our results last year

Staff Engagement score slightly reduced at **7.03** (7.08)

Response rate significantly increased **51%** (41%)

Morale score slightly increased at **6.15** (6.13)

Highest People Promise score We are compassionate and inclusive **7.53** | We are always learning **5.93** **Lowest People Promise score**

76% of questions have no significant difference to sector, and 87% to last year

Question scores improving compared to 2022 and to our sector

37% feel there are enough staff at Trust to do job properly (2022 32%, sector 35%)
65% satisfied with recognition for good work (2022 61%, sector 63%)
39% satisfied with level of pay (2022 33%, sector 36%)

Questions scores decreasing compared to 2022 and to our sector

75% feel care of patients is top priority (2022 77%, sector 79%)
62% would be happy with standard of care if relative needed treatment (2022 63%, sector 65%)
62% would recommend Trust as a place to work (2022 64%, sector 66%)

Most improved themes
We are always learning +0.23
We are recognised and rewarded + 0.14
We are safe and healthy TBC

Most improved sub-themes
Appraisals +0.41
Work pressures +0.20
Health and safety climate TBC

Most reduced sub-themes
Motivation -0.09
Inclusion -0.08

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Following the publication of the staff survey the BDCFT staff engagement lead has scheduled visits to Trust sites between May and June with the Results Roadshow, where staff engagement will be undertaken in response to The Trust annual and quarterly service results.

6. Summary

The past 6 month has seen the continued implementation of the inpatient MDT workforce outlined within the paper. Operational and Clinical leads continue to undertake reviews of service requirements to ensure sufficient staffing is available and trained to provide safe care.

All planned inpatient rosters have qualified nurses allocated and where unplanned gaps occur the service redeploys from other areas or utilises senior nursing leads to undertake management of wards.

There have been no inpatient ward areas over the previous 6 month reporting period without a nurse in charge.

The inpatient services have successfully reduced agency staffing for HCSW roles due to the increased availability of BDCFT bank staff but continues to utilise agency nursing staff predominantly night shifts as the agency workforce are reduced for day shifts.

The quality and financial risks associated with reduced availability of nursing staff and reliance on agency nursing staff will be mitigated by the continued recruitment into substantive posts and support to develop BDCFT staff into nursing posts via Nurse associate and Nurse apprenticeship pathways.

Vacancy factors continue to be a challenge for community mental health services particularly around the local authority workforce. The Community transformation programme continues to review and remodel the CMHT workforce working in partnership with regional Trusts to establish key worker roles.

Quality improvement methodologies continue to be utilised to provide daily oversight and assurance of staffing levels across all clinical services. The escalation process provides assurance of safe clinical staffing. This report confirms on-going compliance with the requirement to receive and review information on nursing staffing levels at Board level.

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Title: Interim Deputy Director of Nursing, Professions and Care Standards
Date: 19 May 2024

Appendix 1

Adult Community Services

Overview

Safer staffing within the adult community sub care group remains defined by having the ability to meet presenting needs with the right person in the right place at the right time. Over the last 6 months, reduced staffing levels within services have impacted on safer staffing levels. Contributory factors and mitigations are detailed below.

Sickness

The average sickness within the sub care group as of May 2024 was 8%, 4.6% of which was long term sickness absence.

Sickness absence rates continue to impact on the availability of staff across the sub care group. The three key themes for absence remain Cold/Flu, Gastrointestinal and Stress/Anxiety. The sub care group have focussed on the promotion of wellbeing services throughout the workforce and established monthly Management-HR surgeries to support performance including sickness absence management.

A moving and handling pilot concluded recently and was seen as successful in reducing the likelihood of staff experiencing musculoskeletal issues through proactive approaches to managing their work environment and 'tasks'. The associated support is now mainstreamed.

Turnover & Recruitment

Labour turnover (LTO) within the sub care group had reduced to 3.16% headcount between Feb- April 2024. This was a significant improvement on the LTO rates in 2023 that reflected staff attrition associated with major transformation changes affecting the whole of the community nursing and speech and language therapy services. During this period, staff engagement activities have been increased to hear staff concerns, and to provide reassurance based on recovery actions.

Recruitment has been more successful over the last 6 months. Currently the sub care group is working with recruitment and communication colleagues to explore bespoke recruitment campaigns that include more tailored support for applicants that accompany staff throughout their recruitment journey, including the onboarding process.

Staff experience within our work environment is likely to be largest influencing factor on people's decision to remain with services, with depleted staffing levels and continued high demand, staff attrition will likely remain a presenting challenge. Aggregated staff survey results for 2023 demonstrated below Trust average scores around morale and flexibility. In part both of these scores are likely attributable to previously mentioned wholescale transformational changes.

NHS Staff Survey 2023 Community Adults Summary

Survey Coordination Centre

Community Adult's

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.69	6.40	7.02		5.85	6.17	7.20	7.04	5.92
Your org	7.54	6.49	6.96		5.95	6.84	7.16	7.05	6.18
Responses	379	379	378		366	378	379	379	379

Score (0-10)

Scores not reported due to national data issue

Response **55%**

Trust **51%**

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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Grow your own schemes continue within sub care group services, especially community nursing and podiatry where apprenticeships are supported for key roles, enabling staff to progress within the Organisation, and aimed at meeting workforce gaps. Formal workforce planning is supported through HR leads to underpin decisions with regards to future workforce needs.

Vacancies

Across the majority of services within the sub care group recruitment has been sufficient to fill all vacant posts. However, there is a noticeable exception, that being community nursing. The unplanned and planned service has experienced a significant number of vacant posts over the last 6 months, impacting on patient care and staff satisfaction. Although successful recruitment campaigns are slowly 'closing the gap', services still experience challenges associated with this presentation.

With a high influx of new starters, including newly qualified staff, increased pressure is exerted on the existing workforce to provide support with mentorship and preceptorship. The current practice educator capacity is insufficient to support all new staff, with priority given to newly qualified staff and students alike.

A significant proposition of the last 6 months has been focussed on resetting and understanding budgeted staffing resource so as to truly understand funded baselines. This follows the care group RPIW that was commenced in August 2024.

Consideration has been given to skill mixing opportunities that support the 'right person, right activity' principles, but that also enhance care provision, or release scarce clinical capacity.

Recent examples include the employment of non-registered self-management facilitators that have focussed on supporting patients referred to the community nursing service to self-manage care, and the appointment of a General Practitioner to enhance the governance of the community advanced practitioner led unplanned service. Such initiatives repurpose historical vacant roles.

Governance & Safe Care Delivery

Training Compliance

Despite staffing challenges experienced, the sub care group has maintained good training compliance on the whole. The table below represents performance as of the 20th May 2024. Monthly performance focussed 'report outs' are used to track and respond to decreases in compliance.

Competence Name	In Date	Total	%
ACEs, Trauma and Resilience	595	601.0	99.00%
Autism Awareness	588	601.0	97.84%
Basic Life support	405	533.0	75.98%
CPA - Role, Authority, Responsibilities of Care Co-Ordinator CLINICAL ROLE - 3 Years	2	2.0	100.00%
CPA Care Planning for Clinical Staff - 3 Years	2	2.0	100.00%
CPA Clinical Risk, Formulation, Assessment and Management - 3 Years	2	2.0	100.00%
Equality, Diversity and Human Rights - 3 Years	588	601.0	97.84%
Fire Safety - 1 Year	545	601.0	90.68%
Food Hygiene Awareness	3	3.0	100.00%
Freedom to Speak Up - All Workers - 2 Years	565	601.0	94.01%
Health, Safety and Welfare - 3 Years	578	601.0	96.17%
Immediate Life Support	6	7.0	85.71%
Infection Prevention and Control - Level 1 - 2 Years	42	44.0	95.45%
Infection Prevention and Control - Level 2 - 1 Year	491	535.0	91.78%
Information Governance and Data Security - 1 Year	573	601.0	95.34%
Learning Disability Awareness	586	601.0	97.50%
Level 2 Certificate Food Safety in Catering	1	1.0	100.00%
MAV-Breakaway - 1 Year	23	38.0	60.53%
Medicines Management - 2 Years	151	168.0	89.88%
Mental Capacity Act - 3 Years	518	536.0	96.64%
Mental Health Act - 3 Years	5	5.0	100.00%
Moving & Handling People (Min. Assistance) - 1 Year	39	49.0	79.59%
Moving & Handling People (Practical) - 1 Year	274	349.0	78.51%
Moving and Handling - Level 1 - 2 Years	175	183.0	95.63%
NHS Conflict Resolution (England) - 3 Years	532	550.0	96.73%

Quality Oversight and Demand Management

Daily lean management structures are used to monitor quality and identify and remedy fluctuations. A Capacity and Demand Standard Operating Procedure is used daily across community nursing to identify and mitigate service pressures.

Having a designated unplanned community nursing service supports a timely response for the most urgent of presenting needs. Urgent community response times are measured within the unplanned service, with the majority of palliative care or catheter related visits undertaken within 2 hours of the referral.

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Other community services utilise Business Continuity Plans for example Podiatry prioritise hospital wound care clinics over preventative services such as foot protection, diabetic foot assessment and biomechanics clinics when capacity is depleted.

Staff bank and agency is used to mitigate shortfalls in staffing that including vacancy cover and scenarios where demand exceeds capacity.

Community nursing services participated in completion of the NHS Community Nursing Safer Staffing Tool. The tool is designed to give a snapshot comparison of demand versus funded capacity. Eleven teams participated in the first audit, with a plan to capture all community nursing teams through a second audit in May 2024. Unfortunately the tool was paused nationally, therefore the re-audit has been deferred until the autumn of 2024. The first audit results detailed below indicated that there was insufficient funded Full Time Equivalents (FTE) to meet the presenting demand during the audit week.

National Safer Staffing Audit Results

Team	Audit week- number of visits recorded		Audit week - FTE recorded	Average FTE over past 3 months					Audit week average workload			Recommended FTE staffing		
	Audit	SystmOne		Funded	Actual	Temporary	Absence	Registered Professional % of actual FTE	Daily practitioner caseload	Daily deferred visits per practitioner	Workload Index	Total (including headroom)	Registered Professional	HCA
Ashlands	320	342	6.71	10.96	8.49	0.37	2.25	88%	9.7	0.3	1.46	13.13	11.59	1.55
Clayton & Allerton	124	154	2.93	7.95	5.66	0.35	1.4	100%	8.27	0.3	1.34	8.18	8.18	0
Highfield	256	214	5.38	9.04	7.26	0.56	1.52	89%	10.24	0.02	1.43	12.84	11.42	1.41
Hillside Bridge	219	258	5.31	7.64	6.41	0.44	1.01	69%	8.42	0.3	1.32	9.17	6.31	2.86
Idle	188	122	4.68	4.6	5.87	0	0.57	90%	8.55	0.4	1.29	7.55	6.78	0.77
Ilkley Moor	205	168	4.87	7.02	6.4	0.3	1.42	88%	8.91	0	1.28	8.7	7.61	1.09
Ilkley Wharfe	133	109	3.24	5.99	6.53	0.35	0.91	74%	8.8	0	1.27	8.8	6.49	2.3
New Park Road	260	264	5.60	8.95	8.58	0.92	2.26	81%	9.29	0	1.39	13.69	11.14	2.55
Silsden	107	171	2.21	6.68	5.21	0.46	2.05	56%	9.73	0.6	1.5	8.98	5.07	3.91
Windhill	157	249	3.50	10.91	8.49	1.52	1.85	63%	9.24	0.2	1.31	13.72	8.66	5.06

Quality Markers

Despite significant pressures on staff demand, community nursing services have been able to sustain good performance in relation to the quality of care delivered. This is demonstrated in the low number of pressure ulcers that occur with 'omissions' (deviation from best practice) as demonstrated below.

Number of pressure ulcers, with or without an omission at home or in a care home
(Investigation data- all PU's inc grade 2,3 & 4, SDTI & Ungradable)

		Q1 2023 / 2024	Q2 2023 / 2024	Q3 2023 / 2024	Q4 2023 / 2024	Feb-24	Mar-24
No Omission		394	341	463	311	117	41
Omission at home		52	48	33	27	12	2
Omission in care home		17	16	10	7	4	1
% with omission		15%	16%	8%	10%	12%	7%
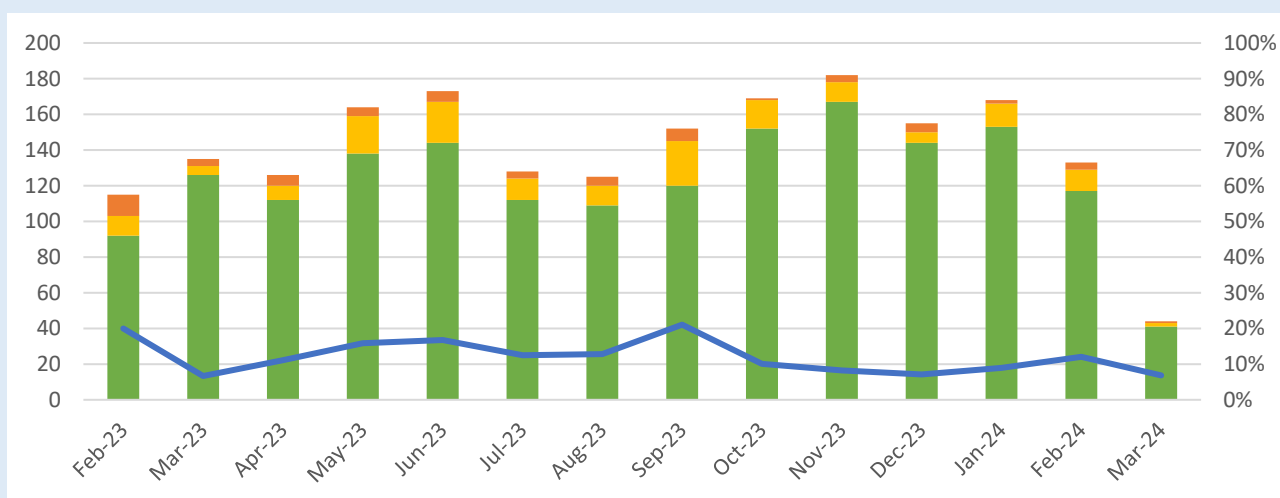
The service delivers on average 8,300 insulin administrations per month. Comparatively insulin error rates remain relatively low, with no reported harms associated with reported errors. Error numbers did increase during winter months. This correlates with the month associated with the greatest staffing pressures.

All BDCFT Insulin Incidents - Last 12 Months

Month	Incidents
May	1
June	4
July	8
August	8
September	4
October	6
November	4
December	6
January	10
February	7
March	8
April	9
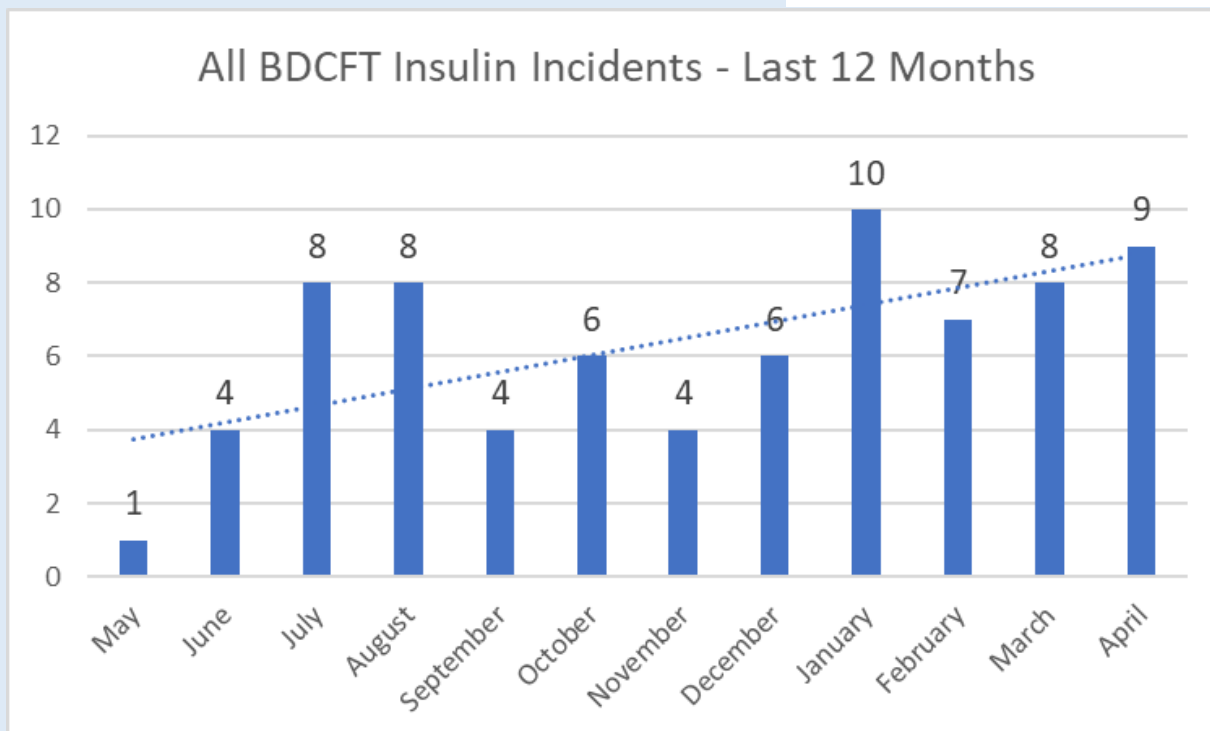
Challenges

During the 'winter 2024' the community nursing service experienced severe staffing challenges with planned leave, sickness absence, high levels of vacancies and continued high demand. Associated with these challenges, and specifically 'mid-shift absence' the community nursing service was left without a qualified staff member overnight. Although business continuity plans were enacted to mitigate risks to patients, one person's treatment was delayed and a result an anonymous concern was lodged with the CQC. In response an impromptu QAF review was conducted within the unplanned community nursing service. Scheduled staffing over night was subsequently increased on each shift to reduce the risk of a reoccurrence.

As part of the QAF review a bespoke meeting was conducted with current preceptees within the community nursing service to explore concerns with regards to their work placed experiences. On the whole, the meeting provided positive assurance as to the support offered to preceptees in service despite staffing challenges experienced.

Despite the West Yorkshire Community Collaborative ambition to increase the volume of work delivered closer to home, community service has seen little investment over recent years. Additional income assigned to community services to support the delivery of virtual ward beds had been halved in 24/25 and is set to cease in 25/26. This puts additional pressure on the community nursing service that is delivering the associated activity.

Support Requested

The community nursing service is set to complete a formal re-audit using the national safer staffing tool in September 2024. Assuming the results indicate that demand continues to exceed existing capacity, Organisational support is requested in lobbying the system for

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additional future investment to bridge this gap through either direct care provision, or the development and evolution of preventative initiatives that reduce future demand.

Next Steps

Work is due to commence in 24/25 to review historical service specifications. This presents an opportunity to ensure that the future service offered is both achievable and sustainable. This review may indicate the removal of certain historical non-essential activities.

The Adult Community transformation plan has undergone a refresh, with a renewed focus on initiatives that will ultimately support safer staffing attainment. These include initiatives that should reduce demand, maximise efficiencies or improve both workforce capability and availability. Priorities include delegated nursing care; increased delivery within treatment room settings; workforce planning and the expansion of the proactive care model.

Work is continuing to 'deliver' aside of the care group digital priorities. Again, the priority initiatives will assist staff in more efficient practice through the use of digital solutions.

Community Children's Services

The last six months have been very busy across all of children's services, and the service has continued to face a number of challenges particularly in regard to the financial envelope both internally and externally in the wider partnership

An RPIW has been completed across the whole service in order to align the establishment and set the budget for the 2024/2025 financial year. This has been really beneficial in order to totally review the staffing, pay budget and non-pay expenditure, and has given the service a good foundation to work from.

Sickness

Sickness has been a challenge for the service and work continues with both Occupational Health and the Trust's People Matters Directorate in order to support staff through the Supporting Attendance process and returning to work. There are regular meetings with the People Matters business partner and relevant service manager to discuss individual cases, progress in relation to policy and next steps. There have been some staff who have been on long term sick who have now taken retirement due to ill-health and others who have moved to a different post within the service in order to keep them in work.

Long term and short term sickness from 01/11/23 – 30/04/24 was as follows:

Total

	Long term	Short term
Public health nursing	7.88	1.99
Specialist services	4.03	2.15

By month

	11/23		12/23		01/24		02/24		03/24		04/24	
	ST	LT	ST	LT	ST	LT	ST	LT	ST	LT	ST	LT
PH nursing	2.54	7.84	1.69	7.23	1.66	7.90	1.85	7.30	1.70	8.27	2.56	8.77
Specialist	2.92	4.16	2.33	2.81	2.96	3.70	1.18	6.80	1.90	4.62	1.52	2.27

The short term sickness rates across Children's Services has remained within the Trust target, however the long term sickness particularly in the Public Health Nursing (PHN) service is above the Trust target.

Staff continue to access the wide range of supervision available – clinical supervision, safeguarding supervision, management supervision and Professional nurse Advocate (PNA) restorative supervision sessions. The service also has an offer for caseload supervision for staff working families where children are subject to a child protection plan.

The PNA sessions are offered either individually or as a group and there are two teams within the service who have a monthly PNA restorative supervision session due to the fact their work involves working with school aged children who are made subject to a child protection plan, or

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they attend child protection strategy meetings where they listen to cases where children have suffered significant harm (or are at risk of doing so).

Month	Individual Session	Group session	Total staff seen
Nov	5	2 =10 seen	15
Dec	2	2=7 seen	9
Jan	1	2=10 seen	11
Feb	2	2=14 seen	16
Mar	4	-	4
Apr	3	-	3
Total	17		58

Topics discussed during the sessions include:
Career conversations, work challenges, issues in teams with other staff and management, leadership styles, change management, impact of sickness on teams, not feeling listened to, wellbeing, disability issues, bullying, and lack of self-belief.

Vacancies

On completion of the RPIW all of children's services now have a really clear picture of what the funded establishment is and there are no current vacancies across the service unless a staff member leaves.

The Public Health Nursing services continues to work within a skill mix model which in effect frees up Health Visiting capacity to concentrate on the antenatal and new birth contacts, plus the safeguarding work.

PHN Staff Nursing – Labour Turnover rate 2.70%

	2023 / 11	2023 / 12	2024 / 01	2024 / 02	2024 / 03	2024 / 04
Headcount	227	224	231	231	228	213
FTE	191.91	190.16	196.01	195.61	193.24	180.85
Leavers Headcount	0	3	1	1	4	1
Leavers FTE	0.00	1.76	0.60	1.00	2.71	0.80
Starters Headcount	0	0	6	0	0	1
Starters FTE			5.00			0.85
Maternity	4	4	4	4	5	5
Turnover Rate (Headcount)	0.00%	1.36%	0.45%	0.45%	1.82%	0.45%

Turnover Rate (FTE)	0.00%	0.94%	0.32%	0.54%	1.45%	0.43%
Avg Headcount	220.00	220.00	220.00	220.00	220.00	220.00
Average FTE	186.54	186.54	186.54	186.54	186.54	186.54
Leavers (12m)	29	31	29	30	33	28
Leavers FTE (12m)	22.80	23.76	22.56	23.56	25.57	21.57
Turnover Rate (12m)	13.55%	14.25%	13.09%	13.51%	14.86%	13.15%
Turnover Rate FTE (12m)	12.64%	12.90%	12.03%	12.56%	13.66%	12.00%
Avg Headcount (12m)	214.00	217.50	221.50	222.00	222.00	213.00
Average FTE (12m)	180.42	184.16	187.59	187.64	187.22	179.78

Specialist Services – Labour Turnover Rate 4.73%

	2023 / 11	2023 / 12	2024 / 01	2024 / 02	2024 / 03	2024 / 04
Headcount	96	94	91	91	90	92
FTE	79.19	77.73	75.43	75.43	74.26	75.38
Leavers Headcount	0	2	1	0	3	1
Leavers FTE	0.00	1.45	0.96	0.00	2.45	1.00
Starters Headcount	1	0	0	0	1	3
Starters FTE	1.00				0.60	2.12
Maternity	1	1	1	1	2	3
Turnover Rate (Headcount)	0.00%	2.15%	1.08%	0.00%	3.23%	1.08%
Turnover Rate (FTE)	0.00%	1.91%	1.26%	0.00%	3.22%	1.31%
Avg Headcount	93.00	93.00	93.00	93.00	93.00	93.00
Average FTE	76.28	76.28	76.28	76.28	76.28	76.28
Leavers (12m)	16	15	12	11	12	12

Leavers FTE (12m)	12.34	11.74	9.49	8.89	9.72	9.99
Turnover Rate (12m)	17.30%	16.30%	13.41%	12.36%	13.48%	13.11%
Turnover Rate FTE (12m)	16.11%	15.45%	12.81%	12.05%	13.19%	13.24%
Avg Headcount (12m)	92.50	92.00	89.50	89.00	89.00	91.50
Average FTE (12m)	76.60	76.01	74.05	73.76	73.69	75.42

Bank and Agency Use

The service continues to use bank staff with some shifts covered by staff with substantive contracts working additional hours and other staff members who prefer to only work bank rather than have a contract.

The cost of bank is not covered in the budget therefore has created a cost pressure for the service. A review of bank use and process has just started and will be completed in May 2024.

Cost of bank in £s

	Nov	Dec	Jan	Feb	Mar	Apr
PH nursing	24,365.59	44,427.22	36,503.09	36,604.76	27,744.25	44,697.61
Specialist	3,617.63	8,273.08	4,462.49	2,963.02	2,707.04	2,768.23

Training

Public Health Nursing

Trust	Competence Name	In Date	Total	%
453 Public Health Nursing Services	ACEs, Trauma and Resilience	186	187.0	**99.47%**
453 Public Health Nursing Services	Autism Awareness	184	187.0	**98.40%**
453 Public Health Nursing Services	Basic Life support	139	172.0	**80.81%**
453 Public Health Nursing Services	Equality, Diversity and Human Rights - 3 Years	182	187.0	**97.33%**
453 Public Health Nursing Services	Fire Safety - 1 Year	183	187.0	**97.86%**
453 Public Health Nursing Services	Freedom to Speak Up - All Workers - 2 Years	186	187.0	**99.47%**
453 Public Health Nursing Services	Health, Safety and Welfare - 3 Years	184	187.0	**98.40%**

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453 Public Health Nursing Services	Infection Prevention and Control - Level 1 - 2 Years	2	2.0	100.00%
453 Public Health Nursing Services	Infection Prevention and Control - Level 2 - 1 Year	184	185.0	99.46%
453 Public Health Nursing Services	Information Governance and Data Security - 1 Year	187	187.0	100.00%
453 Public Health Nursing Services	Learning Disability Awareness	182	187.0	97.33%
453 Public Health Nursing Services	Mental Capacity Act - 3 Years	181	181.0	100.00%
453 Public Health Nursing Services	Moving and Handling - Level 1 - 2 Years	185	187.0	98.93%
453 Public Health Nursing Services	NHS Conflict Resolution (England) - 3 Years	185	187.0	98.93%
453 Public Health Nursing Services	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	184	187.0	98.40%
453 Public Health Nursing Services	Risk Management - 5 Years	186	187.0	99.47%
453 Public Health Nursing Services	Safeguarding Adults (Version 2) - Level 1 - 3 Years	2	2.0	100.00%
453 Public Health Nursing Services	Safeguarding Adults (Version 2) - Level 2 - 3 Years	179	184.0	97.28%
453 Public Health Nursing Services	Safeguarding Adults (Version 2) - Level 3 - 3 Years	1	1.0	100.00%
453 Public Health Nursing Services	Safeguarding Children (Version 2) - Level 1 - 3 Years	2	2.0	100.00%
453 Public Health Nursing Services	Safeguarding Children (Version 2) - Level 3 - 1 Years	130	135.0	96.30%
453 Public Health Nursing Services	Safeguarding Children (Version 2) - Level 3 - 3 Years	50	50.0	100.00%
453 Public Health Nursing Services	SystmOne Community Children	172	176.0	97.73%
453 Public Health Nursing Services	SystmOne Core	182	182.0	100.00%

Specialist Services

Trust	Competence Name	In Date	Total	%
453 Specialist Childrens Services	ACEs, Trauma and Resilience	84	84.0	100.00%
453 Specialist Childrens Services	Autism Awareness	84	84.0	100.00%
453 Specialist Childrens Services	Basic Life support	63	69.0	91.30%
453 Specialist Childrens Services	CPA - Role, Authority, Responsibilities of Care Co-Ordinator CLINICAL ROLE - 3 Years	1	1.0	100.00%
453 Specialist Childrens Services	CPA Care Planning for Clinical Staff - 3 Years	1	1.0	100.00%
453 Specialist Childrens Services	CPA Clinical Risk, Formulation, Assessment and Management - 3 Years	1	1.0	100.00%
453 Specialist Childrens Services	Equality, Diversity and Human Rights - 3 Years	83	84.0	98.81%
453 Specialist Childrens Services	Fire Safety - 1 Year	80	84.0	95.24%
453 Specialist Childrens Services	Freedom to Speak Up - All Workers - 2 Years	82	84.0	97.62%
453 Specialist Childrens Services	Health, Safety and Welfare - 3 Years	82	84.0	97.62%
453 Specialist Childrens Services	Infection Prevention and Control - Level 1 - 2 Years	13	13.0	100.00%
453 Specialist Childrens Services	Infection Prevention and Control - Level 2 - 1 Year	67	69.0	97.10%
453 Specialist Childrens Services	Information Governance and Data Security - 1 Year	83	84.0	98.81%
453 Specialist Childrens Services	Learning Disability Awareness	84	84.0	100.00%
453 Specialist Childrens Services	MAV-Breakaway - 1 Year	14	19.0	73.68%
453 Specialist Childrens Services	Medicines Management - 2 Years	23	24.0	95.83%
453 Specialist Childrens Services	Mental Capacity Act - 3 Years	66	66.0	100.00%
453 Specialist Childrens Services	Moving and Handling - Level 1 - 2 Years	77	78.0	98.72%
453 Specialist Childrens Services	NHS Conflict Resolution (England) - 3 Years	67	69.0	97.10%
453 Specialist Childrens Services	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	76	79.0	96.20%
453 Specialist Childrens Services	Preventing Radicalisation - Prevent Awareness - 3 Years	3	3.0	100.00%

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453 Specialist Childrens Services	Risk Management - 5 Years	82	84.0	**97.62%**
453 Specialist Childrens Services	Safeguarding Adults (Version 2) - Level 1 - 3 Years	13	13.0	**100.00%**
453 Specialist Childrens Services	Safeguarding Adults (Version 2) - Level 2 - 3 Years	60	63.0	**95.24%**
453 Specialist Childrens Services	Safeguarding Adults (Version 2) - Level 3 - 3 Years	6	6.0	**100.00%**
453 Specialist Childrens Services	Safeguarding Children (Version 2) - Level 1 - 3 Years	12	13.0	**92.31%**
453 Specialist Childrens Services	Safeguarding Children (Version 2) - Level 2 - 3 Years	6	6.0	**100.00%**
453 Specialist Childrens Services	Safeguarding Children (Version 2) - Level 3 - 1 Years	57	61.0	**93.44%**
453 Specialist Childrens Services	Safeguarding Children (Version 2) - Level 3 - 3 Years	2	2.0	**100.00%**
453 Specialist Childrens Services	SystmOne Community Children	35	38.0	**92.11%**
453 Specialist Childrens Services	SystmOne Core	80	80.0	**100.00%**
453 Specialist Childrens Services	SystmOne Mental Health	1	1.0	**100.00%**
453 Specialist Childrens Services	SystmOne Trustwide	27	30.0	**90.00%**

Mandatory training performance remains consistently high, and compliance is reviewed weekly in a DLM cell with managers led by the service co-ordinator. Clinical and safeguarding supervision is also reviewed in this meeting. Support is given as required and concerns escalated where there are challenges identified to the Care group assurance meeting.

Challenges

Public Health Nursing service- Health Visiting, School Nursing and Operations safeguarding and vulnerability.

The service is still waiting for a decision as to whether the Public Health Nursing contract will be going out to tender.

The health visiting teams are under pressure to deliver on the KPIs and balance this work with the safeguarding meetings. For school nursing the initial child protection case conferences are attended by the Vulnerable Children School Nurse team which has released capacity in the school nursing service and enabled them to focus on the delivery of a really good public health offer.

There have been some challenges in staff working within the family hubs in terms of connectivity and available space, but this has been escalated to the Smart Working team.

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This academic year the service has supported thirteen staff nurses to undertake the Specialist Community Public Health Practitioner training (8 in health visiting and 5 in school nursing).

There has been a negative impact on the KPIs for the 6-8 week contact (normally undertaken by a staff nurse) due to the number of internal candidates that were successful in securing a place on the SCPHN course.

Due to a number of financial factors impacting on children's services as a whole a decision has not yet been made as to whether these staff members will be able to be recruited as band 6's on completion of the course, however lot of work is being undertaken in the background to look available options.

The service uses skill mix to undertake the commissioned core contacts in order to meet the Key Performance Indicators (KPIs) set by the commissioners. The KPI data is monitored very closely on a weekly basis by the Associate head of Children's Services and along with the service manager and team leaders plans are put in place to improve the data

The service is also implementing the MESCH (The Maternal Early Childhood Sustained Home-visiting) programme and has worked hard to ensure that all members of the skill mix team have attended the relevant training to support the roll out of the programme.

The health visitor assistant (HVA) role has been introduced and had a positive impact on releasing time to care for the band 6 health visitors as the HVAs book the antenatal core contacts.

Specialist Children's Services

Children in Care/Care Leavers and Youth Justice

There has been a noticeable reduction of babies, children and young people coming into care between Nov 23- April 24, however the team has seen an increase in children ceasing to be children in care and then being brought back into care several weeks later. The nurses continue to hold larger than recommended caseloads with one whole time equivalent currently carrying on average 132 (it has been as high as 150 previously).

From the 1st of March there has been a reduction in medical capacity (due to staff changes) for Initial Health Assessments (IHA) - the current average waiting time for IHA (data from Jan 2024) is 37 days.

December was a challenging month for the leaving care nurses in terms of managing the care leavers caseload and also for the whole team as they have been affected by the sad death of two service users. The cumulative complexity of those being cared for is increasing and having an impact on nurse's wellbeing and resilience.

The Youth Justice Nurses were impacted by short and long term sickness in this period, which led to delays in some children being seen, however bank work was picked up by the team and there are no current outstanding health assessments.

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There is one whole time equivalent children in care nurse on maternity leave at present and the vacant caseload is being covered by bank work.

Currently there are only 48 (3.31%) outstanding Review Health Assessments, twenty-five of which are children living in the Bradford District this equates to1.72% of total caseload.
Staff have accessed Trust support and de-briefing sessions as required deaths and challenging cases and will be undertaking trauma informed care resilience framework training in June

Special Needs School Nursing (SNSN)

A particular challenge has been the fact that one of the special schools increased their school places by 25 students which has impacted on the team capacity in terms of completing initial assessments, care planning and training for school staff.

The team has supported new commissioned roles to enable two pupils with additional complex health needs to access school safely and whilst recruitment to these posts has been ongoing, existing staff have stretched their capacity to support the young people.

There has been a significant challenge in the recruitment process in terms of how many inappropriate applications received - 517 for most recent band 4 role, most of which did not have the right qualifications and looked to have been submitted using artificial intelligence. This has impacted on staff time to review and shortlist the applications.

The agreed recommended ratio with the Bradford Metropolitan District Council commissioners is a ratio of one nurse for every 71 pupils. The current ratio is 1:126 which almost twice the recommended ratio.

Vaccination and Immunisation service

The vaccination and immunisation service in both Bradford and Wakefield are awaiting information regarding the effect of the reduction in the number of HPV vaccinations and how that will impact on the funding for the teams. The Bradford team are now using a platform for obtaining consent for immunisations electronically which has reduced the administrative capacity needed and the Wakefield team are currently working towards having this model in place over the next six months.

Both teams continue to work hard to increase the uptake of vaccinations cross their respective communities and have also supported the additional MMR (measle, mumps and rubella) vaccination campaigns in their respective communities.

Appendix 3

Allied Health Professions (AHPs) Update for Safer Staffing
May 2024

AHPs are the third largest workforce within Health and Care, made up of 14 professions recognised by NHS England and registered through the Health and Care Professions Council (HCPC). Whilst as a collective they make up a large group of staff, individually they are diverse and distinct, with often small numbers compared to some other professions, and it is essential that the unique contributions are supported. AHPs are widely recognised as essential for transformative health care, responding to the current health care challenges, and delivering the NHS Plan due to the skills and knowledge around recovery, rehabilitation, health promotion and prevention. In BDCFT the professions comprising AHPs currently are Occupational Therapy, Physiotherapy, Dietetics, Speech and Language Therapy, Podiatry, Art Therapy, Music and Drama Therapy.

Art Therapy within BDCFT falls under Psychological Therapies governance structure, and Music and Drama Therapy is externally commissioned.

BDCFT Workforce Profile
Current BDCFT AHP staff in post from ESR Feb 2024 (NHSE E-Portal) shows a fall in AHP headcount over last 6 months despite increasing demand – with current head count at 171. This is based on ESR data for actual AHP positions, although we have a larger number of AHPs in other positions.
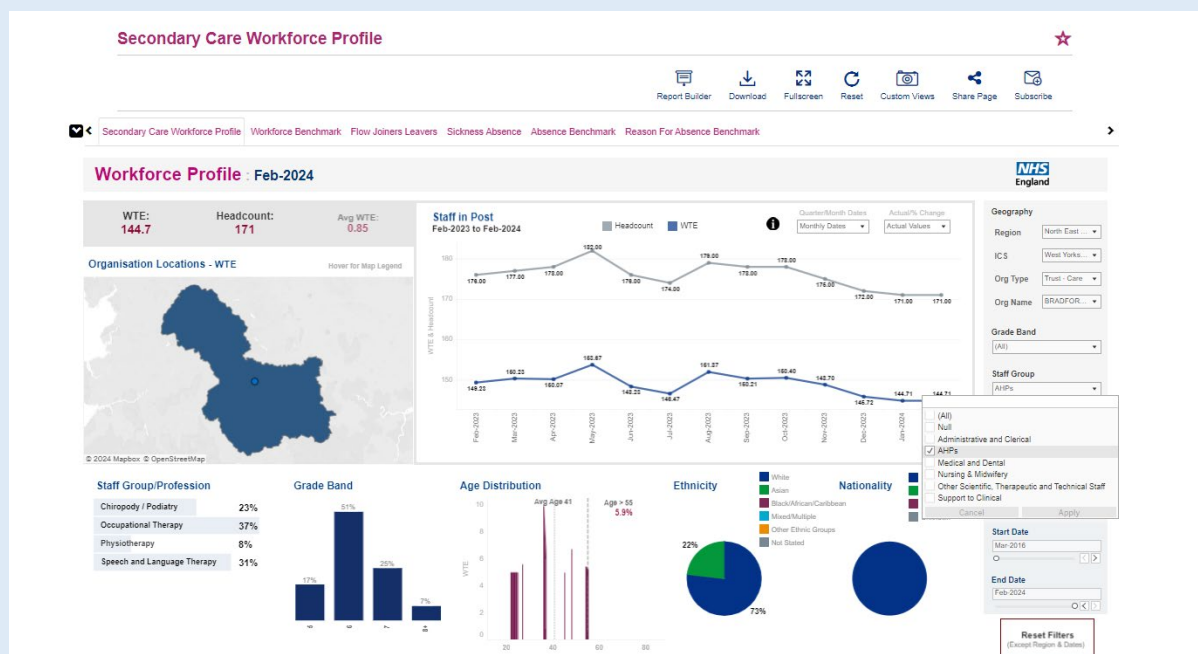
National and local context
With the publication of the NHS Long Term Workforce Plan (2023), Occupational Therapy and Podiatry have been identified as one of the main AHP groups for targeted growth. Both professions are 'at risk' for future supply.

Whilst Podiatry has been particularly highlighted as a national area of concern, within Bradford the supply has been less problematic, due to the positive relationship with Huddersfield University and continued ability to recruit from local trainees. However, with the current trajectory of training numbers this ability cannot be assumed. There has been a slight growth in full time training places for occupational therapy across the ICS, although sustained take up of places and attrition remains a concern. Concerningly from the recent Nuffield report into clinical workforce supply (2023) we know that increasing numbers of occupational therapy students are not graduating into NHS roles; BDCFT has been an attractive place for employment, due to the support we provide for students on placement with us, our close links with the our local HEIs and the Band 5 OT Post Graduate Scheme that we run in partnership with ANHSFT, but we are seeing falling numbers in local supply of graduates from training programmes. This is a shared challenged not unique to BDCFT.

Both professions have been identified for increase in apprenticeship places, with targeted NHSE WTE funding for podiatry apprenticeships. Within Bradford the interest in apprenticeships within our workforce is growing, and BDCFT has the largest number of AHP apprenticeships across BDC Place, especially for occupational therapy.

Current workforce challenges
Over the past 12 months recruitment into AHP vacant posts continues to be difficult. This has been seen across professions, but more apparent for Band 6 recruitment and for OT, Dietetics and Speech and Language Therapy and in Inpatient Mental Health services. Currently in inpatient mental health, we have vacancies within OT across acute inpatient and low secure services, which is significantly impacting on capacity and realising the aspirations of Model Roster 3 and the multi-disciplinary staffing model.

More generally for AHPs, whilst recruitment is challenging, BDCFT is positively regarded, and many of our AHPs want to stay within BDCFT, and the focus needs to be on retention especially for mid to higher banded careers, building enhanced (Band 6-7) and advanced practice pathways along with opportunity to develop wider leadership skills and portfolio careers.

AHP Workforce Plan
The plan remains similar to previous safer staffing update in Autumn 2023, working with partners across Bradford, District and Craven Place and within the wider ICS and the West Yorkshire AHP Faculty to collectively support AHP workforce growth.

Train
- Continue building the supply for training programmes through careers work with schools and HEIs – so that young people are aware of the range of AHP careers.
- Continuing to grow our work experience offer – expanding virtual work experience training offer through the AHP Faculty for schools and colleges and building on in-person work experience opportunities.
- Continued promotion of volunteer to Career for AHPs
- Building placement capacity, developing different educator models, and developing digital innovation for placement capacity and simulation, and growing clinical educator capacity (such as PG-Cert) across our AHPs for in-house teaching and learning. Developing leadership placements within BDCFT to support placement capacity but also open up opportunities for students to develop breadth of experience.

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- Strengthening apprenticeship routes with Huddersfield and Sheffield across all our AHP professions – (currently supporting per year 2-4 OT, 1-2 physio, 1-2 SaLT, 1 podiatry, 1 dietetic). This is currently the strongest area of growth for us but needs further investment for ring-fenced funded apprenticeship posts.
- Support workforce development - building an induction and enrichment programme for support staff, in line with the AHP Support Workforce Competency Framework – this is in production with link Training. Growing Level 3 and Level 5 support workforce apprenticeships and building capacity for progression to Level 6. Our support workforce are currently feeding the interest in degree-level apprenticeships, demonstrating commitment to 'growing our own' especially with investment in end-point registered positions.

Retain
- Growing Band 5-6 development posts
- Leadership development for AHPs – building opportunities for development in non-clinical roles and portfolio careers such as quality improvement, patient safety, research, safeguarding and exploring leadership fellowships.
- Continuing to embed preceptorship across AHPs.
- Increasing post graduate rotations with partners and building on internal rotational posts – growing Band 5 and Band 6 rotations and opportunities where we can work collaboratively with partners for growth and support of smaller professional groups and also grow interest in some harder to recruit areas such as mental health and learning disabilities
- Continued training and education and growth of clinical progression pathways into enhanced and advanced clinical practice. The top reason for AHPs leaving BDCFT is for progression and promotion.

Reform
- Developing new roles and skill mixing to focus on community, prevention, working with partners on opportunities to joint work, share skills, move across organisations to build integrated skills.
- Building on use of digital innovation to support clinical delivery such as respiratory pathway in LD, using augmented reality in clinical skill development and training.

Author: Cathy Schofield
Title: Chief Allied Health Professional

Trust Board Meeting
29 May 2024

Paper title:	NHS England & NHS Improvement Quarterly Return Declaration	**Agenda Item**
Presented by:	Mike Woodhead, Chief Finance Officer	**16.1**
Prepared by:	Claire Risdon, Operational Director of Finance	
Committees where content has been discussed previously		
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion	

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

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Purpose of the report

The purpose of this report is to share the recommendation from the Finance & Performance Committee that the Trust Board formally approve the Quarter 4 NHS England & NHS Improvement financial submission.

Executive Summary

The purpose of this report is to request that the Trust Board approve the Quarter 4 NHS England & NHS Improvement financial submission endorsed by the Finance & Performance Committee.

Key headlines are as follows:
- **Revenue**: Trust performance for the period April 2023 to March 2024 is a surplus of £1.215m (excluding technical adjustment for impairments) which is £1.215m better than planned.
- The **Cost Improvement Programme** is reporting a performance shortfall of £7.9m at Month 12 which is being mitigated by non-recurrent measures.
- **Capital**: Total Trust capital expenditure for the year is £9.8m, resulting in a permitted overspend of £2.1m against plan. This is due to additional capital for IFRS16 in year leases, in year remeasurement of existing IFRS16 leases (required as per the accounting standard) and additional funded Public Dividend Capital.
- Closing **Cash** balance at the end of March of £21.2m.
- **Use of Resources** - reporting is currently suspended due to COVID-19.
- **Agency Expenditure** - Agency caps are set at 3.7% of pay expenditure – the planned full year cap is £6.0m and planned outturn Agency Expenditure is £5.95m. The outturn for agency costs is £8.1m which is 4.8% of total pay expenditure.

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 Trust Board is asked to:
- Approve the quarterly submission made to NHSI on 24th April 2024.

Trust Board Meeting

29 May 2024

NHS England & NHS Improvement Quarterly Return and Declaration

1   Background and Context

NHS Foundation Trusts are required to make quarterly submissions to NHS England & NHS Improvement to confirm their Risk Rating under the Single Oversight Framework (SOF). From August 2019 the NHS Oversight Framework replaced the provider SOF and the clinical commissioning group (CCG) Improvement and Assessment Framework (IAF) and will inform assessment of providers in 2021/22. For providers, the Risk Assessment Rating reflects a single consolidated rating which is 'Use of Resources' (UoR).

The Trust is not currently reporting an UoR rating as reporting is suspended due to COVID-19.

2   Considerations

The key points are that the Trust has delivered the following financial indicators for quarter 4 of 2023/24:

- Trust performance for the period April 2023 to March 2024 is a surplus of £1.215m (excluding technical adjustment for impairments) compared to a planned breakeven position resulting in a favourable variance of £1.215m.

- Capital expenditure to March 2024 is £9.8m against a plan of £7.7m. Capital expenditure is higher than plan at £9.8m due to additional capital for IFRS16 in year leases, in year remeasurement of existing IFRS16 leases (required as per the accounting standard) and additional funded Public Dividend Capital.

- Cash – Closing cash balance at the end of March of £21.2m.

- UoR – reporting is currently suspended due to COVID-19

- Agency Expenditure - Agency caps are set at 3.7% of pay expenditure – the planned full year cap is £6.0m and planned outturn Agency Expenditure is £5.95m. The outturn for agency costs is £8.1m which is 4.8% of forecast total pay expenditure.

The Month 12 financial templates will be submitted to NHSEI on the 24th April 2024 in line with national timescales.

3 Implications

3.1 Legal and Constitutional

There are no legal or constitutional requirements in relation to this paper.

3.2 Resource

There are no direct financial implications / costs associated with this paper.

3.3 Quality and Compliance

Financial performance is a key measure under the NHS England & NHS Improvement Single Oversight Framework. Any cost improvements planned by the Trust are subject to a Quality Impact Assessment process overseen by the Medical Director and the Chief Operating Officer.

4 Communication and Involvement

The Board was sighted on key plan risks and additional scrutiny of key assumptions, risks and mitigation takes place at every Finance & Performance Committee. Key messages are discussed through the Trust's Senior Leadership Team and through the Trust's current command structures.

5 Monitoring and review

The Finance & Performance Committee review and formally recommend the NHS England & NHS Improvement Quarterly submission to Trust Board following each quarter end.

Name of author/s   Claire Risdon
Title/s   Operational Director of Finance
Date paper written   23rd April 2024

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Board of Directors – Meeting held in Public
29 May 2024

Paper title:	Green Plan Update	Agenda Item
Presented by:	Emma Clarke, Energy, Waste and Sustainability Manager	**18**
Prepared by:	Emma Clarke, Energy, Waste and Sustainability Manager	

Committees where content has been discussed previously	Green Strategy Group (17.1.24 and 20.3.24) Finance and Performance Committee (28.3.24)
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	x
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	x
	Our environment and workplace	x
	Giving back to our communities	
Being the Best Partner	Partnership	x
Good governance	Governance, accountability & oversight	x

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Purpose of the report

The Sustainability team are seeking Board approval for the second BDCFT Green Plan, for the period 2024-2027.

Executive Summary

All NHS Trusts are required to have a three-year Green Plan, the Board are presented the second version of a BDCFT plan, for the period 2024-27. The format follows guidance from Greener NHS, detailing actions the Trust will undertake within 10 priority areas.

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

Recommendation(s)

The Board of Directors is asked to:
- Approve the 2024-27 BDCFT Green Plan and support implementation of the actions

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: • None identified
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☐ Caring ☐ Effective ☒ Well-Led ☐ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Sustainability is now included in the CQC assessment under both 'Safe' and 'Well-Led'. • Addressing our net zero commitments also ensures compliance with the Health and Social Care Act and a variety of environmental legislation.

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Board of Directors – Meeting held in Public
29 May 2024

Green Plan update

1   Purpose

All NHS Trusts are required to have a three-year Green Plan, the Board are presented the second version of a BDCFT plan, for the period 2024-27. The format follows guidance from Greener NHS, detailing actions the Trust will undertake within 10 priority areas.

2   Proposed Outcome

The aim of the Green Plan is to reduce our carbon emissions year on year, reduce our environmental impact, adapt and become more resilience to current climate change impacts and support biodiversity restoration at our sites.

There are a number of actions to be undertaken within the 10 priority areas that when achieved, will contribute to reducing the environmental impact of the Trust.

3   Risk and Implications

Addressing Climate Change/ Net Zero is a requirement of UK environmental and health legislation. Failure to address our carbon emissions would mean we are not compliant with this and NHS specific requirements.

Mitigation of our carbon emissions is now considered within the 'Well-Led' section of the CQC. Climate Change adaptation and resilience are considered within the 'Safe' and 'Well-Led' sections of the CQCs single assessment framework.

Failure to mitigate and adapt also poses risks to our staff, service users, buildings and supply chain which could result in financial impacts, service delivery or demand, resource (including medicines) availability and reputational damage.

5   Results

The Green Plan has been discussed at the Green Strategy Group and the Finance & Performance Committee (FPC), ahead of Board approval.

The Sustainability team will assess progress, reporting to FPC quarterly and Board biannually. Quarterly data is also submitted to Greener NHS. An update of the previous financial years' achievements and our carbon emissions will be included in each Annual Report.

Emma Clarke,
Energy, Waste and Sustainability Manager
10 May 2024

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Our Green Plan: Greener Together

BDCFT 2024-27 Green Plan

This document has been approved and ratified. Circumstances may arise where staff may become aware that changes in national policy or statutory or other guidance may affect the contents of this document. It is the duty of the staff member concerned to ensure that the document author is made aware of such changes so that the matter can be dealt with through the document review process.

NOTE: All approved and ratified documents remain extant until notification of an amended policy or procedure via Trust-wide notification, e.g. through the weekly e-Update publication or global e-mail and posting on the Intranet (Connect).

Procedural Document Title:	Our Green Plan: Greener Together 2024-2027
Version:	Final
Name and Title of Responsible Director/Senior Manager:	Deputy Director of Estates and Facilities
Name and Title of Author	Energy, Waste and Sustainability Manager
Title of Responsible Committee / Group (or Trust Board):	Finance and Performance Committee
Persons/Groups/Committees Consulted:	Green Strategy Group, Estates and Facilities Management Team; Finance, & Performance Committee; BDCFT Board.
Procedural Document Compliance Checklist adhered to:	Yes
Target Audience:	All BDCFT staff, service users and visitors
Approved by:	Finance and Performance Committee
Date Approved:	TBC
Ratified by:	BDCFT Board
Date Ratified:	TBC
Date Issued:	TBC
Review Date:	TBC
Frequency of Review:	Annual review of performance Three yearly review of Green Plan
Responsible for Dissemination:	Energy, Waste and Sustainability Team
Copies available from:	Connect on BDCFT Intranet
Where is previous copy archived?	P/ drive

Contents

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Foreword

This is our second Green Plan, covering our activities between 2024-2027. It builds on the challenges and opportunities from our first Plan, but the overall aim and ambition remain the same: to be recognised as a leader in sustainability and environmental improvements within the NHS and our local community and to achieve carbon net zero in line with NHS targets. We have taken account of NHS England Green Plan guidance and our own carbon emission hot spots. We also learnt what is important to staff via our 'Green Champions' workshop and engagement stalls which has helped us to develop our priority areas.

We are making progress, but we know there is more to do, and fast. It is a challenging landscape for the NHS, with clinical, financial and workforce priorities competing for attention which can often seem at odds with our sustainability obligations. However, if we embed the Green Plan into our work, we believe we can achieve multiple benefits that help address service user needs and financial obligations as well as our environmental impact. I am particularly excited to see how including environmental considerations in quality improvement will help colleagues to create positive change.

The BDCFT Board are supportive of the net zero ambition, hence including 'best use of resources' in our Corporate Strategy. We know that business as usual will not achieve either our environmental, quality or financial goals and that a big shift is needed. We cannot ignore our environmental impact or the impact of the environment on our patients, supply chains and our ability to deliver services. We will continue to collaborate with others and hope to make a positive impact beyond our boundary by working with partners, particularly those in Bradford and Craven and the wider ICS. By doing so, we will influence staff, patients and the wider public to change their behaviour to achieve health and environmental benefits. One partnership that is flourishing is with Natural England, with whom we are working to achieve biodiversity gains and demonstrate the health benefits of nature.

Finally, we will continue to be transparent with our achievements, highlighting where we are doing well and where we are falling short. It is still a long road ahead to achieve net zero but with this Plan and our committed team, I'm confident we will make great strides.

Mike Woodhead
Chief Finance Officer and BDCFT Board Lead for Sustainability

Introduction

Bradford District Care NHS Foundation Trust (BDCFT) is a provider of award winning, high quality mental health, community, dental and learning disability services covering the urban and rural Bradford, Airedale, Wharfedale and Craven areas in West and North Yorkshire.

3,000 STAFF Work across our Trust

Bradford District has a higher proportion of under 18-year-olds compared with the average for England

37% of the population are ethnically diverse (compared with 19% for whole of England)

Bradford's deprivation ranking out of all 317 authorities in England **21st**

Refs:
Joint Strategic Needs Assessment: The Population of Bradford District: Demographics of Bradford District. Sept 2022.
Available at: https://jsna.bradford.gov.uk/
2021 Census figures available from: www.ethnicity-facts-figures.service.gov.uk

5

Our vision

Our ambition is:

> **To be recognised as a leader in sustainability and environmental improvements within the NHS and our local community**

To achieve this, we need the support of the whole Trust, service users and visitors and for change to occur at pace and scale. We will achieve this by implementing our objectives, which are to:

1. Embed a Trust-wide approach to sustainability.
2. Consider the environmental impacts of everything we do.
3. Reduce carbon emissions.
4. Reduce consumption and waste.
5. Make a positive impact on our people and communities.

These large umbrella objectives will be met through achievement of key actions as detailed in each topic area and summarised on page 21.

The BDCFT Carbon Reduction Plan

Everything we do and that we buy, generates carbon. We have calculated our carbon emissions for electricity, gas and business travel annually for many years and we have included our Scope 3 (predominantly procurement emissions) since 2019-20. We produced 18,036 tonnes of CO_2e in 2019-2020, and after a peak in 2021-22, saw a fall to 13,276 in 2022-23, however, this was 670 tonnes more than our target.

The Delivering a net zero NHS report divides emissions into those we have control over (the NHS Carbon Footprint) and indirect emissions (NHS Carbon Footprint Plus).

We still have significant work to do regarding the emissions we control – predominantly, heat decarbonisation and business travel. The reduction in 2022-23 was mainly due to lower procurement spend than the previous year.

The Trust has confidence in the data as we have had our emissions performance and calculations reviewed by a carbon consultant. The graph and table below show previous performance and our target, which has been adjusted to account for our actual emissions.

6

Actual and target carbon reduction
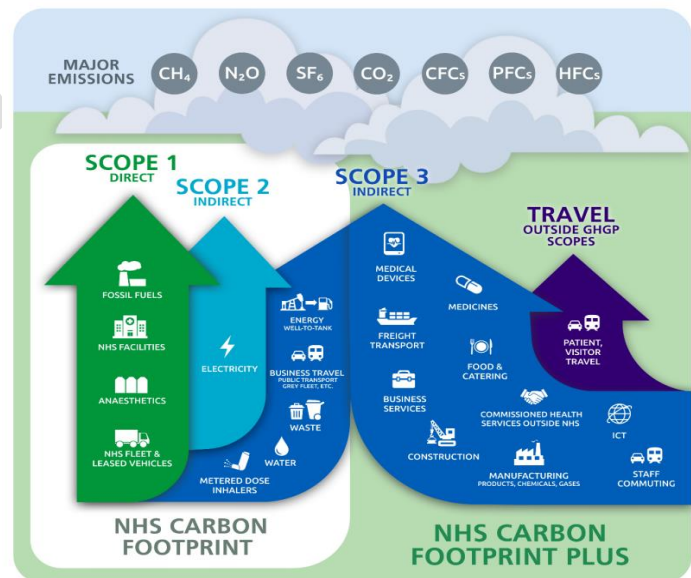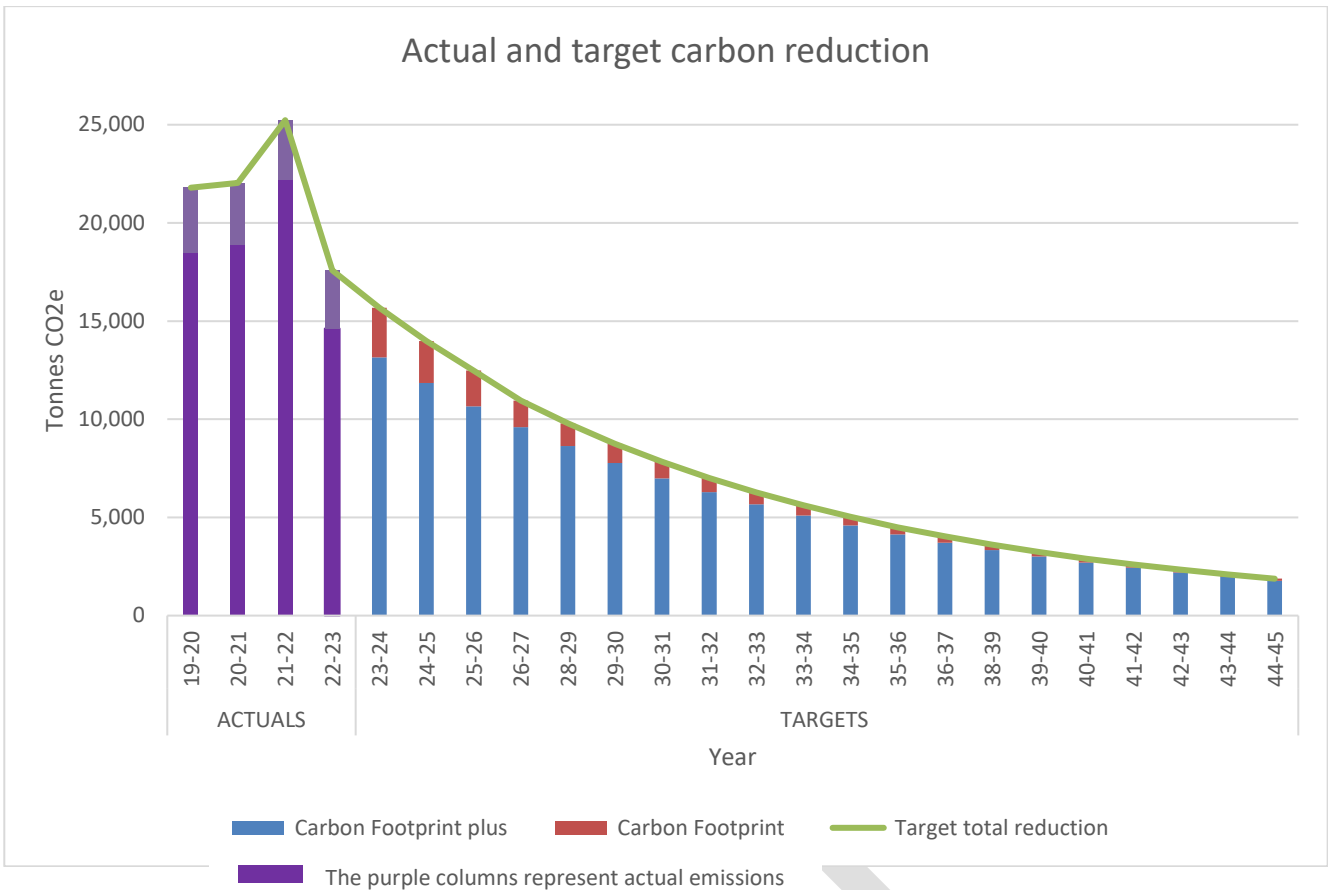
Emissions category	Tonnes CO2e/ yr			
	2019-20	2020-21	2021-22	2022-23
Footprint plus	**18,466**	**18,911**	**22,219**	**14,618**
Commissioned health	26	25	24	21
Staff commuting	2,315	1,761	834	1,448
Supply chain	16,151	17,125	21,361	13,149
NHS Carbon Footprint	**3,325**	**3,124**	**3,012**	**2,969**
Business travel	740	717	605	685
Electricity	843	722	719	659
Fossil fuels	1,659	1,556	1,567	1,512
NHS Fleet		90	109	91
Waste	8	12	10	9
Water	48	28	3	12
Grand Total	**21,790**	**22,035**	**25,231**	**17,588**

To achieve 'net zero', we need to aim for a minimum of 15% year on year carbon reduction for our NHS Carbon Footprint, and 10% Carbon Footprint Plus.

A headline carbon reduction roadmap is included in Appendix A. We have identified opportunities to reduce our emissions, centred on heat decarbonisation, energy efficiency and mileage reduction. There are also opportunities with medication, consumables or other

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purchases and the Smarter Spaces project. If for technical or financial reasons we are unable to complete projects, our ability to meet our carbon reduction obligations will be compromised.

We will continue to measure our carbon impact year on year and report to Board and colleagues. We will also continue to work with neighbouring Trusts within Bradford and Craven Partnership as well as the wider ICS on district and regional initiatives.

Our achievements since the last Green Plan

BDCFT has achieved carbon reductions through installation of LED lighting at New Mill (saving 10t/CO2e) and increased use of the Warp-It reuse system (75t/CO2e saved). More solar panels have been installed at Airedale Centre for Mental Health, this means we can generate more than 10% of the building's energy requirement, onsite and we have improved the data centres at our two inpatient sites so they now require less cooling and are more energy efficient.

In addition to the carbon savings, we have trained 100 BDCFT staff and a further 128 colleagues from the wider ICS in Carbon Literacy, we have reduced clinical waste arisings by 20%, water usage by 2% and business miles by 10% year on year. We have removed several single use disposable items from our onsite restaurant and the Catering Team has also reduced food waste arisings. We completed the Clean Air Hospitals Framework and are working on an action plan to address areas of concern.

The Trust has completed the Greener NHS Green Plan self-assessment, which has identified areas to focus on:

Green Plan area	BDCFT	National average	BDCFT Previous year (2022-23)
Adaptation	40	37	25
Assurance and Governance	89	81	100
Clinical Transformation	8	23	0
Digital transformation	59	32	21
Estates and Facilities	61	65	79
Food and Nutrition	32	63	52
Medicines	42	38	30
Supply chain and procurement	55	57	59
Travel and transport	36	47	40
Workforce and system leadership	58	30	50

The green cells show where we are performing above the national average[1], and red, below. We are proud of our efforts on Climate Change Adaptation with our place-based Adaptation Plan receiving regional and national attention. Similarly, our workforce and system leadership, and assurance and governance scores demonstrate we are performing well in these areas.

Future focus will be on clinical transformation, food & nutrition and travel & transport although all areas continue to be of importance. The following sections detail our plans in each area.

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[1] The Green Plan Support Tool is still in a pilot phase and not all Trusts have completed the self-assessment and therefore the national data may not be a true reflection of the national picture.

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Area 1: Workforce and system leadership

Responsible Person/Team:
Energy, Waste and Sustainability Manager and the Green Strategy Group.

Current Performance within Green Plan self-assessment:
Above national average

Why it matters
Engaging our 3,000 plus workforce in climate action is essential if we are to meet our Green Plan targets. We want to educate, motivate, and inspire our staff to act both in work and at home. By providing practical information on reducing their carbon footprint, for example through active travel and healthy eating, we can also help our staff to be physically and mentally healthier. This has the potential to support wider Trust objectives regarding workforce.

What we'll continue to do
- Develop and support our Green Champions and Leaders network and promote sustainability at new starter inductions.
- Convene a Green Strategy Group to meet quarterly. The group includes Exec Board members, senior leaders and a service user representative.
- Circulate a monthly sustainability newsletter for staff and active twitter/ X account.
- Report progress regularly to the Finance and Performance Committee and to the Board.
- Include a detailed sustainability update in the BDCFT annual report.
- Offer free, certified Carbon Literacy training to all staff.
- Promote the team/ department sustainability self-assessments.

What we plan to do
- Sustainability Impact Assessment training to be offered by the end of 2024.
- 10% of staff to be carbon literacy trained and become Green Champions by the end of 2025.
- Sustainability team will speak at the team meetings of five different teams per year.

Area 2: Clinical transformation

Responsible Person/Team:
KPO Lead and Deputy Directors of Operations.

Current Performance within Green Plan self-assessment:
Below national average

Why it matters
Sustainable models of care include aspects of all other areas of the Green Plan and should be a key component of clinical transformation. It is important for sustainability to be embedded in decision making by senior leaders and at all levels of management. Consideration of sustainability in transformation programmes and in quality improvement will be key.

We can take a proactive approach to primary and secondary prevention of physical and mental health issues, to keep our population healthy and at home. Any actions we can take to reduce the clinical input required by our service users will help to reduce our carbon emissions, for example by preventing admissions. This could include acting on the recommendations within the RCPsych report[2] such as 'Keeping people healthy' or 'right care, right place, right time' principles. This could include non-medicalised interventions alongside medication and talking therapies such as the promotion of nature-based activities (which also link to the biodiversity actions in this Plan). Shifting to remote consultations in place of face-to-face appointments, where this is appropriate for our service users, or treatment closer to where they live in the community, will reduce the carbon footprint of transport by our staff and service users. It also links to objectives within the NHS long-term plan.

Sustainable models of care

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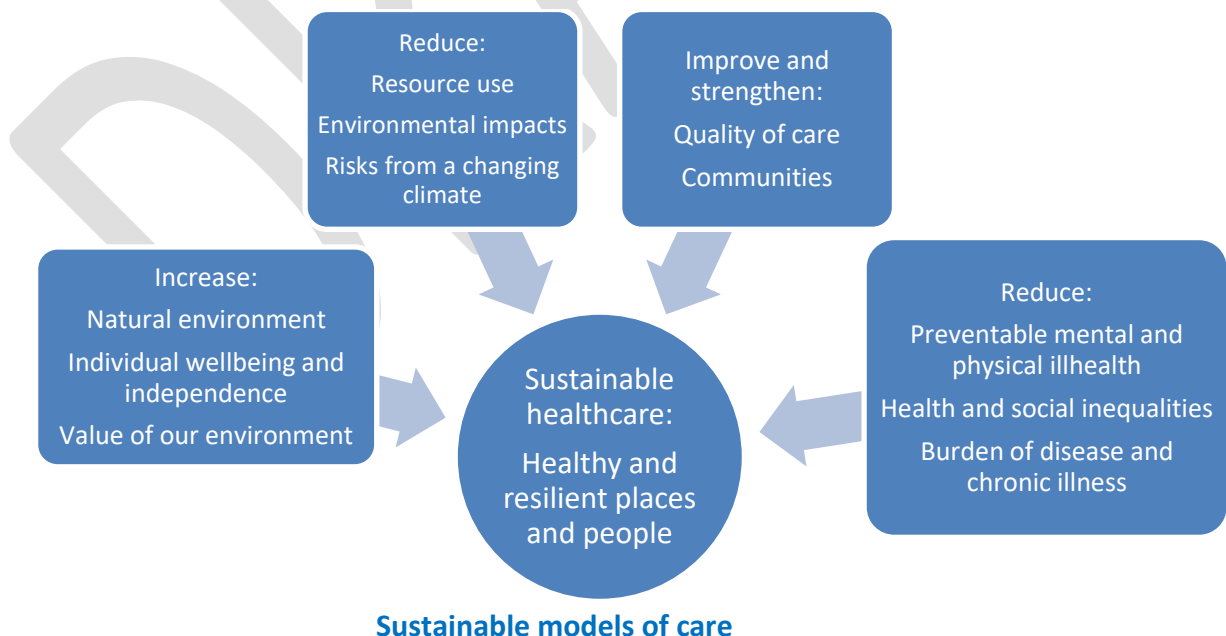
[2] RCPsych, 2023, Delivering greener, more sustainable and net zero mental health care

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What we'll continue to do
- Work with our Occupational Therapy teams to promote nature-based activities and social prescribing to both inpatients and outpatients.
- Involve staff, service users and the wider community in decisions that affect when and where they are treated and will build on this.

What we plan to do
- Embed the principles of Sustainability in Quality Improvement within the Trust's Quality Improvement processes through participation in the SusQI[3] Academy by the end of 2024.
- Include sustainability metrics in all transformation programmes from 2024-25 and identify sustainability opportunities within operational leadership meetings from 2024-25 with business partners.

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[3] Sustainability in Quality Improvement (SusQI) | Centre for Sustainable Healthcare

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Area 3: Digital transformation

Responsible Person/Team:
Head of Digital Services, Admin Service Manager.

Current Performance within Green Plan self-assessment:
Above national average

Why it matters
Digital transformation will help BDCT to reduce carbon emissions further by reducing the need for staff and service user travel through homeworking and virtual appointments and enabling more efficient use of resources such as reducing paper use and postage. Whilst pursuing these changes we will be mindful not to reduce quality of care for our service users or exacerbate the digital divide and health inequalities. Linking with the Digital Clinical Leads will be important.

There are many priorities within the Digital Strategy that align with sustainability improvements. The Sustainability and Digital Services teams will therefore work closely to measure the benefits of digital improvements.

What we'll continue to do
- Reduce printer use across the Trust.
- Trial remote consultation software.
- Reduce the number of mobile phones that the Trust purchases.
- Reuse IT equipment where possible.
- Continue to offer hybrid and home working.

What we plan to do
- Assess opportunities to increase digital communications with service users during 2024 and develop a plan to reduce printing and postage to a minimum by 2027.
- Minimum 25% outpatient appointments delivered remotely in 2024-25 and plans in place for at least 50% of outpatient activity to be delivered remotely by 2027 (as per the ICS Green Plan and NHS long-term plan).
- Promote digitally enabled care as per the BDCFT Digital Strategy.

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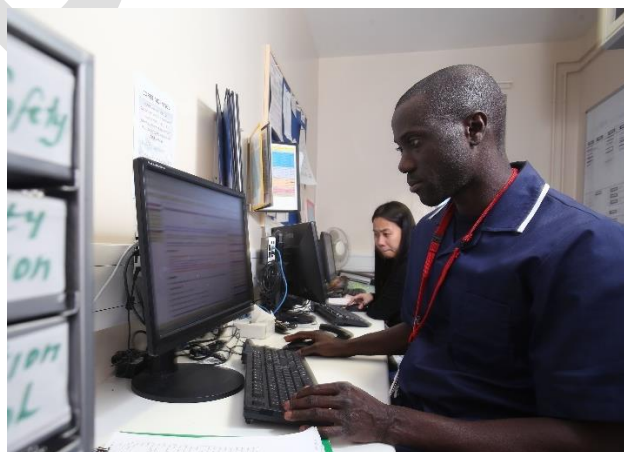
Area 4: Travel and transport

Responsible Person/Team:
Energy, Waste and Sustainability Manager.

Current Performance within Green Plan self-assessment:
Below national average

Why it matters
As a community Trust, our employees drive around 2 million business miles each year and this makes up 5% of our total emissions (18% of our carbon footprint), plus we generate fleet and commuting emissions, making travel an important area for action. Road travel also contributes to poor air quality. Exposure to air pollution increases risk of premature deaths from heart and lung disease and exacerbates respiratory symptoms such as asthma and chronic obstructive pulmonary disease (COPD). It is also linked to dementia and premature birth. Individuals of all ages can be impacted by air pollution that causes a decline in quality of life and an increase in health care costs.

Bradford's air quality is improving; however there are still areas which regularly exceed limits for nitrogen dioxide (NO_2). The city has had a Clean Air Zone in place since September 2022 to reduce this[4]. BDCFT can use a range of measures to encourage modal shift by supporting our staff and service users to reduce car usage and change to active travel (e.g., walking and cycling) or public transport.

What we'll continue to do
- Deliver our BDCFT Green Travel Plan 2021-26.
- Complete the Clean Air Hospital Framework each year and deliver annual improvements.
- Work with community teams to identify where mileage reduction can be achieved.

What we plan to do
- Develop an electric vehicle strategy by June 2024 and begin to deliver actions.
- 5% reduction in business miles each year of this plan.
- Create a behaviour change campaign in 2024 to encourage modal shift during the duration of the Plan.
- Improve walking and cycling infrastructure at our inpatient sites[5].
- All new vehicles owned and leased by the Trust will be zero emission vehicles by 2027.

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[4] City of Bradford Metropolitan District Council, 2021/2022 Air Quality Annual Status Report (June 2022): 2021-2022 Air Quality Annual Status (bradford.gov.uk)

[5] Plans at Airedale Centre for Mental Health will be agreed with Airedale General Hospital and may be affected by their new hospital plans.

Area 5: Estates and facilities

Responsible Person/Team:
Energy, Waste and Sustainability Manager, Estates Maintenance Manager, Head of Capital and Development.

Current Performance within Green Plan self-assessment:
Similar to national average

Why it matters
The electricity, gas and water used by BDCFT, and the waste produced are a substantial financial cost to the Trust. Gas accounts for 17% of the Trust's total carbon footprint, and electricity accounts for 5%. By acting on our heat decarbonisation plan, planning the lifecycle replacement of boilers with low carbon heating, improving energy efficiency of our larger buildings, we will reduce our emissions and provide financial savings to the Trust. Investment in onsite energy generation also supports energy resilience. We will improve the energy performance of our buildings through refurbishment, and ensuring any new building meets the NHS Net Zero Building Standard[6].

What we'll continue to do
- Monitor monthly utility consumption.
- Support home working where appropriate, assess space utilisation and make best use of our estate through the Smarter Spaces programme.
- Monitor and respond quickly to fluctuations in temperature and implement the temperature control policy.
- We will follow our Heat Decarbonisation Plan.
- We will continue to promote our Waste Management Policy to staff including the waste hierarchy.
- We will continue to avoid sending any waste to landfill.

What we plan to do
- Deliver one larger energy efficiency scheme per year[7].
- Create an energy efficiency behaviour change campaign in 2024 to increase staff engagement and awareness.
- Improve segregation and reduce overall waste by 5% per annum.
- Review the heat decarbonisation plan alongside the estates 6-facet survey and plant lifecycle.
- Review options to install electricity, heat and water meters at building or department level by 2027.

Funding large scale capital projects such as solar power or boiler replacements can be a challenge. We will ensure we are able to take advantage of funding opportunities that arise in year.

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[6] NHS England » NHS Net Zero Building Standard
[7] Capital funding being available.

Area 6: Medicines

Responsible Person/Team:
Head of Pharmacy, Community Dental Service Clinical Lead.

Current Performance within Green Plan self-assessment:
Above national average

Why it matters
The manufacturing and transport of medicines is a carbon-intensive activity. Reduction of medication use, embracing alternatives such as social or green prescribing, will help to reduce this section of the Trust's carbon footprint. As a community Trust, we do not use anaesthetic gases and prescribe very few inhalers which are currently the main targets for reducing the carbon footprint of medicines within the NHS.

What we'll continue to do
- Investigate deprescribing, over-prescribing and poly-pharmacy.
- Participate in regional Sustainable Pharmacy meetings and delivery of the ICS medicines Green Plan.
- Reduce paper and plastic use related to prescribing where possible.
- Review medicines stock control to minimise wastage.

What we plan to do
- Utilise the Medicines Carbon Footprint[8] tool to assess the carbon impact of medicines we prescribe and identify low-carbon alternatives where possible.
- Consider opportunities to reduce the climate change impact of our nitrous oxide use in community dental during 2024-25.

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[8] Created by YewMaker and due for release in 2024: www.yewmaker.com/smp

Area 7: Supply chain and procurement

Responsible Person/Team:
Head of Procurement and Sustainable Procurement Manager (AGH Solutions) and Energy, Waste and Sustainability Manager.

Current Performance within Green Plan self-assessment:
Similar to national average

Why it matters
The items we purchased in 2022/23 accounted for 40% of all carbon emissions for BDCT. We can use our purchasing power to put pressure on our suppliers to reduce their negative environmental impact. By implementing Government sustainable procurement policy, and promoting a circular economy,[9] we can reduce items purchased and disposed, thus saving both money and carbon. We can reduce reliance on single use items, reuse furniture and clothing and reduce the carbon intensity of products purchased.

What we'll continue to do
- Embed knowledge and understanding of the Sustainable Procurement and Innovation Policy.
- Continue to collaborate with the West Yorkshire ICS on Sustainability and Innovation.
- Include social value in procurement and implement the NHS Net Zero Supplier Roadmap and where applicable full Carbon Reduction Plans for Suppliers.
- Promote reuse to ensure staff consider this as a first option where feasible.
- Encourage use of the sustainability Product Evaluation tool.

What we plan to do
- Identify (minimum of) one single use product per annum that could be eliminated, reduced or replaced.
- Promote carbon reduction/ net zero plan requirements to suppliers.
- Promote electric vehicle deliveries.

---

[9] The Ellen MacArthur Foundation definition of a circular economy is one that is based on the principles of designing out waste and pollution, keeping products and materials in use, and regenerating natural systems.

Circular economy

- Design and manufacture
- Retail and distribution
- Consumers and householders (us)
- Re-use and repair
- Recycling and remanufacture

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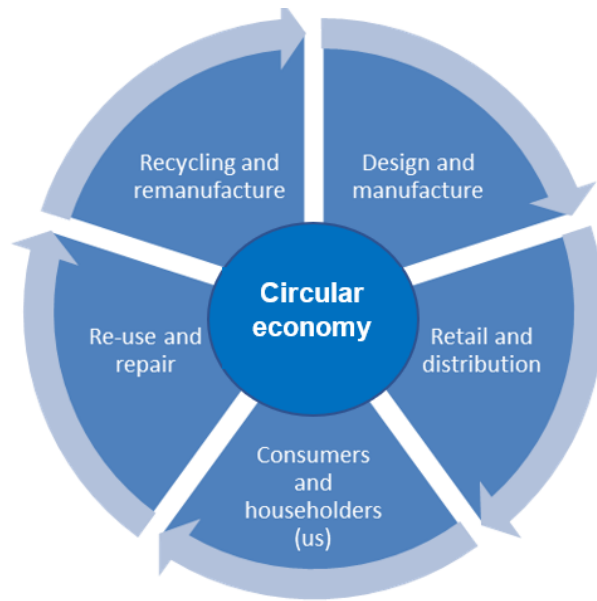
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Area 8: Food and nutrition

Responsible Person/Team:
Facilities Manager: Food Services Manager, Lead Allied Health Professional.

Current Performance within Green Plan self-assessment:
Below national average

Why it matters
The food and drink we serve must be produced, sourced, consumed and disposed of appropriately to protect the environment, provide benefit to society, have high standards of animal welfare and contribute to sustainable healthcare.

Well-balanced nutrition will not only optimise health for staff and service users but will also minimise greenhouse gas emissions. Sustainability is now included in the updated Hospital Food and Drink Strategy. The BDCFT catering team are early adopters of Guardians of Grub to assess food waste in inpatient settings, and are open to opportunities to reduce food waste and carbon across their activities. Food security, because of extreme weather events caused by climate change, also needs to be taken into account.

What we'll continue to do
- Monitor food waste in wards and kitchens, identifying opportunities to reduce waste.
- Send food waste for anaerobic digestion or invessel composting.
- Identify additional opportunities to reduce the reliance on catering disposables.
- Work with Bradford Council and partners on the Bradford Sustainable Food Partnership.

What we plan to do
- Promote sustainable diets as detailed in the Hospital Food and Drink Strategy.
- Assess the carbon impact of a minimum of three meals per annum and identify low carbon options to staff and service users.
- Introduce an electronic patient meal ordering system.
- Provide opportunities to co-create menus with patients and staff through quarterly engagement sessions which promote diets in line with the eatwell guide and encourage plant-based eating.

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Area 9: Adaptation

Responsible Person/Team:
Energy, Waste and Sustainability Manager, Estates Maintenance Manager, Head of Capital and Development.

Current Performance within Green Plan self-assessment:
Similar to national average

Why it matters
Although the focus of our Green Plan is climate change mitigation, some aspects of climate change are happening already, such as weather events resulting in flood risks and heat waves. Such events threaten our ability to deliver high quality care. We need to ensure our buildings and services have the resilience to deal with these changes; for example that our district nurses can continue to visit service users during severe winters, and our inpatients and vulnerable community service users do not overheat during more intense summers.

What we'll continue to do
- Our Emergency Preparedness team has already considered national heat wave, cold weather and flood plans and these feed into the climate change adaptation plan.
- Monitor over-heating events, especially in clinical and ward areas.
- Communicate with staff how best to deal with different extreme weather scenarios; for example, that they know how to keep clinical and ward areas cool in the event of hot weather, and how to report high indoor temperatures.
- Implement our Adaptation Plan.

What we plan to do
- Participate in regular meetings with Bradford Council and acute Trust neighbours to address Adaptation needs at place level.
- Complete a Climate Change Risk Assessment by 2025 to highlight risks to continuity and resilience, which will be reviewed annually or after an event or near miss and include significant risks on our risk register. We will consider clinical needs, the quality of our estate and supporting infrastructure.

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Area 10: Green space and biodiversity

Responsible Person/Team:
Energy, Waste and Sustainability Manager, Estates Maintenance Manager.

Current Performance within Green Plan self-assessment:
Not measured

Why it matters
The evidence of physical and mental health benefits of access to green space is clear and therefore as a mental health Trust, it is important for us to recognise and encourage use of green space to improve mental and physical health. We can help to alleviate stress, anxiety and depression by encouraging nature-based therapies and we can mitigate the impact of weight gain as a result of medication by encouraging physical activity outdoors.

Improving our green spaces can also contribute to improved air quality and noise reduction. Green spaces support biodiversity whilst alleviating the impacts of climate change, for example providing shading or slowing rainwater flow to prevent flash flooding.

We are already supporters of the NHS Forest, having planted trees at several of our sites and are developing a partnership with Natural England to enhance our sites. We will continue to review our Biodiversity Duty and our part within the regional Local Nature Recovery Strategy. We will aim to achieve 30 x 30 i.e 30% of our land to be protected for nature by 2030.

What we'll continue to do
- Implement the actions in our Biodiversity and Green Space Plan.
- Develop our partnerships with Natural England and the National Trust (East Riddlesden Hall).
- Promote use of the BDCFT allotment in Keighley and other opportunities for service users to benefit from nature-based activities and therapy.

What we plan to do
- Achieve minimum 10% biodiversity gain on Lynfield Mount Hospital when redevelopment plans are submitted to Bradford Council.
- Provide opportunities for service users to benefit from nature-based activities and therapy. We will monitor participation and outcome measures.
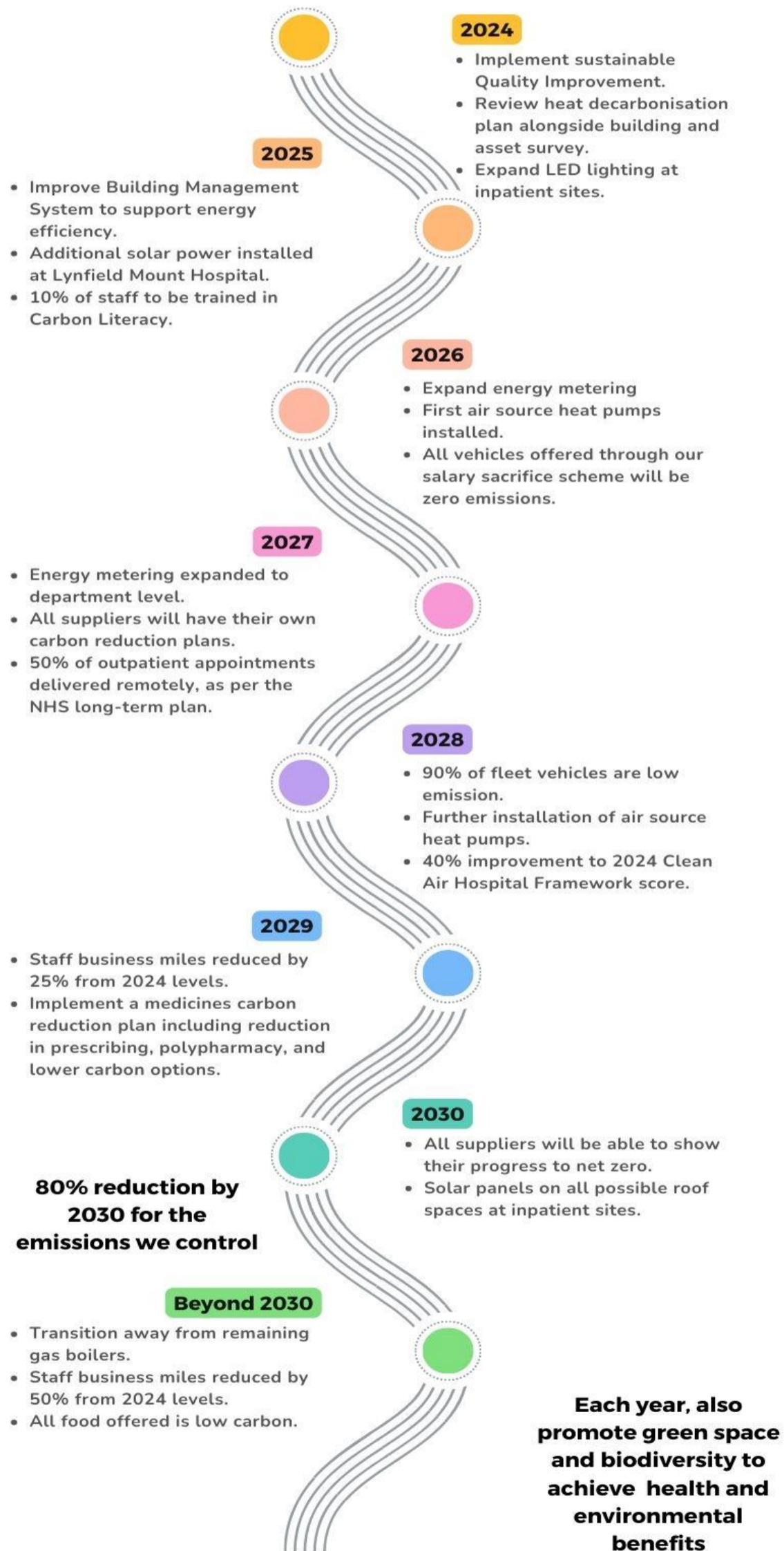

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Summary of Headline Targets

The two priority actions per topic area are summarised below. Progress towards targets will be RAG rated annually to show where we are doing well and where more time and resource is needed.

Workforce and system leadership
- Sustainability Impact Assessment training offered by the end of 2024.
- 10% of staff to be carbon literacy trained and become Green Champions by the end of 2025.

Sustainable models of care
- Join the SusQI Academy and implement sustainable quality improvement by the end of 2024.
- Include sustainability metrics in all transformation programmes and operational leadership meetings.

Digital Transformation
- Assess opportunities to increase digital communications with service users during 2024.
- 25% outpatient appointments delivered remotely in 2024-25 increasing to 50% by 2027.

Travel and transport
- 5% reduction in business miles each year of this plan.
- Create a behaviour change campaign in 2024 to encourage modal shift during the duration of the Plan.

Estates and facilities
- Deliver one large energy efficiency scheme per year.
- Review the heat decarbonisation plan alongside the estates 6-facet survey and plant lifecycle.

Medicines
- Assess the carbon impact of medicines we prescribe and identify low-carbon alternatives.
- Review the climate change impact of nitrous oxide used in community dental.

Supply Chain and Procurement
- Identify one single use product per annum that could be eliminated, reduced or replaced.
- Promote carbon reduction/ net zero plan requirements to suppliers

Food and nutrition
- Assess the carbon impact of a minimum of three meals per annum and identify low carbon options.
- Promote the eatwell guide and encourage an increase in plant-based eating for patients and staff.

Adaptation
- Partner at place-level to address climate change adaptation.
- Complete a Climate Change Risk Assessment by 2025.

Green Space and biodiversity
- Achieve 10% biodiversity gain on Lynfield Mount Hospital during redevelopment.
- Provide opportunities for service users to benefit from nature-based activities and therapy.

Carbon Reduction Roadmap

In addition to the below we will also aim for year on year reductions associated with digital transformation, medicines efficiency, out of area bed needs, stock control and sustainable food.

2024
- Implement sustainable Quality Improvement.
- Review heat decarbonisation plan alongside building and asset survey.
- Expand LED lighting at inpatient sites.

2025
- Improve Building Management System to support energy efficiency.
- Additional solar power installed at Lynfield Mount Hospital.
- 10% of staff to be trained in Carbon Literacy.

2026
- Expand energy metering
- First air source heat pumps installed.
- All vehicles offered through our salary sacrifice scheme will be zero emissions.

2027
- Energy metering expanded to department level.
- All suppliers will have their own carbon reduction plans.
- 50% of outpatient appointments delivered remotely, as per the NHS long-term plan.

2028
- 90% of fleet vehicles are low emission.
- Further installation of air source heat pumps.
- 40% improvement to 2024 Clean Air Hospital Framework score.

2029
- Staff business miles reduced by 25% from 2024 levels.
- Implement a medicines carbon reduction plan including reduction in prescribing, polypharmacy, and lower carbon options.

2030
- All suppliers will be able to show their progress to net zero.
- Solar panels on all possible roof spaces at inpatient sites.

80% reduction by 2030 for the emissions we control

Beyond 2030
- Transition away from remaining gas boilers.
- Staff business miles reduced by 50% from 2024 levels.
- All food offered is low carbon.

Each year, also promote green space and biodiversity to achieve health and environmental benefits

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Board of Directors – Meeting held in Public
29 May 2024

Paper title:	Annual report: Care Quality Commission Compliance against CQC registration, CQC assessment framework approach and updates.	Agenda Item **19.0**
Presented by:	Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive, Director of Nursing and Quality for Bradford District and Craven Health and Care Partnership (distributed leadership)	
Prepared by:	Rebecca Le-Hair, Interim Associate Deputy Director of Patient Safety, Compliance and Risk	
Committees where content has been discussed previously	NA	
Purpose of the paper Please check **ONE** box only:	☐ For approval ☒ For information ☐ 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	X
	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	X
	Giving back to our communities	X
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	X

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Purpose of the report

The purpose of this report is to:
- provide Board with assurance that the Trust is compliant with its CQC registration
- provide Board with assurance that the Trust continues to engage with and work with the CQC in relation to Trust services; and
- advise Board on current CQC new assessment arrangements and updates

Executive Summary

CQC Registration

As an NHS provider organisation, the trust is required to maintain its registration with the CQC. The Trust is currently registered with the CQC and is compliant with its registration requirements. Section 2 of the report describes a temporary change the Trust was required to make to our Statement of Purpose within the reporting year.

The new Care Quality Commission (CQC) Assessment Framework approach

The Board of Directors have previously received updates on the new model of CQC Assessment. This new assessment frameworks retains the CQC's 5 key questions and ratings of outstanding, good, requires improvement and inadequate, central to its approach.

The new assessment approach retains the CQC's *5 key questions* and the *4-point ratings* scale. The CQC will assess services against quality statements. These replace the previously used key lines of enquiry (KLOEs), prompts and ratings characteristics.

The aim of the new approach is to give the CQC the ability to make judgements about quality of service delivery and care more regularly, instead of this focusing on core inspections, the new approach uses evidence from a variety of sources and look at any number of *quality statements.*

The Director of Nursing, Professions and Care Standards, Deputy Chief Executive, DIPC, is Liaising with our CQC inspection team with regards to inviting the CQC to attend Board to provide an update on the new arrangements for inspection as part of our CQC inspection preparedness.

Section 3 provides further information regarding the approach.

Provider Portal

As planned, the CQC launched a provider portal this year. Unfortunately, due to technical issues some providers found that they were unable to access the new portal as expected and this continues to be the case. The Trust have now managed to register with the portal following several attempts.

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Engagement meetings, Enquiries and formal CQC Notifications

In November 2023 informal monthly engagement meetings with our CQC inspection team were reinstated following the re-organisation within the CQC inspection team structure. Since the last report, these meetings have been reviewed and adjusted to quarterly meetings by the CQC, with the last meeting taking place on 21 March 2024.

Key points from engagement meetings are shared within the below described report.

The 'Quarterly Overview of CQC engagement, inspection activity and enquiries' report now produced for the Quality & Safety Committee (QSC) is a refreshed report (from April 2024) that combines information that has previously been reported in two separate reports (one to QSC and one to Trust Board) this has enabled one comprehensive report relating to our CQC engagement, inspection and enquiry activity.

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

Recommendation(s)

The Board of Directors is asked to:
- Take assurance that the Trust is compliant with its CQC registration
- Note the position with our ongoing relationship with the CQC and management of related matters and activity
- Be advised of updates in relation to the new CQC Assessment Framework approach

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: • NA
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Caring ☒ Effective ☒ Well-Led ☒ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • CQC regulatory requirements and standards

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Board of Directors – Meeting held in Public

29 May 2024

Annual report: Care Quality Commission Compliance against CQC registration, CQC assessment framework approach and updates.

1   Purpose

The purpose of this report is to provide Board with assurance that the Trust:

- provide Board with assurance that the Trust is compliant with its CQC registration
- provide Board with assurance that the Trust continues to engage with and work with the CQC in relation to Trust services; and
- advise Board on current CQC assessment arrangements and updates

2   Care Quality Commission (CQC) Registration

As a provider of NHS services, the Trust is required to be register all relevant services with the CQC. The Trust has held CQC registration since 2010.

As part of the registration, the Trust has developed its Statement of Purpose. This statement includes details of services delivered by the Trust.

In the period April 2023 – March 2024 a change to the services delivered by the Trust required amendments to the Trust's Statement of Purpose:

- In November 2023 we made a change to the Statement of Purpose to include that at Lynfield Mount Hospital we additionally offer ATU services on a case-by-case basis for children aged between 13-18 years.

This change was made following the need to admit a young person to our service as described. The patient remains in our care currently and following their discharge/transfer our Statement of Purpose will be amended again accordingly to the intended service provision.

The Board of Directors can take assurance that Bradford District Care NHS Foundation Trust is compliant with the requirements of registration with the CQC.

3   The new CQC Assessment Framework approach

3.1   CQC assessment framework:

- retains the CQC's **5 key questions**: are our services safe, effective. Caring, responsive to people's needs and well-led
- CQC retains the **4-point ratings scale.** The scores for evidence categories relate to the quality of care in a service or performance of a local authority or integrated care system:

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4 = Evidence shows an exceptional standard
3 = Evidence shows a good standard
2 = Evidence shows some shortfalls
1 = Evidence shows significant shortfalls

As the CQC are moving away from assessing at a single point in time, in future they will likely assess different areas of the framework on an ongoing basis. This means they can update scores for different evidence categories at different times.

The CQC will assess services against **quality statements.** These replace the previously used key lines of enquiry (KLOEs), prompts and ratings characteristics. The quality statements show how services and providers need to work together to plan and deliver high quality care. They directly relate to the regulations listed by the CQC.

Our recently refreshed Quality Assurance Framework QAF uses these statements to assess the quality of our services.

3.2   Evidence gathering

The CQC will gather evidence both on site and off site to make an assessment. The types of evidence they will consider are grouped into 6 evidence categories in accordance with different sector groups. Each category sets out the types of evidence the CQC use to understand:
- the quality of care being delivered
- the performance against each quality statement.

To make clear what the CQC will look at in their assessments, they intend to set out the relevant evidence categories they will focus on when assessing a particular quality statement; and provide examples of types of evidence to make it easier to understand what they will look at.

The number of evidence categories the CQC will need to consider and the sources of evidence they will collect will vary according to:
- the type or model of service
- the level of assessment (service, provider, local authority or integrated care system)
- whether the assessment is for an existing service or at registration.

3.3   Implementation and roll out

CQC assessments might be responsive (in response to information of concern) or planned.
In both cases, the CQC will be flexible and may expand the scope of an assessment if they need to.

The new assessment style is being rolled out by region to allow for testing and improvement.

We should be notified when the new assessments will be starting in our area through engagement with our nominated individual and registered manager.

Where organisations provide several services, the CQC might start using the new approach for some services ahead of others.

3.4   Additional information

The Director of Nursing, Professions and Care Standards, Deputy Chief Executive, DIPC, is Liaising with our CQC inspection team with regards to inviting the CQC to attend Board development session to provide an update on the new arrangements for inspection as part of our CQC inspection preparedness.

Further information can be found at:

https://www.cqc.org.uk/guidance-regulation/providers/assessment

4.   Provider Portal

As planned, the CQC launched a provider portal this year. The Trust have now register with the portal.

The CQC are developing the new portal to enable communication about assessments; however, for now they we will use their established methods to ensure Trusts maintain clear oversight.

5.   Engagement meetings, Enquiries and formal CQC Notifications

As part of managing our relationship with the CQC, nominated members of the Trust's Executive/senior leadership team attend regular engagement meetings with its CQC Inspection Manager and Relationship Owner. The purpose of engagement meetings is to enable CQC to monitor provider performance and actions to support Trusts in their quality improvement plans. This allows the CQC to discharge its formal regulatory duty through informed discussion with providers.

In November 2023 informal monthly engagement meetings with our CQC inspection team were reinstated following the re-organisation within the CQC inspection team structure. Since the last report, these meetings have been reviewed and adjusted to quarterly meetings by the CQC.   A meeting took place on 21 March 2024.

Key points from engagement meetings are shared within the below described report.

The '*Quarterly Overview of CQC engagement, inspection activity and enquiries'* report now produced for the Quality & Safety Committee (QSC) is a refreshed report (from April 2024) that combines information that has previously been reported in two separate reports (one to QSC and one to Trust Board) into one comprehensive report relating to our CQC engagement and inspection and enquiry activity.

The report summarises recent activity in relation to engagement with the CQC, MHA visits, and enquiries received, and formal CQC notifications made, within the reporting period. The report summarises those enquiries and how we responded to them. Where appropriate, the report identifies any continued actions and/or learning.

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Any matters for Board's attention and/or assurance are recorded within the QSC minutes and QSC AAAD report for Board.

7.   Recommendations

The Board of Directors is asked to:

- Take assurance that the Trust is compliant with its CQC registration
- Note the position with our ongoing relationship with the CQC and management of related matters and activity
- Be advised of updates in relation to the new CQC Assessment Framework approach

Author: Rebecca Le-Hair
Title: Associate Deputy Director: Patient Safety, Compliance and Risk (interim)
Date: 20 May 2024

Board of Directors held in public

29 May 2024

Paper title:	Terms of Reference & Annual Governance Report 2023/24 – Board Committee's	Agenda Item
Presented by:	Fran Stead – Trust Secretary	**20.0**
Prepared by:	Corporate Governance team	

Committees where content has been discussed previously	Audit Committee; Charitable Funds Committee; Finance & Performance Committee; Mental Health Legislation Committee; Quality & Safety Committee; People & Culture Committee – May 2024
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion

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

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Good governance	Governance, accountability & oversight	x

Purpose of the report

Presentation of the refreshed Terms of Reference; & Annual Governance Report for the Audit Committee; Charitable Funds Committee; Finance & Performance Committee; Mental Health Legislation Committee; Quality & Safety Committee; & People & Culture Committee.

Executive Summary

To comply with the Trust's Provider License; Constitution; NHS Code of Governance; & expected stands, good governance principles are adopted by the Trust. Good governance stipulates that there will be an annual review of the Terms of Reference that support group and committees. In-line with this, the Terms of Reference for the Board Committees have been reviewed by the Corporate Governance team. The suggested amendments were approved by the relevant Committee during May, with the updated version of each document presented to the Board for ratification.

Another key principle of good governance is opportunity to learn & review effectiveness. It is good governance for the Board to be assured on progress made to the duties delegated to the Committee, which the Committee carried out on behalf of the Board as a sub-committee. To support this, each of the Terms of Reference document for the Committee's requires it to make an Annual Governance Report to the Board setting out how it has carried out its duties during the financial year. The reports were presented to the Committee for review and approval during May. With the finalised report presented to the Board to be ratified.

The aim of the Annual Governance Report is to provide the Board with an outline of the governance processes the Committee has in place; the work it has undertaken during 2023/24; and any key issues it has found necessary to highlight to the Board. Its detail has been drawn from the Terms of Reference, the Committee's work plan, escalation and assurance reports to the Board, and the minutes of all meetings within the timeframe.

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**

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Recommendation(s)

The Board of Directors is asked to:
- consider & ratify the Committee's Terms of Reference;
- note the content of the Annual Governance Report & be assured that the Committee's have worked within its Terms of Reference, escalated appropriately any key issues through the escalation & assurance reports made by the Chair of the Committee; &
- consider & ratify the Committee's Annual Governance Report for 2023/24.

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR: • N/A
Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Caring ☐ Effective ☒ Well-Led ☐ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Health & Care Act 2022 • NHS Act 2006 • Trust Constitution • NHS Code of Governance • Well Led • Provider License

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Audit Committee

Annual Governance Report

Financial Year 1 April 2023 to 31 March 2024

Contents

1 Period covered by the report

This report covers the work of the Audit Committee for the financial year 1 April 2023 to 31 March 2024.

2 Introduction

The Audit Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. The Committee provides an independent and objective review of the Trust's internal controls.

It seeks high-level assurance on the effectiveness of:
- the Trust's governance
- risk management, and
- systems of internal control.

It reports to the Board on its level of assurance gained. The Committee receives assurance from the Executive Management Team and other areas of the organisation through reports, both regular and bespoke. It validates the information it receives through the work of Internal Audit, External Audit, and Local Counter Fraud.

Should the Trust's External Auditors (currently KPMG) carry out any non-audit work, the Audit Committee has responsibility for ensuring that their independence is maintained. The Committee will do this by reviewing and approving the scope of the work and the fees charged prior to the work being undertaken.

This report covers the work the Committee has undertaken at formal meetings held during 2023/24. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

Secretariat support is provided by the Corporate Governance team, who work with the Trust Secretary in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

During this period Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members and attendees to attend in person or via Microsoft Teams.

Assurance

The Committee receives assurance from the Executive and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed.

Assurance is also brought to the Committee through the knowledge that Non-Executive Directors gain from other areas of their work, not least their own specialist areas of expertise; attending Board, Council of Governors' and other sub-committee meetings; visiting services; and talking to colleagues.

Part of the Committee's assurance role is to receive the Board Assurance Framework (BAF); a primary assurance document for the Board, which details those key controls in place to ensure that the risks to achieving the strategic objectives are being well managed. The Committee reviews the BAF at each meeting prior to it being presented to the Board. Additionally, the agenda has been modified so that the BAF is appraised prior to other agenda items so these items can be viewed in the context of the BAF.

Non-Executive Director members of the Committee independently meet both Internal and External Auditors to receive additional assurance. The meetings are convened as required throughout the year and can be on specific topics nominated by Committee members or the auditors.

As well as changing the Board Assurance Framework (BAF) so that it aligned to the new priorities and the themes identified within them, the Committee also moved away from a risk-based approach to managing the delivery of the BAF objectives, to a more positive-assurance based approach.

The Committee reviews the BAF at each meeting prior to it being presented to the Board. Additionally, the agenda has been modified so that the BAF is appraised prior to other agenda items to allow items to be viewed in the context of the BAF.

Assurance Level	Definition
High (Strong)	High assurance can be given that there is strong evidence that this ambition is being achieved and is embedded within usual practice. There are examples of outstanding practice and/or innovation in this area which can be evidenced.
Significant (Good)	Significant assurance can be given that there is good evidence that standard is this ambition is being achieved across the majority of a reviews undertaken. Whilst there may be some gaps, these are infrequent and there is evidence these are mitigated / responded to rapidly and appropriately.
Limited (Improvement Required)	Limited assurance can be given as whilst there is evidence that some elements of the ambition are being achieved across some areas, there are areas that require improvement in order to bring them up to the required standard.
Low (Weak)	Low assurance can be given as there is weak or no evidence that the ambitions are being achieved. There are significant gaps with little evidence of effective plans to address and significant works needs undertaken to bring these areas up to standard.

The Committee therefore received a number of key documents which included Compliance and High-Risk Report which directly aligned to those priority areas delegated to the Committee. Within these reports, informed by Executive oversight of operational grip and control systems, will be a proposed BAF assurance rating for each

priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

3   Terms of Reference

The updated Terms of Reference are presented for approval by Committee, following which they will be presented to the Board of Directors to be ratified.

4   Meetings of the Committee

In 2023/24, the Committee met independently five times. The dates of the meetings are as follows:

- 6 April 2023
- 15 June 2023
- 6 July 2023
- 26 October 2023
- 18 January 2024

On an annual basis, a dedicated NED session is held to allow full scrutiny of the draft Annual Accounts in advance of finalising the audited accounts in June. The session was held on 18 May 2023.

The draft agenda for each meeting is presented to the Chair of the Committee, the Trust Secretary, and the Operational Director of Finance by the Committee Secretariat.

Paperwork for the Committee is circulated seven calendar days prior to the meeting taking place. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting for assurance on progress made. Overdue internal audit actions are challenged and escalated to the Board as appropriate.

5   Membership of the Committee and attendance at meetings

Membership of the Committee is made up of two Non-Executive Directors.

The Chair of the Trust may not be a member of the Committee to ensure that their independence is maintained. The Trust Secretary; Operational Director of Finance; Internal Audit; External Audit; and Local Counter Fraud attend each meeting.

The Committee is chaired by a Non-Executive Director (NED). The minimum number of members for a meeting to be quorate is two. Attendees do not count towards quoracy. If the Chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by one of the other non-executive directors.

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On these

occasions, they are attendees and do not count towards membership of the Committee at those meetings as outlined in the Terms of Reference.

The Trust also invites Governors to observe Board sub-committee meetings. This opportunity allows Governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. Governors observe Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors about the operational performance of the Trust.

The tables included at Appendix 1 show attendance for substantive members of the Committee and other attendees for the meetings that took place during 2023/24.

6 Reports made to the Board of Directors

The Chair of the Committee makes an Alert, Advise, Assure and Decision escalation report regarding the most recent meeting of the Committee to the next available Public Board of Directors' meeting and Council of Governors meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee, the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the date that the assurance and escalation report was presented by the Chair of the Committee to the Board of Directors' meeting held in public. In addition, a copy of Committee-ratified minutes is presented to the Trust Board for information.

Date of meeting	Assurance and escalation report to Board by Chair
6 April 2023	11 May 2023
15 June 2023	13 July 2023
6 July 2023	14 September 2023
26 October 2023	11 January 2024
18 January 2024	14 March 2024

Each year, the Committee presents an annual report to the Board of Directors to provide assurance on how the Committee has carried out activity in line with its Terms of Reference. Each Board sub-committee also provides a Chair's Report to the formal Council of Governors meetings. The reports outline areas where assurance had been received by the Committee and those areas requiring further development. This provides an opportunity for the Governors to further understand the work of the Trust whilst observing the Non-Executive Directors fulfilling their role.

7 The work of the Committee during the year 1 April 2023 until 31 March 2024

The Chair of the Committee confirms that during 2023/24 the Committee has carried out its role in accordance with its terms of reference. Further details of all these areas of work can be found in the minutes and papers of the Committee.

A high-level presentation of areas of work on which the Committee has received assurance and during 2023/24 are included in Appendix 2.

8 Conclusion

As the primary governance sub-committee of the Board of Directors the Audit Committee preserved its independence from operational management by not having executive membership (although members of the Executive Management Team support the Committee by providing information and context only). It added value by maintaining an open and professional relationship with Internal Audit; External Audit; and Local Counter Fraud. It carried out its work diligently, discussed issues openly and robustly, and kept the Board apprised of any possible issues or risks. The Committee reviewed its work programme throughout 2023/24 to prioritise areas of work.

The Chair of the Audit Committee considers that the Committee has fulfilled its role as the Board of Directors' senior governance committee and provided assurance to the Board on the adequacy and effective operation of the organisation's risk management and internal control systems.

Members of the Audit Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

April 2024
Christopher Malish
Non-Executive Director and Chair of the Committee

Fran Stead
Trust Secretary

Appendix 1 Attendance at Committee Meetings

Key:
🟩 shows attendance
🟥 Shows apologies
⬛ shows when the individual was not in attendance or not eligible to attend the meeting.

Attendance at Committee meetings by Substantive Members

Members		6 April 2023	15 June 2023	06 July 2023	26 October 2023	18 January 2024
Simon Lewis	NED	Attended	Attended	Apologies	Attended	Attended
Maz Ahmed	NED	Attended	Apologies	Apologies	Apologies	Attended
Chris Malish	NED (Chair)	Attended	Attended	Attended	Attended	Attended
Mark Rawcliffe	NED			Attended		

Attendance at Committee meetings by formal attendees

Key:

🟩 shows attendance
🟥 Shows apologies
⬛ shows when the individual was not in attendance or not eligible to attend the meeting.

Regular Attendees		6 April 2023	15 June 2023	06 July 2023	26 October 2023	18 January 2024
Mike Woodhead	Chief Finance Officer	Attended	Attended	Apologies	Apologies	Apologies
Fran Stead	Trust Secretary	Attended	Attended	Attended	Attended	Attended
Claire Risdon	Operational Director of Finance	Attended	Attended	Attended	Attended	Attended
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire	Attended	Attended	Attended	Attended	Attended
Sharon Blackburn	Deputy Head of Internal Audit, Audit Yorkshire	Apologies	Apologies			

		6 April 2023	15 June 2023	06 July 2023	26 October 2023	18 January 2024
Lee Swift	Local Counter Fraud Specialist, Audit Yorkshire	Attended	Attended	Attended	Attended	Attended
Rashpal Khangura	Director, KPMG	Attended	Attended	Apologies	Apologies	
Salma Younis	Director, KPMG (External Audit)					Attended
Abbas Badar	Manager, KPMG	Attended	Apologies	Attended	Attended	
John Blewett	Manager, KPMG (External Audit)					Attended
Helen Higgs	Head of Internal Audit, Audit Yorkshire	Attended	Attended	Apologies	Apologies	Apologies
Therese Patten	Chief Executive Officer	Apologies	Attended	Apologies	Apologies	Apologies

Other Attendees		6 April 2023	15 June 2023	06 July 2023	26 October 2023	18 January 2024
Bev Fearnley	Deputy Director, Compliance, Risk		Apologies	Apologies	Attended	
Stacey Pearson	Head of Financial Planning				Attended	Apologies
Tim Rycroft	Chief Information Officer			Attended	Attended	
Janet Fajemisin	Corporate Governance Officer	Attended				
Richard Gutherie	Records Management Manager			Attended	Attended	
Tasbiha Sarwar	Corporate Governance Officer		Attended	Attended	Attended	Attended
Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary				Attended	Apologies
Chris Boyne	Deputy Director, Internal Audit, Audit Yorkshire	Apologies	Apologies	Apologies	Attended	Apologies

						Attended	Attended
Dr Sarfaraz Shora	Deputy Medical Director and Director of Medical Education					Attended	Attended
Dr David Sims	Medical Director						Attended

Appendix 2 Areas of Work Considered by the Committee

Risk Management:
- The Quality Governance team presents a litigation report bi-annually to the Committee.

Board Assurance Framework:
- Received the Board Assurance Framework for assurance on both the content and the process.

Annual Report and Accounts for 2023/24:
- The Annual Report and Accounts for 2023/24 were reviewed prior to being presented and recommended to the Board of Directors for adoption in June 2024.
- The ISA 260 (which is the report to those charged with governance on the annual accounts) was also received and the findings from the audit of the annual accounts discussed, including the conclusion that the accounts have been prepared on a going concern basis.
- The Value for Money Assessments was received, and the findings were discussed.
- Reviewed the wording for the year-end Management Representation Letter.
- The Head of Internal Audit Opinion and the Annual Governance Statement were reviewed, supported and recommended to Trust Board.

Internal Audit:
- Approved the Internal Audit Annual Plan.
- Received internal audit progress reports on a regular basis to update the Committee on the major findings, with assurance being provided on the actions taken to address any weaknesses in the systems of control.
- The Internal Audit Annual Report was received which brought together all the findings from across the year.
- In addition to the update reports received from Internal Audit the Committee also received specific assurances from the lead Executive Directors in respect of "limited assurance" or "low assurance" reports. The lead Executive Directors assured the Committee on the actions being taken to address the recommendations and also on the progress against those actions.
- Received the internal audit review of the mandatory HFMA Self-Assessment.

Local Counter Fraud:
- Approved the Local Counter Fraud Annual Plan.
- Received assurances about the processes in place to tackle fraud and bribery.

- Local Counter Fraud progress reports were received on a regular basis in respect of those cases that can be reported to the Committee in order to update the Committee on the major findings and any lessons learnt from individual cases.
- The Local Counter Fraud Annual Report was also received which brought together to work from across the year.
- Received regular fraud awareness newsletters and notices.

External Audit:
- Reviewed and approved the work plan and the associated fee.
- Received regular update reports about the work of the auditors and also information about changes within the health sector which will impact on the Trust.
- Received details of relevant sector updates along with assurances on how the executive directors had implemented or taken account of the guidance contained in the update report.

Committee compliance:
- Recommended the Audit Committee Annual Governance Report to Board.
- Reviewed and recommended changes to the Standing Financial Instruction and Standing Orders.

Action Tracking:
- Received regular reports in respect of progress with the implementation by managers of agreed audit recommendations and sought assurance on progress in particular with a number of outstanding actions. The Committee also received specific assurance on the process for dealing with and monitoring outstanding actions.

Registers:
- Reviewed the waiver of standing orders and standing financial instructions; proposed write-off of outstanding debt; and losses and special payments registers.

Other governance items:
- Received the Annual Report for Information and Data Assurance.
- Received assurance on Annual Litigation Report and in year updates.
- Presentation of the Charitable Funds Committee Annual Report, Charitable Funds Annual Account, ISA 260 and Letter of Representation.
- Received an update on the Annual Accounts timetable for 2023/24, including requirements for Related Party Transactions, asset valuation approach, changes to the Government Accounting Manual and IFRS17.
- Received and discussed Corporate Benchmarking report.
- Agreed the Assurance and Escalation Report to the Board.

Bradford District Care
NHS Foundation Trust

Audit Committee

Terms of Reference

Version:	11.0
Approved by:	Audit Committee
Ratified by:	Board of Directors
Date approved:	8 May 2024
Date ratified:	29 May 2024
Job title of author:	Corporate Governance Team
Job title of responsible Director:	Non-Executive Director and Chair of the Audit Committee
Date issued:	29 May 2024
Review date:	May 2025
Frequency of review:	Annual
Amendment Summary:	- Removal of third Non-executive Director. - Inclusion of Operational Director of Finance within regular attendees table. - Updated Assurance & escalation reporting arrangement to recognise this now also included 'decisions' being made. - Removal of reference to the Quality Report as this is no longer subject to External Audit requirements. - Increase the number of meetings taking place each year to six. - Purpose of the Committee updated aligned to refreshed Better Lives Together strategy agreed July 2023. - Updated duties of the Committee to highlight developments on risk and integrated governance. - Updated reference from NHS Improvement to NHE England. - Updated Deputy table.

1   Name of Committee

Audit Committee.

2   Composition of the Audit Committee

Members: full rights

Title	Role in the group / committee
Non-executive Director	Independent Chair
Non-executive Director	Deputy Chair and member

It should be noted that any Bradford District Care NHS Foundation Trust non-executive director, other than the Chair of the Trust, is recognised as a member of the Audit Committee. Should they attend the meetings, they would count towards the quoracy.

In attendance: in an advisory capacity

Title	Role in the group / committee
Chief Finance Officer	Executive lead for financial resources within the Trust. Assurance and escalation provider to the Finance and Performance Committee.
Trust Secretary	Trust Secretary, provides independent advisory support to the Audit Committee.
Operational Director of Finance	Lead for operational finance within the Trust.
External Audit Representative	Independent assurance providers.
Internal Audit Representative	Independent assurance providers.
Local Counter Fraud Specialist	Independent assurance providers.

In addition to anyone listed above, the Chair of the Committee may also request individuals to attend on an ad-hoc basis to provide advice and support for specific items from its work plan when these are discussed in the meetings.

Executive Directors attend by invitation in order to present agenda items, in particular when a low/limited assurance report has been issued by Internal Audit and is on the agenda to be discussed.

The Chief Executive should attend when the Committee considers the draft Internal Audit Plan and the draft Annual Report, and Accounts. The Chief Executive should have a standing invitation to attend the meeting and as a minimum will need to attend the meeting annually, to discuss the process for assurance that supports the Annual Governance Statement.

2.1 Governor Observers
The Committee welcomes and encourages governors to attend its meetings. The role of a governor at Board sub-committee meetings is to observe the work of the

Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust. At the meeting the governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

3 Quoracy

Number: The minimum number of members for a meeting to be quorate is two. Attendees do not count towards quoracy. If the Chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by one of the other non-executive directors.

Deputies: Non-executive directors do not have deputies. Non-core non-executive directors may be asked to attend if there is a risk to the meeting not being quorate.

It may also be appropriate for attendees to nominate a deputy to attend in their absence. A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting will be confirmed at the next quorate meeting and documented in the minutes.

4 Meetings of the Committee

Frequency: The Committee will meet as a minimum six times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary. At least once a year the Committee should meet privately with the External and Internal Auditors.

Urgent meeting: Any member of the Committee may request an urgent meeting.

Minutes: The Committee Secretariat will be provided by the Corporate Governance Team.

Assurance and Escalation (Alert, Advise, Assure and Decision – AAAD) Reporting: The Chair of the Committee will provide an update of key issues arising from the meeting to the next Public Board of Directors meeting.

5 Authority

Establishment: In accordance with the NHS Act 2006 and the Foundation Trust Code of Governance the Board of Directors is required to establish an Audit Committee as one of its sub-committees.

The Audit Committee is accountable to the Board and will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and 'embeddedness' of risk management in the organisation and the integration of governance arrangements.

Powers: The Committee is a non-executive sub-committee of the Board and has no executive powers. The Committee is authorised by the Board to seek assurance on any activity. It is authorised to seek information or reports it requires from any Trust colleagues, function, group or committee.

Cessation: The Committee is a standing sub-committee of the Board and is a statutory requirement.

6   Role of the Committee

6.1   Purpose of the Committee

The Committee shall provide the Board with a means of independent and objective review of financial and corporate governance, and risk management. In addition, the Committee shall provide assurance of independence for external and internal audit. As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Audit Committee is responsible for overseeing 'good governance, accountability and effective oversight' as a supporting objective to the four strategic priorities.
- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

6.2   Guiding principles for members (and attendees) when carrying out the duties of the Committee

In carrying out their duties members and attendees of the Committee must ensure that they act in accordance with the values of the Trust, which are:

- we care
- we listen
- we deliver.

6.2   Duties of the Committee

The duties of the Audit Committee can be categorised as follows:

Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

The Committee will review, challenge and assess the adequacy and effectiveness of the Trust's risk management systems and processes, including the Risk Management Strategy, and provide assurance to the Board in that respect. In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit, other Board Committees and other assurance functions, but will not be limited to these sources.

It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective assurance framework to guide its work and the audit and assurance functions that report to it. As part of its integrated approach, the Committee will have effective relationships with other key committees so that it understands processes and linkages.

In particular, the Audit Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance statement and declarations of compliance with Care Quality Commission registration (the latter led through the Quality and Safety Committee), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.

- the Trust's arrangements for its employees and contractors to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

- how cyber security arrangements are being managed including appropriate risk mitigation strategies.

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from executive directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.

- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation has identified in the Assurance Framework.

- consideration of the major findings of internal audit work (and management's response),and ensure co-ordination between the Internal and External Auditors to optimise audit resources.

- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.

- annual review of the effectiveness of internal audit.

External Audit

The Committee shall review the work and findings of the External Auditor appointed by the Council of Governors and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the External Auditor, in line with the Trust's Constitution and the statutory guide for Foundation Trust Governors.

- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual

Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy.

- approval of the External Auditor's annual fee.

- discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.

- review all External Audit reports, including agreement of the annual audit letter before submission to the Trust Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.

Counter fraud
The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review outcomes of counter fraud work. The Committee shall review the adequacy of the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority.

Other Assurance Functions
The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS England, NHS Resolution, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

Management
The Committee shall request and review reports and positive assurances from executive directors and managers on the overall arrangements for governance, risk management and internal control.

They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.
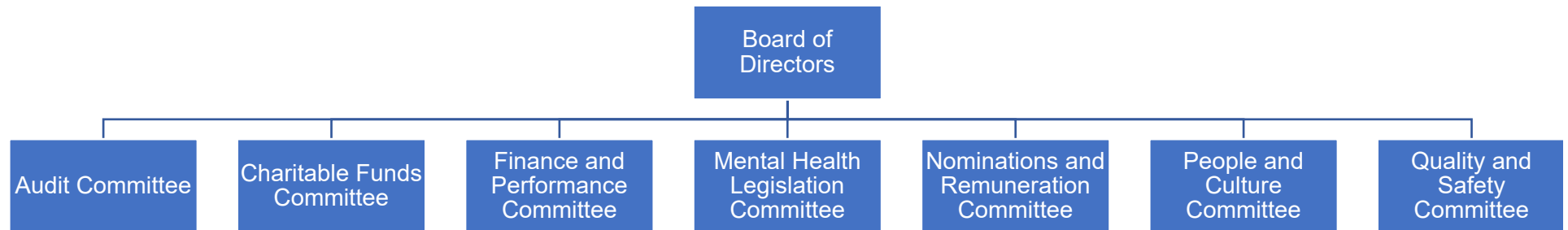
Financial Reporting
The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

The Committee shall review the Annual Report and Financial Statements before submission to the Trust Board, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.

- changes in, and compliance with, accounting policies and practices unadjusted mis-statements in the financial statements.

- major judgemental areas.

- significant adjustments resulting from the audit.

- qualitative aspects of financial reporting.

- letters of representation from Directors.

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

7   Relationships with other groups and committees

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                        ┌──────────────┐
                        │   Board of   │
                        │  Directors   │
                        └──────────────┘
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Audit Committee	Charitable Funds Committee	Finance and Performance Committee	Mental Health Legislation Committee	Nominations and Remuneration Committee	People and Culture Committee	Quality and Safety Committee

The Committee does not have any sub-committees. It is linked to the Trust's operational groups as an assurance receiver and provides a route of escalation to the Board of Directors.

8   Duties of the Chair

The Chair of the Committee shall be responsible for:
- agreeing the agenda in partnership with the Trust Secretary and Operational Director of Finance
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion
- giving direction to the secretariat and checking the draft minutes
- ensuring the agenda is balanced and discussion is productive
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

It should be noted that the Chair of the Committee is not permitted to chair any other Board Committee whilst acting in this role.

9   Reviews of the terms of reference and effectiveness

All elements of the Audit Committee Terms of Reference will be monitored by the Corporate Governance Team, reviewed annually by the Committee and reported in its Annual Report to the Board. The Committee may choose to invite external organisations and individuals to present issues and reports from time to time.

It will be the responsibility of the Chair of the Committee to ensure that it carries out an assessment of effectiveness annually, and ensure the outcome is reported to the Board of Directors along with any remedial action to address weaknesses. The Chair will also be responsible for ensuring that the actions to address any areas of weakness are completed.

Schedule of deputies

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case please state below "no deputy required".

Full member (by job title)	Deputy (by job title)
Not applicable as non-executive directors do not have deputies	

Attendee (by job title)	Deputy (by job title)
Chief Executive	Deputy Chief Executive
Operational Director of Finance	Head of Financial Accounting and Capital
Trust Secretary	Deputy Trust Board Secretary
Chief Operating Officer	Deputy Director of Operations
Director of Nursing, Professions and Care Standards	Deputy Director of Nursing
Chief People Officer	Deputy Chief People Officer
Medical Director	Deputy Medical Director/Chief Pharmacist
Chief Information Officer	Head of Digital Services

Charitable Funds Committee

Annual Governance Report

Financial Year 1 April 2023 to 31 March 2024

Contents

1   Period Covered by the Report

This report covers the work of the Charitable Funds Committee for the financial year 1 April 2023 to 31 March 2024.

2   Introduction

The Charitable Funds Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. It is authorised to give additional assurance to the Board that the Trust's Charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales. It does not remove from the Board the overall responsibility for this area but provides a forum for a more detailed consideration of Charitable matters and allows for direct contact with the Charity Commission when necessary.

The Committee will monitor and report to the Board on the effectiveness of the supporting systems and processes. The Committee's key objectives are to:
- monitor all aspects of charitable activity within the Trust, as set out within its Terms of Reference; and
- obtain, as and when required, external independent professional advice through normal business processes and to secure the attendance of outside parties with relevant experience and expertise if this is considered to be appropriate.

This report covers the work the Committee has undertaken at the formal meetings held during 2023/24. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

Secretariat support is provided by the Corporate Governance Team, who work with the Director of Finance, Contracting and Estates in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

The Better Lives Charity Strategy 2021-2024 was launched in September 2021 with the aim to increase funds going into the Trust Charity and therefore increase charitable spending to improve the experience, health, and wellbeing of service users and staff, whilst ensuring the future sustainability and growth of the charity. There are 3 main areas of delivery for the strategy:
- Funds In – Delivering charitable fundraising through diverse funding streams.
- Funds out – ensuring funds are used to have the greatest impact on achieving our charity vision.
- Well Led – ensuring the charity operates in an inclusive, equitable and transparent way, meeting all its obligations within charity law and fundraising codes of practice.

Significant progress has been made in all of these areas.

Assurance

The Committee receives assurance from the Executive Director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed.

Assurance is provided through written reports, both regular and bespoke, through critical challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the Trust; specialist areas of expertise; attending Board of Directors, and Council of Governors meetings; visiting services, talking to staff, and observing operational meetings at the Trust as required.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge and that the right reporting methods, structures and work plan are in place to provide oversight on behalf of the Board in respect of performance in the areas covered by its Terms of Reference.

During this period Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams.

The Committee will provide assurance on the following:
- that the Charity complies with current legislation;
- review new legislation and its impact on the charity (i.e. Trustees Act 2000, Standard of Recommended Practice 2005 and the Charities Act 2006, Charities Act 2011);
- set and review an investment policy for the Charity; and appoint brokers to manage the charitable funds (if deemed appropriate);
- review the performance of the charities investments as managed by its brokers;
- set and review an expenditure policy including the use of investment gains;
- review individual fund balances within the overall charity on a regular basis;
- seek expenditure plans from individual fund holders where funds are currently not being used;
- agree guidance and procedures for fund holders (current delegated approval limits established as up to £1,000 for Fund Managers, up to £10,000 for Chief Finance Officer, and over £10,000 by the Charitable Funds Committee itself);
- audit recommendations associated with the Charity;
- the Annual Report and Accounts for the Charity;
- oversee the development of the strategy and objectives for the Charity (including a fundraising plan); and
- oversee the implementation of the infrastructure appropriate to efficient and effective running of the Charity;

The Chair of the Committee provides an update report to Board of Directors, and Council of Governor meetings held in public on the activities of the Committee, including areas where assurance had been received and areas requiring further development. This provides the Board and Governors will an opportunity to hear more

on the work of the Trust, and for Governors to see the Non-Executive Director fulfilling their role.

3   **Terms of Reference for the Charitable Funds Committee**

The updated Terms of Reference are presented for approval by Committee, following which they will be presented to the Board of Directors to be ratified

4   **Meetings of the Committee**

The Committee met three times during 2023/24:
- 11 July 2023
- 19 October 2023
- 1 February 2024

The draft agenda for each meeting is presented to the Chair of the Committee and the Chief Financial Officer by the Corporate Governance Team.

Paperwork for the Committee is circulated seven calendar days prior to the meeting taking place. Exception items may be received within seven days where this has been agreed by the Chair. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting for assurance with progress made.

5   **Membership of the Committee and Attendance at Meetings**

Membership of the Committee is made up of two Non-Executive Directors, the Director of Finance, Contracting and Facilities and the Chief Operating Officer. The Head of Charity and Volunteering and the Head of Financial Accounting attend each meeting.

During this period, the Committee was chaired by a Non-Executive Director (NED), Mark Rawcliffe.

Should the NED Chair be unable to chair the meeting this role will fall to another NED. Because of the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities. The inclusion of other NEDs also support horizontal communication across Board sub-committees.

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas for which they are responsible. On these occasions, they are attendees and are not included in the membership of the meetings as outlined in the Terms of Reference.

The Trust also invites Governors to observe Board sub-committee meetings. This opportunity allows Governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee.

Governors observe Board sub-committee meetings in order to gain a better understanding of the work of the Trust and to observe Non-Executive Directors (NED) appropriately challenging the Executive Directors about the operational performance of the Charity.

The table below show attendance for substantive members of the Committee for the meetings that took place during 2023/24.

Name	11/07/2023	19/10/2023	01/02/2024
Substantive members			
Mark Rawcliffe, Chair	X	X	X
Christopher Malish, Non-Executive Director		X	X
Mike Woodhead, Chief Finance Officer	X	X	
Kelly Barker, Chief Operating Officer	X	X	X
Others in attendance			
Catherine Jowitt, Head of Charity & Volunteering	X	X	X
Stacey Pearson, Head of Financial Services & Captial	X	X	X
Fran Stead, Trust Secretary	X	X	X
Helen Verity, Fundraising Officer	X	X	*Left Trust*
Jacqueline Dawson, Trusts, Foundations and Corporate Manager			X
Michael Heppleston, Better Lives Community Fundraiser			X
Rita Yemson, Corporate Governance Facilitator (Committee Secretariat)	X	X	*Left Trust*
Rachel Trawally, Corporate Governance Manager and Deputy Trust Secretary		X	X
Tasbiha Sarwar, Corporate Governance Officer, (Committee Secretariat)			X
Attending for specific items			
Chris Hunt			X

6   **Reports made to the Board of Directors**

The Chair of the Committee makes an Alert, Advise, Assure and Decision (AAAD) escalation report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting and Council of Governors meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee, the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the date that the assurance and escalation report was presented by the Chair of the Committee to the Board of Directors' meeting held in public. In addition, a copy of Committee-ratified minutes is presented to the Board for information.

Date of meeting	Assurance and escalation report to Board by Chair
11 July 2023	14 September 2023
19 October 2023	09 November 2023
1 February 2024	14 March 2023

7   **The Work of the Committee during the year 1 April 2023 until 31 March 2024**

The Committee reviewed its work programme during 2023/24 to prioritise areas of work. The Chair of the Committee confirms that during 2023/24the Committee has carried out its role in accordance with its terms of reference.

Further details of all these areas of work can be found in the minutes and papers of the Committee.

A high-level presentation of areas of work on which the Committee has received assurance and during 2023/24 are as follows:

Assurance on:
- 2022/23 Charitable Funds audited accounts
- Annual charge for managing Charitable Funds
- Charitable Funds expenditure plans
- NHS Charities Together grants expenditure and plans
- Performance of Investments
- Charitable Funds transactions and balances
- Approval of fund objectives and managers

Reports and presentations on:
- Updates about activities of Better Lives Charity
- Updates about the Charity Strategy
- Funding to support charity expenses
- Charity fundraising updates
- Standard operating procedures for fundraising, applying for external trust and foundation grants and processing of grant request for charitable funds.

8   **Annual Effectiveness Review – Summary of Findings**

The Committee undertook an Annual Effectives Review in the form of a Menti Survey on 1 February 2024 during the Committee. Seven attendees and/or members responded to the survey. The survey comprised a set of standard questions on a satisfaction rating scale, some of which were relevant to all Board Committees and some which were specific questions related to the Charitable Funds Committee Terms of Reference. Most questions were based on the satisfaction rating scale but there was opportunity for respondents to provide additional feedback at various points in the survey. Top-line results indicate that the Committee is considered to work effectively.

9   Conclusion

The Chair of the Committee would like to highlight to the Board that the Committee has worked effectively in fulfilling its Terms of Reference during 2023/24, managing the priority areas for consideration and agreeing items for deferral. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust and it has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues, risks, or learning.

Members of the Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

May 2024

Mark Rawcliffe   **Mike Woodhead**
Non-Executive Director   **Chief Financial Officer**
And Chair of the Committee

Charitable Funds Committee

Terms of Reference

Document details:	Terms of Reference for the Charitable Funds Committee
Version:	9
Approved by:	Charitable Funds Committee
Date approved:	16/05/2025
Ratified by:	Board of Directors
Date ratified:	29/05/2025
Title of originator / author:	Corporate Governance Team
Title of responsible Director:	Non-Executive Chair of the Charitable Funds Committee
Date issued:	May 2025
Review date:	April 2024
Frequency of review:	Annual
Where is previous copy archived: (if applicable)	Within the Charitable Funds Committee electronic files
Amendment Summary (changes highlighted in track changes):	- Removing Chair & Chief Executive from 'full member' list as referenced elsewhere in the document. - Changed quoracy to align with quoracy minimum numbers all other Board Committees work towards (3 Board members, 2 of whom to be Non-Executive). - Updated Assurance & escalation reporting arrangement to recognise this now also included 'decisions' being made. - Included reference to new strategic framework for the Trust. - Updated table of deputies.

1   Name of group / committee

Charitable Funds Committee (Committee).

2   Composition of the Committee

Title	Role in the group / committee
Non-executive Director	Committee Chair
Non-executive Director	Non-executive Director
Chief Finance Officer	Executive lead for finance and resources. Assurance and escalation provider to the Charitable Funds Committee.
Chief Operating Officer	Executive lead with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Charitable Funds Committee.

Any Executive and Non-Executive Director can attend a Board sub-committee meeting because of the position that they hold. When carrying out this duty they will assume full member rights.

There will also be the attendance of the Trust Secretary, the Head of Financial Services ad Capital, Head of Charity and Volunteering, and the Fundraising Officers. In addition to anyone listed above, the Chair of the Committee may also request individuals to attend on an ad-hoc basis to provide advice and support for specific items from its work plan when these are discussed in the meetings.

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a governor at Board sub-committee meetings is to observe the work of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors for the operational performance of the Trust. At the meeting the governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

3 Quoracy

Number: The minimum number of members for a meeting to be quorate is three, two of whom must be a Non-Executive Director, and one of whom must be an Executive Director. Attendees do not count towards quoracy.

If the Chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the other Non-Executive Director.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal "acting up" arrangements.

A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 Meetings of the Committee

Frequency: Meetings will be held quarterly. There will be further meetings if required by the Committee or Trust Board. All Committee members will be expected to attend at least one meeting a year.

Urgent meeting: Any member of the Committee may request an urgent meeting.

Minutes: The Committee Secretariat will be provided by the Corporate Governance Team.

Assurance and Escalation (Alert, Advise, Assure and Decision – AAA+D) Reporting: The Chair of the Committee will provide an update of key issues arising from the meeting to the next Board of Directors meeting.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-Executive Directors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

5 Authority

Establishment: The Charitable Funds Committee is a standing committee of the Trust Board. It will continue to meet in accordance with these Terms of Reference until the Trust Board determines otherwise.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

6 Role of the committee

6.1 Purpose of the committee

The Board hereby resolves to establish a Committee of the Board to be known as the Charitable Funds Committee. The purpose of the Committee is to give additional assurance to the Board that the Trust's Charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales. It does not remove from the Board the overall responsibility for this area but provides a forum for a more detailed consideration of Charitable matters and allows for direct contact with the Charity Commissioners via the Trustees of the Charity when necessary.

The Charitable Funds Committee's key objectives are to:

- monitor all aspects of charitable activity within the Trust, as set out within its Terms of Reference; and
- obtain, as and when required, external independent professional advice through normal business processes and to secure the attendance of outside parties with relevant experience and expertise if this is considered to be appropriate.

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Committee

In carrying out their duties members of the Committee and any attendees must ensure that they act in accordance with the values of the Trust, which are:

- we care
- we listen
- we deliver.

As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Committee operates aligned to the four strategic priorities:

- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner
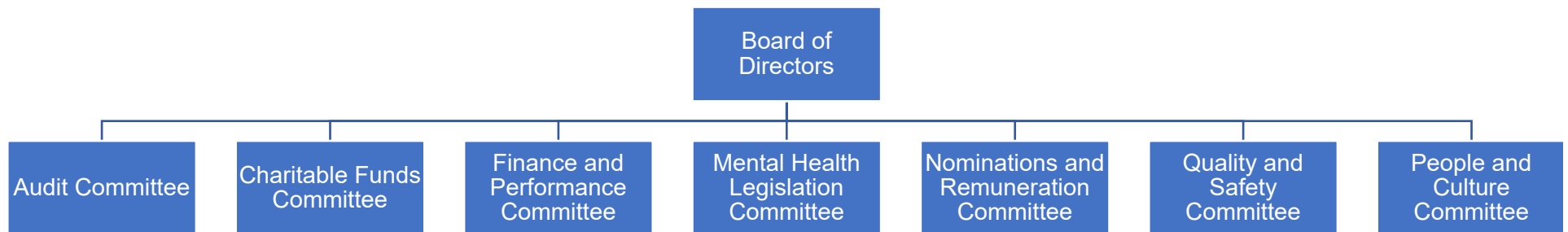
Duties of the Committee

The Charitable Funds Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

In particular the Committee shall:

- ensure that the Charity complies with current legislation;
- review new legislation and its impact on the charity (i.e. Trustees Act 2000, SORP 2005 & the Charities Act 2006, Charities Act 2011);
- set and review an investment policy for the charity;
- appoint brokers to manage the charitable funds (if deemed appropriate);
- review the performance of the charities investments as managed by its brokers;
- set and review an expenditure policy including the use of investment gains;
- review individual fund balances within the overall charity on a regular basis;
- seek expenditure plans from individual fund holders where funds are currently not being used;
- agree guidance and procedures for fund holders (current delegated approval limits established as up to £1,000 for Fund Managers, up to £10,000 for Director of Finance, Contracting and Estates, and over £10,000 by the Charitable Funds Committee itself);
- review audit recommendations;
- review and approve the Annual Report and Accounts for the Charity;
- oversee the development of the strategy and objectives for the Charity (including a fundraising plan);

- oversee the implementation of the infrastructure appropriate to efficient and effective running of the Charity;
- encourage a culture of income generation and raise the profile of the Charity within the Trust and local population; and
- approve promotional material of the Charity on behalf of the Trustees to ensure that material used will not place the Charity's reputation at undue risk.

7 **Relationships with the Board of Directors**

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                        ┌─────────────────┐
                        │   Board of      │
                        │   Directors     │
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| Audit Committee | Charitable Funds Committee | Finance and Performance Committee | Mental Health Legislation Committee | Nominations and Remuneration Committee | Quality and Safety Committee | People and Culture Committee |

The Committee does not have any sub-committees. It is linked to the Trust's operational groups as an assurance receiver and provides a route of escalation to the Board of Directors.

There are no formal lines of accountability between the Charitable Funds Committee and other Trust Committees. The Charitable Funds Committee interacts with other Trust Committees through cross attendance.

8 Duties of the Chair

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the Chief Finance Officer;
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- giving direction to the secretariat and checking the draft minutes;
- ensuring the agenda is balanced and discussion is productive; and
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

9 Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

It will be the responsibility of the Chair of the Committee to ensure that it carries out an assessment of effectiveness annually, and ensure the outcome is reported to the Board of Directors along with any remedial action to address weaknesses. The Chair will also be responsible for ensuring that the actions to address any areas of weakness are completed.

Schedule of deputies

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case, please state below "no deputy required".

Full member (by job title)	Deputy (by job title)
Non-executive Director Chair	Another Non-executive Director
Non-executive Director	Another Non-executive Director
Chief Finance Officer	Operational Director of Finance
Chief Operating Officer	Deputy Chief Operating Officer

Attendee (by job title)	Deputy (by job title)
Head of Financial Services and Capital	Senior Finance Manager
Trust Secretary	Deputy Trust secretary
Head of Charity and Volunteering	Fundraising Officer

Finance and Performance Committee

Annual Governance Report

Financial Year 1 April 2023 to 31 March 2024

Contents

1   Period covered by the report

This report covers the work of the Finance and Performance Committee for the financial year 1 April 2023 to 31 March 2024.

2   Introduction

The Finance and Performance Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. It is authorised to seek assurance on the controls and management in respect of financial governance, operational performance, and business and growth opportunities focusing on areas including: the financial data for submission to the Board; the financial plan; the procurement strategy; income contracts; the digital technology and information governance workstreams; the capital programme; estates workstream; business planning; and elements of workforce topics that are associated with financial and performance management.

The Committee will monitor and report to the Board on the effectiveness of the supporting systems and processes. The Committee's key objectives are to:
- monitor financial performance of the Trust against plan and provide assurance to the Board on the delivery of key financial targets;
- receive assurance on operational performance within the Trust;
- identify the key financial risks and drivers to achievement of financial targets, investigate significant variances and report any proposed remedial action to the Board as necessary;
- receive assurance on delivery of the Trust's workforce; estates (including health and safety, and environmental); and digital strategies;
- provide an oversight of the development and implementation of financial systems across the Trust; and
- provide an oversight of financial performance and key risks across the Bradford and Craven Place and wider West Yorkshire Integrated Care System.

This report covers the work the Committee has undertaken at the formal meetings held during 2023/24. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

Secretariat support is provided by the Corporate Governance Team, who work with the Chief Financial Officer in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

From April 2023, the Committee changed from the Finance, Business and Investment Committee to the Finance and Performance Committee. This was in recognition of the improved operational performance assurance being provided to this Committee and broadening the scope of its work plan and Terms of Reference.

Assurance

The Committee receives assurance from the Executive Director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed.

Assurance is provided through written reports, both regular and bespoke, through critical challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the Trust; specialist areas of expertise; attending Board of Directors, and Council of Governors meetings; visiting services, talking to colleagues, and observing operational meetings at the Trust as required.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge and that the right reporting methods, structures and work plan are in place to provide oversight on behalf of the Board in respect of performance in the areas covered by its Terms of Reference.

During this period Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members and attendees to attend in person or via Microsoft Teams.

In July 2023, the Board of Directors approved the refreshed better lives, together strategy: From Ambition to Action. This included revised strategic objectives and strategic vision for the Trust: Being the best place to work, delivering the best quality services, making the best use of resources, and being the best partner.

In a change from the previous objectives, accountability for seeking assurance for the delivery of these objectives has been delegated to responsible Board committees. The delegated responsibilities aligned to Finance and Performance Committee is:

Making Best Use of Resources
- Theme 1: financial sustainability
- Theme 2: Our environment and workspaces
- Theme 3: Giving back to our community

Delivering Best Quality Services
- Theme 1: Access and flow

As well as changing the Board Assurance Framework (BAF) so that it aligned to the new priorities and the themes identified within them, the Committee also moved away from a risk-based approach to managing the delivery of the BAF objectives, to a more positive-assurance based approach.

The Committee was responsible for two Strategic Objectives (SO):

BAF objective: SO5: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable.

BAF objective: SO6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS.

The Committee reviews the BAF at each meeting prior to it being presented to the Board. Additionally, the agenda has been modified so that the BAF is appraised prior to other agenda items to allow items to be viewed in the context of the BAF.

The Chair of the Committee provides an update report to Council of Governor meetings held in public on the activities of the Committee, including areas where assurance had been received and areas requiring further development. This provides the Governors will an opportunity to hear more on the work of the Trust and see the Non-Executive Director fulfilling their role.

To promote consistency across the Trust, including alignment with the approach of the Internal Audit team, the Trust will use the following definitions to identify the level of assurance that the Trust is making sufficient progress against its strategic priorities:

Assurance Level	Definition
High (Strong)	High assurance can be given that there is strong evidence that this ambition is being achieved and is embedded within usual practice. There are examples of outstanding practice and/or innovation in this area which can be evidenced.
Significant (Good)	Significant assurance can be given that there is good evidence that this standard is this ambition is being achieved across the majority of areas / reviews undertaken. Whilst there may be some gaps, these are infrequent and there is evidence these are mitigated / responded to rapidly and appropriately.
Limited (Improvement Required)	Limited assurance can be given as whilst there is evidence that some elements of the ambition are being achieved across some areas, there are areas that require improvement in order to bring them up to the required standard.
Low (Weak)	Low assurance can be given as there is weak or no evidence that the ambitions are being achieved. There are significant gaps with little evidence of effective plans to address and significant works needs to be undertaken to bring these areas up to standard.

The Committee therefore received a number of key documents which included an Integrated Strategic Performance Report which directly aligned to those priority areas delegated to the Committee. Within these reports, informed by Executive oversight of operational grip and control systems, will be a proposed BAF assurance rating for each priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

3   Terms of Reference

The updated Terms of Reference are presented for approval by Committee, following which they will be presented to the Board of Directors to be ratified.

4   Meetings of the Committee

In 2023/24, the Committee met independently seven times. The dates of the meetings are as follows:
- 25 May 2023
- 27 July 2023
- 24 August 2023
- 26 October 2023
- 23 November 2023
- 25 January 2024
- 28 March 2024

Due to the changing nature of the financial regime timescales for approving the operational plan did not align with formal meetings. An exceptional Committee meeting was established on 29 February 2024 to review the Trusts financial plans for recommending to the Trust Board in advance of national timescales for NHS plan submissions.

The draft agenda for each meeting is presented to the Chair of the Committee and the Chief Financial Officer by the Operational Director of Finance and the Committee Secretariat.

Paperwork for the Committee is circulated seven calendar days prior to the meeting taking place. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting for assurance with progress made.

5   Membership of the Committee and attendance at meetings

Membership of the Committee is made up of two Non-Executive Directors; Chief Executive; Chief Financial Officer; Chief Operating Officer; Chief People Officer; Director of Nursing, Professions and Care Standards, Medical Director, and the Chief Information Officer.

The Committee is chaired by a Non-Executive Director (NED), Maz Ahmed. Should the NED Chair be unable to chair the meeting this role will fall to another NED. Because of the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities.

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On these occasions, they are attendees and do not count towards membership of the meetings as outlined in the Terms of Reference.

The Trust also invites Governors to observe Board sub-committee meetings. This opportunity allows Governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. Governors observe Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors about the operational performance of the Trust.

The table below show attendance for substantive members of the committee for the meetings that took place during 2023/24.

Attendance at Committee meetings by substantive members
Key:
    shows attendance
    shows apologies noted
■   stipulates when the individual was not eligible to attend the meeting
*   stipulates the Chair of the meeting

Members		25 May 2023	27 July 2023	24 August 2023	26 October 2023	23 November 2023	25 January 2024	28 March 2024
Maz Ahmed*	Chair (NED)	Attended	Apologies	Attended	Attended	Attended	Attended	Attended
Mark Rawcliffe	NED	Attended	Attended	Apologies	Attended	Apologies	Attended	Attended
Carole Pantelli	NED	Attended	Attended	Attended				
Sally Napper	NED	Attended			Attended	Attended	Attended	Attended
Mike Woodhead	Chief Financial Officer	Apologies	Attended	Attended	Attended	Apologies	Attended	Attended
Therese Patten	Chief Executive	Attended	Apologies	Apologies	Attended	Apologies	Attended	Attended
Kelly Barker	Chief Operating Officer	Attended	Apologies	Attended	Attended	Attended	Attended	Attended
Tim Rycroft	Chief Information Officer	Attended	Attended	Attended	Apologies	Attended	Attended	Attended
David Sims	Medical Director	Apologies	Apologies	Attended	Apologies	Attended	Attended	Attended
Phil Hubbard	Director of Nursing, Professions and Care Standards	Apologies	Attended	Attended	Apologies	Attended	Attended	Attended
Bob Champion	Chief People Officer	Attended	Attended	Apologies	Attended	Apologies	Apologies	Attended

Attendance at Committee meetings by formal attendees

Key:
    shows attendance
    shows apologies noted
■   stipulates when the individual was not eligible to attend the meeting

Regular Attendees		25 May 2023	27 July 2023	24 August 2023	26 October 2023	23 November 2023	25 January 2024	28 March 2024
Claire Risdon	Operational Director of Finance	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Theresa Fawcett	Head of Financial Management		Attended	Attended	Apologies	Attended	Apologies	Apologies
Karthikeyan Chinnasamy	Interim Deputy Director of Performance and Planning,		Attended	Attended	Attended	Attended	Attended	Apologies
Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary				Attended	Attended	Attended	Attended
Fran Stead	Trust Secretary	Attended	Attended	Attended	Attended	Attended	Attended	Apologies
Tasbiha Sarwar	Corporate Governance Officer	Attended		Attended	Attended	Attended	Attended	Attended
Bev Fearnley	Deputy Director of Patient Safety, Compliance and Risk				Attended	Apologies	Attended	

Other Attendees		25 May 2023	27 July 2023	24 August 2023	26 October 2023	23 November 2023	25 January 2024	28 March 2024
Delphine Fitouri	Head of Informatics			Attended				Attended
Anne Marie Dewhirst	Financial Planning Lead			Attended				
Theresa Fawcett	Head of Financial Management		Attended	Attended	Apologies	Attended	Apologies	Apologies
Jaspreet Sohal	Chief Pharmacist	Attended		Attended				
Janet Fajemisin	Corporate Governance Facilitator			Attended				
Martine Manikeu	Health Education England, Development Programme	Attended						
Peri Thomas	Gatenby Sanderson Insig Programme							Attended
Shane Embleton	Deputy Director for Estates & Facilities	Attended						

6 Reports made to the Board of Directors

The Chair of the Committee makes an Alert, Advise, Assure and Decision escalation report regarding the most recent meeting of the Committee to the next available Public Board of Directors' meeting and Council of Governors meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself. Where items are considered to be of significance and a certain urgency, the Chair of the Committee may make use of Exceptional Escalation Reports to the Trust Chair and Chief Executive, and where appropriate the Board of Directors.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the date that the assurance and escalation report was presented by the Chair of the Committee to the Board of Directors' meeting. In addition, a copy of Committee-ratified minutes is presented to the Board for information.

Date of meeting	Assurance and escalation report to Board by Chair
25 May 2023	13 July 2023
27 July 2023	14 September 2023
24 August 2023	14 September 2023
28 September 2023	9 November 2023
26 October 2023	9 November 2023
23 November 2023	11 January 2024
25 January 2024	14 March 2024
29 February 2024	14 March 2024
28 March 2024	29 May 2024

7 The work of the Committee during the year 1 April 2023 until 31 March 2024

The Chair of the Committee can confirm that the Committee has carried out its role in accordance with its Terms of Reference.   Further details of all these areas of work can be found in the minutes and papers of the Committee.

A high-level presentation of areas of work on which the Committee has received assurance and update during 2023/24 are as follows:

Assurance on:
BDCFT:
- Board Assurance Framework and risk.
- Financial regime for 2023/24 and associated financial plan (Revenue and Capital).
- BDCFT Financial outturn for 2023/24 including key risks and mitigations.
- NHS England quarterly return submission approval.
- Sustainability Board efficiency programme and associated risk/ mitigation.
- Provider Collaborative contracts including partnership agreements and gain share.
- Business Cases: Model Roster 3.
- Business Cases: Front Line Digitisation.
- Post implementation review of the ePMA business case.
- NHS System Oversight Framework - Performance against the quality, access and outcome measures.
- Business Planning process for 2024/25.
- BDCFT Financial Plan for 2024/25 and associated risks and mitigations.

West Yorkshire ICS:
- West Yorkshire ICS monthly financial performance and associated risk/ mitigation.

- Oversight of the West Yorkshire ICS Financial Plan for 2024/25 and associated risks and mitigations.

Reports and presentation on:
- Digital strategy programme; Microsoft enterprise agreement, data back-up, Cyber, network and tele-communications.
- Fire Safety; and Health and Safety Annual Reports.
- Deep dives including a review of the Out of Area Placements.
- Estates Strategy Annual progress update, including community estates strategy.
- Trust Green Plan: Greener Together Report and Sustainability annual update.
- Contracts and service level agreement report, including loss making contracts.
- Clinical systems contract renewal.
- Development of integrated planning, reporting and business partnering model.
- Data quality.
- Capital programme in year performance.

8 Annual Effectiveness Review (summary of findings)

The Committee undertook an Annual Effectives Review in the form of a Menti Survey on 28 March 2024 during the Committee twelve attendees and/or members responded to the survey. Top-line results indicate that the Committee is considered to work effectively.

9 Conclusion

The Chair of the Committee would like to assure the Board that the Committee worked hard to fulfil its Terms of Reference during 2023/24, managing the priority areas for consideration and agreeing items for deferral. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust and it has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues, risks, or learning. Organisational learning drives this Committee and is one of its core values; further improvements will be made to advance this critical aspect of quality and safety.

Members of the Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

April 2024

Maz Ahmed
Non-Executive Director and Chair of the Committee

Mike Woodhead
Chief Finance Officer

Finance and Performance Committee

Terms of Reference

Version:	3.0
Approved by:	Finance and Performance Committee
Ratified by:	Board of Directors
Date approved:	9 May 2024
Date ratified:	29 May 2024
Job title of author:	Corporate Governance Manager / Deputy Trust Board Secretary
Job title of responsible Director:	Non-executive Director and Chair of the Finance and Performance Committee
Date issued:	May 2024
Review date:	May 2025
Frequency of review:	Annual
Amendment Summary:	- Removal of third Non-Executive Director as previously agreed by the Board of Directors. - Included the provision supporting Joint Committee meetings taking place. - Updated Assurance & escalation reporting arrangement to recognise this now also included 'decisions' being made. - Frequency of meetings changed to every two months. - Name change of 'Director of Finance, Contracting and Estates' to 'Chief Finance Officer. - Name change of 'Deputy Director of Finance' to 'Operational Director of Finance'. - Inclusion of Director of Nursing within the members list. - Included reference to new strategic framework for the Trust - Updated table of deputies.

1   Name of group / committee

Finance and Performance Committee.

2   Composition of the Committee

Members: full rights

Title	Role in the group / committee
Non-executive Director	Committee Chair
Non-executive Director	Additional non-executive member
Chief Executive	Accountable Officer for the Trust
Chief Finance Officer	Executive lead for financial resources within the Trust. Assurance and escalation provider to the Finance and Performance Committee.
Chief Operating Officer	Executive lead with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Finance and Performance Committee.
Chief People Officer	Executive lead for workforce development. Assurance and escalation provider to the Finance and Performance Committee. Attendance at meetings will be dependent on the agenda items being discussed.
Chief Information Officer	Executive lead for digital services.
Director of Nursing, Professions and Care Standards	Executive lead for nursing, professions, risk management, compliance, care standards. Assurance and escalation provider to the Finance and Performance Committee.
Medical Director	Executive lead with responsibility for clinical services, KPO, Pharmacy, Research and Development. Assurance and escalation provider to Finance and Performance Committee.

The Operational Director of Finance, and Trust Secretary will attend all meetings. In addition to anyone listed above, the Chair of the Committee may also request individuals to attend on an ad-hoc basis to provide advice and support for specific items from its work plan when these are discussed in the meetings.

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a governor at Board sub-committee meetings is to observe the work of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust. At the meeting the governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

3   Quoracy

Number: The minimum number of members for a meeting to be quorate is three, two of whom must be non-executive directors. Attendees do not count towards quoracy.

If the Chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by one of the other non-executive directors.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal "acting up" arrangements. A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting must be approved virtually by full rights members and formally reviewed at the next quorate meeting.

4 Meetings of the committee

Frequency: Normally bi-monthly to deliver six Committee meetings per year, with the option of having additional meetings if required.

Urgent meeting: Any member of the Committee may request an urgent meeting.

Joint Committee Meetings: Joint Committee meetings can take place between Board sub-committees. It will be for the Executive Directors in partnership with Non-Executive Director Chairs to agree when a meeting will be convened. Joint Committee meetings will be facilitated by the Corporate Governance team and will either be formal meetings, or development sessions. When Joint meetings are convened the relevant Terms of Reference will be adhered to.

Minutes: The Committee Secretariat will be provided by the Corporate Governance Team.

Alert, Advice, Assure and Decision (AAA+D) Escalation Reporting: The Chair of the Committee will provide an update of key issues arising from the meeting to the next Public Board of Directors meeting.

5 Authority

Establishment: The Committee is a sub-committee of the Board of Directors and has been formally established by the Board.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

6 Role of the committee

6.1 Purpose of the committee

The purpose of the Finance and Performance Committee is to support the Board's strategic direction and stewardship of the Trust's finances, investments and sustainability.

In particular, the Committee is to provide the Board with assurance concerning aspects of finance and performance relating to the provision of care and services in support of getting the best clinical outcomes and experience for service users and carers. It will seek assurance that there is adequate organisational oversight of the financial, workforce, estates (including health and safety, and environmental), and informatics risks to the Trust's ability to achieve its strategic objectives

The Committee review the financial and non-financial targets of the Board, to ensure that appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance that the arrangements are working effectively. The Committee will oversee the ongoing development of a performance management culture in the Trust where performance management is seen as part of the day job striving for excellence and focussing on improvement in all aspects.

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Committee

In carrying out their duties members of the Committee and any attendees must ensure that they act in accordance with the values of the Trust, which are:
- we care
- we listen
- we deliver.

As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Committee operates aligned to the four strategic priorities:
- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

6.3 Duties of the Committee

The Committee's key objectives are to:

- monitor financial performance of the Trust against plan and provide assurance to the Board on the delivery of key financial targets;
- identify the key financial risks and drivers to achievement of financial targets, investigate significant variances and report any proposed remedial action to the Board as necessary;
- receive assurance on delivery of the Trust's workforce; estates (including health and safety, and environmental); and informatics strategies;
- provide an oversight of the development and implementation of financial systems across the Trust; and
- provide an oversight of financial performance and key risks across the Bradford Place and wider ICS.

The Committee will:

1) Finance
   - scrutinise the Trust's in-year financial performance, delivery of Cost Improvement Plans and other key financial targets;
   - review the annual budget, regulator targets, and regulator information requests prior to recommendation to the Board of Directors;
   - review the development of the Trust's five-year financial plan, ensuring it is aligned with clinical, estates, workforce, informatics and other business strategies;
   - review the financial risks and mitigations of the ICP/ ICS;
   - review development and implementations of the business strategies that drive the financial planning and performance of the organisation;
   - maintain an oversight of, and receive assurances on the robustness of the Trust's key income sources and contractual safeguards;
   - review internal and external corporate benchmarking reports;
   - consider and recommend to Board proposals for investment in commercial business cases; and
   - review the process for determining capital expenditure projects and their monitoring, including post-implementation reviews.
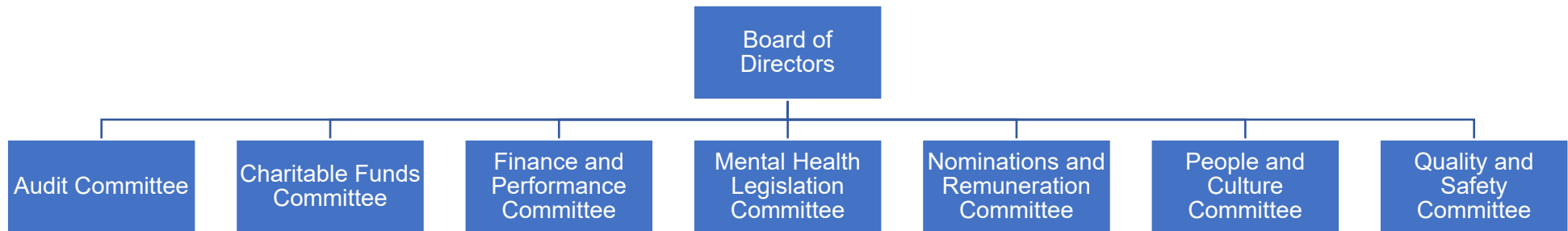
2) Workforce issues affecting the Trust's financial strategy
   - receive assurance on progress made against the Workforce Strategy;
   - consider the control and mitigation of workforce related risks and provide assurance to the Board that such risks are effectively controlled and managed;

- receive reports on the delivery of other Trust strategies and initiatives that interlink with the workforce and organisational development workstream; and
- receive assurance on statutory workforce standards such as agenda for change.

3) Procurement issues affecting the Trust's financial strategy
   - receiving assurance that the Trust's plan is increasing efficiencies; and
   - review operational reports to monitor compliance with effective procurement procedures and policies.

4) Estate issues (including environmental and health and safety) affecting the Trust's financial strategy
   - receiving assurance on delivery of the Trust's estate's strategy;
   - receiving assurance on the Bradford place estate's strategy;
   - receiving assurance on statutory health and safety requirements; and
   - reports on the Trust's proactive approach to health and safety management, and environmental issues.

5) Informatic issues affecting the Trust's financial strategy
   - receive progress updates on delivery of the Trust's digital strategy;
   - receive assurance on the Trust's preparedness to support appropriate cyber security; and
   - assurance against statutory data requirements and compliance with requirements set by the Information Commissioners Office.

6) System-wide partnership working
   - As required, receive assurance on the governance arrangements that support system-wide partnership working.

7) Receiving assurance on the Trust's performance against:
   - annual budgets, capital plans, and Cost Improvements;
   - quality, innovation, productivity and transformation; and
   - clinical activity and key performance indicators. Seek assurance that the underpinning systems and processes for data collection and management are robust and provide relevant, timely and accurate information to support the operational management of the organisation.

7 Relationships with other groups and committees

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| Audit Committee | Charitable Funds Committee | Finance and Performance Committee | Mental Health Legislation Committee | Nominations and Remuneration Committee | People and Culture Committee | Quality and Safety Committee |

The Committee does not have any sub-committees. It is linked to the Trust's operational groups as an assurance receiver and provides a route of escalation to the Board of Directors.

8   Duties of the Chair

The Chair of the Committee shall be responsible for:
- agreeing the agenda in partnership with the Chief Finance Officer;
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- giving direction to the secretariat and checking the draft minutes;
- ensuring the agenda is balanced and discussion is productive; and
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

9   Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

It will be the responsibility of the Chair of the Committee to ensure that it carries out an assessment of effectiveness annually, and ensure the outcome is reported to the Board of Directors along with any remedial action to address weaknesses. The Chair will also be responsible for ensuring that the actions to address any areas of weakness are completed.

Schedule of deputies

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case please state below "no deputy required".

Full member (by job title)	Deputy (by job title)
Non-executive Director Chair	Another Non-executive Director
Non-executive Director	Another Non-executive Director
Chief Executive	Deputy Chief Executive
Chief Finance Officer	Operational Director of Finance
Chief Operating Officer	Deputy Director of Operations
Chief People Officer	Deputy Chief People Officer
Chief Information Officer	Head of Digital Services
Director of Nursing, Professions and Care Standards	Deputy Director of Nursing, Professions and Care Standards
Medical Director	Deputy Medical Director/Chief Pharmacist

Attendee (by job title)	Deputy (by job title)
Operational Director of Finance	Head of Finance
Trust Secretary	Deputy Trust Secretary

Mental Health Legislation Committee

Annual Governance Report

1 April 2023 to 31 March 2024

Contents

Section

better lives, together

1 Period covered by the report

The report covers the period from 1 April 2023 to 31 March 2024.

2 Introduction

The Mental Health Legislation Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. It is authorised to seek and obtain evidence of assurance on the effectiveness of the Trust's mental health legislative systems and processes, and the quality of the services provided. The Committee will monitor and report to the Board on the effectiveness of these systems and processes.   The Committee's key objectives are to seek assurance that:

- systems and processes are effective, and wherever possible evidence-based
- the quality of services provided is good and continuously improving
- the experience of people using Trust services is good and continuously improving.

The Committee also seeks to:
- monitor, review and report to the Board on all the above; highlighting assurances received and risks to assurance identified
- receive relevant mental health legislation update for information and assurance.

This report covers the work the Committee has undertaken at the formal meetings held during 2023/24. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

The Trust welcomes and encourages feedback and recognises the importance of being a learning organisation. An experience or story is presented at the start of each Committee meeting, with the view that the input will be linked to one of the identified priorities the Committee is responsible for. This new approach will provide an opportunity for Board members to triangulate, build relationships with Trust colleagues, and support the Board's ongoing journey for Board visibility and accessibility to the workforce.

Secretariat support is provided by the Corporate Governance who work with the Chair of the Committee, the Medical Director, Mental Health Legislation Lead in relation to agenda planning.

Assurance
The Committee receives assurance from the Executive Director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed.

Assurance is provided through written reports, both regular and bespoke, through critical challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the Trust; specialist areas of expertise; attending Board of Directors', and Council of Governors' meetings; visiting services, talking to staff, and observing operational meetings at the Trust as required.

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The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge.

During this period Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams.

In July 2023, the Board of Directors approved the refreshed better lives, together strategy: From Ambition to Action. This included revised strategic objectives and strategic vision for the Trust: Being the best place to work, delivering the best quality services, making the best use of resources, and being the best partner. In a change from the previous objectives, accountability for seeking assurance for the delivery of these objectives has been delegated to responsible Board committees. The delegated responsibilities aligned to Mental Health Legislation Committee are outlined as Best Quality Services – Theme 3 – Improving the experience of people using our services (specifically in relation to restrictive practices). This is a change for Mental Health Legislation Committee in that previously the Committee has not had direct accountability for previous strategic objectives.

As well as changing the Board Assurance Framework (BAF) so that it aligned to the new priorities and the themes identified within them, the Committee also moved away from a risk-based approach to managing the delivery of the BAF objectives, to a more positive-assurance based approach.

In order to promote consistency across the Trust, including alignment with the approach of the Internal Audit team, the Trust will use the following definitions to identify the level of assurance that the Trust is making sufficient progress against its strategic priorities:

Assurance Level	Definition
High (Strong)	High assurance can be given that there is strong evidence that this ambition is being achieved and is embedded within usual practice. There are examples of outstanding practice and/or innovation in this area which can be evidenced.
Significant (Good)	Significant assurance can be given that there is good evidence that this standard is this ambition is being achieved across the majority of areas / reviews undertaken. Whilst there may be some gaps, these are infrequent and there is evidence these are mitigated / responded to rapidly and appropriately.
Limited (Improvement Required)	Limited assurance can be given as whilst there is evidence that some elements of the ambition are being achieved across some areas, there are areas that require improvement in order to bring them up to the required standard.
Low (Weak)	Low assurance can be given as there is weak or no evidence that the ambitions are being achieved. There are significant gaps with little evidence of effective plans to address and significant works needs to be undertaken to bring these areas up to standard.

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The Committee therefore received a number of key documents which included an Integrated Strategic Performance Report which directly aligned to those priority areas delegated to the Committee. Within these reports, informed by Executive oversight of operational grip and control systems, will be a proposed BAF assurance rating for each priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

3 Terms of Reference

The updated Terms of Reference are presented for approval by Committee, following which they will be presented to the Board of Directors to be ratified.

4 Meetings of the group / committee

The Committee was schedule to meet every other month during 2023-24, with the expect of August where no Committee meetings are held. The Committee met on six occasions during this period. Details of the meeting are listed below:

- 25 May 2023
- 27 July 2023
- 28 September 2023
- 30 November 2023
- 25 January 2024
- 28 March 2024

The draft agenda for each meeting is presented to the Chair of the Committee (Simon Lewis); and the executive lead (Medical Director) and the Mental Health Legislation Lead by the Corporate governance secretariat.

Paperwork for the Committee is circulated seven calendar days prior to the meeting taking place. Exception items may be received within seven days where this has been agreed by the Chair. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting for assurance with progress made.

5 Membership of the committee and attendance at meetings

The minimum number of members for a meeting to be quorate is three, two of whom must be Non-Executive Directors (NED). All meetings in the period were quorate apart from 25 May 2023 where any decisions and ratifications were done outside of the meeting via email and confirmed under the 'matters arising section' at the next meeting.

During this period the Committee was chaired by a Non-Executive Director (NED), Simon Lewis. Due to the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities.

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Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On these occasions, they are attendees and do not count towards the membership of the meetings as outlined in the Terms of Reference.

The Trust also invites Governors to observe Board sub-committee meetings. This opportunity allows Governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. Governors observe Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors about the operational performance of the Trust.

Experience and involvement continued to be a key focus for the Trust with identified Involvement Partners, who are supported by the Patient Experience Team. The Committee has been supported by the service user Involvement Partner.

Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams. Involvement Partners and Governors were proactively encouraged to attend and were provided with access to the MS Teams meeting to enable this.

Attendance at meetings for substantive members and those in attendance were as follows:

Name	25/05/2023	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024
Substantive Members						
Simon Lewis, Chair	X	X	X	X	X	X
Alyson McGregor, MBE, Non-Executive Director		X	X	X	X	X
Carole Panteli, Non-Executive Director		X	*Left Trust*			
Sally Napper, Non-Executive Director			X		X	
Dr David Sims, Medical Director			X	X	X	X
Phil Hubbard, Director of Nursing, Professions and Care Standards and Deputy Chief Executive	X					X
Kelly Barker, Chief Operating Officer	X		X	X	X	X
Others in attendance						
Keith Double, Involvement Partner	X	X	X	X	X	
Karan Essien, Involvement Partner	X		X		X	
Chrissie Freeth, Associate Hospital Manager			X		X	
Dr Ruby Bhatti, OBE, DL, Associate Hospital Manager	X	X		X		X
Simon Binns, Mental Health Legislation Lead		X		X	X	X
Teresa O'Keefe, Mental Health Act Advisor	X		X	X		X
Joanne Tiler, Mental Capacity Act Clinical Lead	X	X	X	X	X	X
Dr Anita Brewin, Head of Psychological Therapies					X	
Chris Dixon, Head of Nursing – Mental Health	X	X	*Not applicable*			

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Name						
Chris Dixon, Interim Deputy Director of Nursing & Professions			X		X	X
Thabani Songo, Interim Head of Nursing – Mental Health				X		
Fran Stead, Trust Secretary		X	X		X	
Rachel Trawally, Deputy Trust Secretary	*Not started in post yet*			X	X	X
Helen Robinson, Deputy Trust Secretary	X	*Left Trust*				
Holly Close, Corporate Governance Officer	X	X	X	X	X	X
Dr Suresh Bhoskar, Consultant Psychiatrist			X		X	
Dr Bev Fearnley, Deputy Director of Patient Safety, Compliance and Risk			X			
Attending for specific items						
Katie Eacret, Ward Manager		X				
Matthew Cook, Practical Training Unit Team Leader			X			
Iftikhar Khan, Senior Clinical Studies Officer					X	
Roisin Mooney, Senior Post Doctorate Researcher, University of Oxford					X	
Amanda Robinson, Head of Safeguarding					X	
Lisa Wright, Head of Equality and Work Experience					X	
Chris Payne, Head of Operations					X	
Nik Lee, Operational Manager, Red Kite View					X	
Frederique Lindh, Clinical Lead for Sensory Friendly Inpatient Environments						X
Attending as an observer						
Rugare Musekiwa, Associate Head of Service – Community Services	X					
Susan Francis, Workforce Development Lead – Trauma Informed Care – Community Health Services	X					
Tina Butler, Appointed Governor – Bradford Assembly, Governor Observer					X	
Peri Thomas, Gatenby Sanderson Insight Programme					X	X
Faleeha Arobi, Student Observer					X	

6 Report made to the Board of Directors

The Chair of the Mental Health Legislation Committee makes an Alert, Assurance, Advice, Decision (AAAD) report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself. Where items are considered to be of significance and a certain urgency, the Chair of the Committee may make use of Exceptional Escalation Reports to the Trust Chair and Chief Executive, and where appropriate the Trust Board.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee.

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The below table outlines the date that the assurance and escalation report was presented by the Chair of the Committee to the Public Board of Directors meeting. In addition, a copy of Committee-ratified minutes is presented to the Board for information.

Date of meeting	Assurance and escalation report to Board by Chair
25 May 2023	13 July 2023
27 July 2023	14 September 2023
28 September 2023	9 November 2023
30 November 2023	11 January 2024
25 January 2024	14 March 2024
28 March 2024	To be confirmed

8 Annual Effectiveness Review Summary

The Committee undertook an Annual Effectives Review in the form of a Menti Survey on 28 March 2024 during the Committee. 11 attendees and/or members responded to the survey.

The survey comprised a set of standard questions on a satisfaction rating scale, some of which were relevant to all Board Committees and some which were specific questions related to the Mental Health Legislation Committee's Terms of Reference. Most questions were based on the satisfaction rating scale but there was opportunity for respondents to provide additional feedback at various points in the survey. Top-line results indicate that the Committee is considered to work effectively.

9 Conclusion

The Chair of the Mental Health Legislation Committee would like to assure the Board that the Committee worked hard to fulfil its Terms of Reference during 2023/24. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust and it has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues, risks, or learning. Organisational learning drives this Committee and is one of its core values; further improvements will be made to advance this critical aspect of quality and safety.

Members of the Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

Simon Lewis
Non-Executive Director and Chair of the Mental Health Legislation Committee
Dr David Sims
Medical Director

May 2024

Mental Health Legislation Committee

Terms of Reference

Version:	16.0
Approved by:	Mental Health Legislation Committee
Ratified by:	Board of Directors
Date approved:	10/05/2024
Date ratified:	29/05/2024
Job title of author:	Corporate Governance Team
Job title of responsible Director:	Non-Executive Director and Chair of the Mental Health Legislation Committee
Date issued:	May 2024
Review date:	May 2025
Frequency of review:	Annual
Amendment Summary: - Removal of third Non-Executive Director as previously agreed by the Board of Directors. - Updated Assurance & escalation reporting arrangement to recognise this now also included 'decisions' being made. - Removing Chair & Chief Executive from 'full member' list as referenced elsewhere in the document. - Updated list of regular attendees. - Inclusion of provision to support Joint Committee meetings taking place. - Updated Board & Committee diagram to reflect meeting name changes & removal of the Ethics Committee. - Updated list of deputies.	

1   Name of Committee

Mental Health Legislation Committee.

2   Composition of the Mental Health Legislation Committee

Members: full rights

Title	Role in the group / committee
Non-Executive Director	Committee Chair
Non-Executive Director	Additional Non-Executive member
Medical Director	Executive lead for Committee. Assurance and escalation provider to the Mental Health Legislation Committee.

Chief Operating Officer	Executive with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Mental Health Legislation Committee.
Director of Nursing, Professions and Care Standards	Assurance and escalation provider to Mental Health Legislation Committee

Any Executive and Non-Executive Director can attend a Board sub-committee meeting because of the position that they hold. When carrying out this duty they will assume full member rights.

In addition, the following individuals will attend each meeting:

Job Title
Associate Hospital Manager
Mental Capacity Act and DOLS Clinical Lead (Also a DOLS Best Interest practitioner)
Mental Health Legislation Lead
Mental Health Act Advisor
Approved Mental Health Professionals Manager
Deputy Director for Professions / Chief Psychological Therapies Officer(Joint Chair of Positive & Proactive Steering Group)
Head of Legal Services
Head of Patient Safety
Trust Secretary

In addition to anyone listed above, the Chair of the Committee may also request individuals to attend on an ad-hoc basis to provide advice and support for specific items from its work plan when these are discussed in the meetings.

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a Governor at Board sub-committee meetings is to observe the work of the Committee. The Governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors for the operational performance of the Trust. At the meeting the Governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

3 Quoracy

Number: The minimum number of members for a meeting to be quorate is three, two of whom must be Non-Executive directors and one Executive Director. Attendees do not count towards quoracy. If the Chair of the Committee is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by one of the other Non-Executive directors.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal "acting up" arrangements.

A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4   Meetings of the Committee

Frequency: The Committee will meet at least six times a year. There will be separate meetings if required by the Board.

Urgent meeting: Any member of the Committee may request an urgent meeting. The Chair of the Committee will normally agree to call an urgent meeting to discuss the specific matter, unless the opportunity exists to discuss the matter in a more expedient manner.

Joint Committee Meetings: Joint Committee meetings can take place between Board sub-committees. It will be for the Executive Directors in partnership with Non-Executive Director Chairs to agree when a meeting will be convened. Joint Committee meetings will be facilitated by the Corporate Governance Team and will either be formal meetings, or development sessions. When Joint meetings are convened the relevant Terms of Reference will be adhered to.

Minutes: The Committee Secretariat will be provided by the Corporate Governance Team.

Alert, Advice, Assure and Decision (AAA+D) Escalation Reporting: The Chair of the Committee will provide an update of key issues arising from the meeting to the next Board of Directors meeting held in public.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-Executive Directors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

5   Authority

Establishment: The Committee is a sub-committee of the Board of Directors and has been formally established by the Board.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

6 Role of the Committee

6.1 Purpose of the Committee

The overall aim of the Committee is to monitor, review and report to the Board the adequacy of the Trust's processes to support the operation of mental health legislation. As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Mental Health Committee is responsible for Best Quality Services – Theme 3 – Improving the experience of people using our services (specifically in relation to restrictive practices) as a supporting objective to the four strategic priorities:
- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Committee

In carrying out their duties members and attendees of the Committee must ensure that they act in accordance with the values of the Trust, which are:

- we care
- we listen
- we deliver.

6.2 Duties of the Committee

The Committee's key objectives are to:
- monitor, review and report to the Board of Directors on all aspects of mental health legislation;
- receive assurances against Care Quality Commission (CQC) inspection action plan and routine CQC related activity;
- be assured that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and ensure compliance with associated codes of practice and recognised best practice;
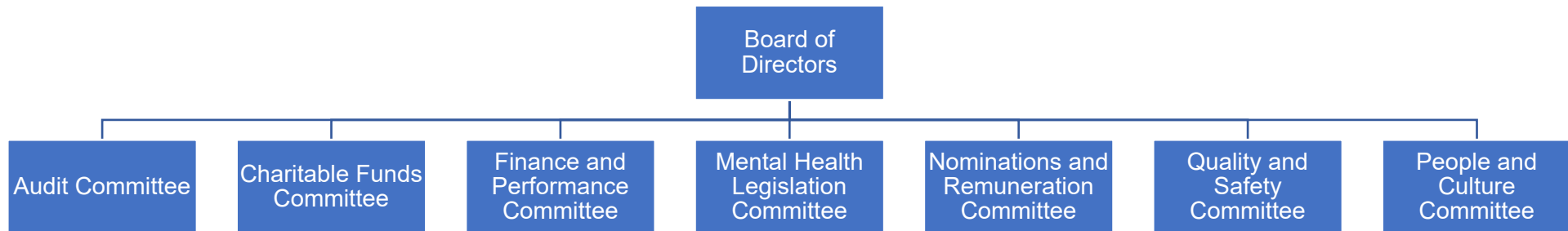
- be assured that our care and treatment in the Trust embraces the core values of current mental health legislation and protects service users and the community of which they are members;
- be assured that the Trust has in place and utilises appropriate policies and procedures in relation to mental health legislation and to facilitate the publication, distribution and explanation of the same to all relevant staff, service users and manager;
- be assured that Associate Hospital Managers and appropriate staff groups receive guidance, education and training in order to understand and be aware of the impact and implications of all new relevant mental health associated legislation;
- to consider opportunities, challenges and requirements of our local place and regional health care systems and partnerships;
- supporting the Trust's continuous improvement journey, both internal and external learning will be considered by the Committee. This will be within the remit as set out in the terms of reference and supporting work plan for the Committee who will be acting as an agent of the Board of Directors.

In particular the Committee shall review the adequacy of:

- the implementation and performance of operational arrangements in relation to mental health legislation through quarterly dashboard reporting of key performance indicators;
- oversight of restrictive practices through the dashboard, exception reporting and a summary of actions taken by the Positive and Proactive Group;
- reports from inspecting authorities and the development of action plans in response to recommendations;
- progress against any other action plans and any risks identified within the Corporate Risk Register relevant to mental health legislation;
- analysis and information reports in relation to the use of the Mental Health Act and to make recommendations in response to findings;
- the schedule of powers and responsibilities of the Associate Hospital Managers, including those powers and responsibilities delegated to officers of the Trust;
- information provided to Associate Hospital Managers of their legal duties and appropriate training to support their duties under mental health legislation;
- the process of recruitment, induction, appraisal and development of Associate Hospital Managers (through the Trust Chair and Chair of the Mental Health Legislation Committee);
- implementation and requirements of any new and amended mental health legislation, establishing groups to undertake detailed implementation work as required;
- the provision of adequate guidance, information, education and training on mental health legislation to staff, service users, carers and other stakeholders;
- joint working arrangements around the use of mental health legislation with partner agencies, notably including local authorities, other NHS commissioners and providers, and the police.

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7   Relationships with other groups and committees

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Audit Committee	Charitable Funds Committee	Finance and Performance Committee	Mental Health Legislation Committee	Nominations and Remuneration Committee	Quality and Safety Committee	People and Culture Committee

The Committee does not have any sub-committees. It is linked to the Trust's operational groups (and in addition it receives updates from the Positive and Proactive Group and the Associate Hospital Managers Group) as an assurance receiver and provides a route of escalation to the Board of Directors.

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8 Duties of the Chair

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the Medical Director;
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- giving direction to the secretariat and checking the draft minutes;
- ensuring the agenda is balanced and discussion is productive; and
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

9 Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

It will be the responsibility of the Chair of the Committee to ensure that it carries out an assessment of effectiveness annually, and ensure the outcome is reported to the Board of Directors along with any remedial action to address weaknesses. The Chair will also be responsible for ensuring that the actions to address any areas of weakness are completed.

Schedule of Deputies

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case please state below "no deputy required".

Full member (by job title)	Deputy (by job title)
Non-Executive Director Chair	Another Non-Executive Director
Non-Executive Director	Another Non-Executive Director
Medical Director	Deputy Medical Director/Chief Pharmacist
Chief Operating Officer	Deputy Operations Director

Attendee (by job title)	Deputy (by job title)
Trust Secretary	Deputy Trust Secretary
Mental Health Legislation Lead	Mental Capacity Act Lead Mental Health Act Advisor
Deputy Director for Professions / Chief Psychological Therapies Officer	Head of Nursing, Mental Health

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People and Culture Committee

Annual Governance Report

April 2023 to March 2024

Contents

1 Period Covered by the Report

This report covers the work of the People and Culture Committee for the financial year 1 April 2023 to 31 March 2024.

2 Introduction

The People and Culture Committee (Committee) was established in March 2020 by the Board of Directors as one of its sub-committees. This was following a recommendation from the external Well Led review undertaken by Deloitte that the Trust should establish a Committee to strengthen the Board's connection to the delivery of the People Development Strategy and provide oversight on this key area within the Trust. In July 2023 the Committees name was changed from 'Workforce and Equality Committee' to 'People and Culture Committee' to reflect the terminology more commonly used within the NHS People Plan, and that within the Trust.

The purpose of the Committee is defined as providing oversight of significant workforce and equality matters. The Committee is an assurance receiver on behalf of the Board of Directors, the Committee monitors key workforce performance metrics, risks and mitigations, and delivery of the Trust's People Development Strategy with supporting workforce plans and underpinning strategies.

This report covers the work the Committee has undertaken at the formal meetings held during 2023-24. The Committee reports to the Board of Directors and assures it on the work it has carried out, the assurances it has received and escalates specific concerns; demonstrating that it has operated within its Terms of Reference.

Secretariat support is provided by the Corporate Governance Team, who work with the Chief People Officer and their Deputy in relation to agenda planning, minutes, managing cumulative action logs and general meeting support.

The Trust welcomes and encourages feedback and recognises the importance of being a learning organisation. A colleague experience or story is presented at the start of each People and Culture meeting, with the view that the input will be linked to one of the identified priorities being discussed at that meeting. This new approach will provide an opportunity for Board members to triangulate, build relationships with Trust colleagues, and support the Board's ongoing journey for Board visibility and accessibility to the workforce.

<u>Assurance</u>

The Committee receives assurance from the Executive Director members of the Committee, Staff Network Leaders, and from the subject matter experts who attend the meetings as required, dependant on the agenda items being discussed.

Assurance is provided through written reports, both regular and bespoke, through critical exchange and challenge by Committee members who validate the information provided through wider knowledge of the Trust; specialist areas of expertise; attending Board of Directors', and Council of Governors' meetings; visiting services, talking to staff, and observing operational meetings at the Trust as required. During this period Committee meetings moved

from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge.

In July 2023, the Board of Directors approved the refreshed better lives, together strategy: From Ambition to Action. This included revised strategic objectives and strategic vision for the Trust: Being the best place to work, delivering the best quality services, making the best use of resources, and being the best partner.

There is one Strategic Objectives (SO) aligned to the People and Culture Committee, **SO2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders within a culture that is open, compassionate, improvement-focused and inclusive culture. This Strategic Objective has a number of in-year ambitions:

- Looking after our people
- Belonging in our organisation (including leadership)
- New ways of working and delivering care
- Growing for the future

In order to promote consistency across the Trust, including alignment with the approach of the Internal Audit team, the Trust will use the following definitions to identify the level of assurance that the Trust is making sufficient progress against its strategic priorities:

Assurance Level	Definition
High (Strong)	High assurance can be given that there is strong evidence that this ambition is being achieved and is embedded within usual practice. There are examples of outstanding practice and/or innovation in this area which can be evidenced.
Significant (Good)	Significant assurance can be given that there is good evidence that this standard is this ambition is being achieved across the majority of areas / reviews undertaken. Whilst there may be some gaps, these are infrequent and there is evidence these are mitigated / responded to rapidly and appropriately.
Limited (Improvement Required)	Limited assurance can be given as whilst there is evidence that some elements of the ambition are being achieved across some areas, there are areas that require improvement in order to bring them up to the required standard.
Low (Weak)	Low assurance can be given as there is weak or no evidence that the ambitions are being achieved. There are significant gaps with little evidence of effective plans to address and significant works needs to be undertaken to bring these areas up to standard.

The Committee therefore received a number of key documents which included an Integrated Strategic Performance Report which directly aligned to those priority areas delegated to the

Committee. Within these reports, informed by Executive oversight of operational grip and control systems, will be a proposed Board Assurance Framework (BAF) assurance rating for each priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

From July 2023, the Committee changed from the Workforce and Equality Committee to the People and Culture Committee.

3 Terms of Reference for the People and Culture Committee

The updated Terms of Reference are presented for approval by Committee, following which they will be presented to the Board of Directors to be ratified.

4 Meetings of the Committee

During the 2023/24 financial year, the Committee met three times:

- 20 July 2023
- 26 October 2023
- 22 February 2024

The draft agenda for each meeting is presented to the Chair of the Committee (Mark Rawcliffe); and the executive lead (Chief People Officer).

Paperwork for the Committee is circulated seven calendar days prior to the meeting taking place. Exception items may be received within seven days where this has been agreed by the Chair. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting for assurance with progress made.

5 Membership of the Committee and attendance at meetings

The Committee is made up of two Non-Executive Directors (or associate Non-Executive Directors); the Chief People Officer, the Chief Operating Officer, the Medical Director, Chief Finance Officer and the Director of Nursing, Professions and Care Standards. All meetings in the period were quorate.

Due to the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities.

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On these occasions, they are attendees and do not count towards the membership of the meetings as outlined in the Terms of Reference.

The Trust also invites Governors to observe Board sub-committee meetings. This opportunity allows Governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. Governors observe Board sub-

committee meetings to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors about the operational performance of the Trust.

Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams. Involvement Partners and Governors were proactively encouraged to attend and were provided with access to the MS Teams meeting to enable this.

The Committee shall be quorate when three members attend the meeting, two of which must be Non-Executive Directors. Attendees do not count towards quoracy.

If the Committee Chair is unable to attend a meeting, and if otherwise quorate, the meeting will be chaired by one of the other Non-Executive Directors.

Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate unless the deputy is representing the member under formal "acting up" arrangements.

A non-quorate meeting may go ahead unless the Chair decides not to proceed.   Any decisions made by a non-quorate meeting must be reviewed at the next quorate meeting.

The table below show attendance at the Committee for the meetings that took place during 2023/2024

Name	20/07/2023	26/10/2023	22/02/2024
Substantive members			
Mark Rawcliffe, Chair	x	x	x
Simon Lewis, Non-Executive Director	x	x	x
Alyson McGregor, Non-Executive Director	x	x	x
Bob Champion, Chief People Officer	x	x	x
Kelly Barker, Chief Operating Officer	x		
Dr David Sims, Medical Director	x	x	x
Mike Woodhead, Chief Finance Officer		x	
Others in attendance			
Rebecca Edwards, Head of Legal Service	x		
Jeanette Homer, Staff Side Chair	x	x	x
Michelle Holland, Deputy Chief People Officer	x	x	
Helen Robinson, Corporate Governance Manager, and Deputy Trust Secretary	x	*Left Trust*	
Fran Stead, Trust Secretary	x	x	
Lisa Wright, Head of Equality, Diversity and Inclusion	x	x	
Rita Yemson, Corporate Goverance Facilitator (Committee Secretariat)	x	x	
Joe Cohen, Freedom to Speak Up Guardian		x	
Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk		x	x
Rachel Trawally, Corporate Governance Manager, and Deputy Trust Secretary		x	x
Attending for specific items			

Kim Henderson, Clinical Lead School of Nursing Service	x		
Trudi Henfrey, Team Lead School of Nursing Service	x		
Dawn Lee, Head of Service	x		
Fay Davies, Head of Workforce Development		x	x
Helen Farrar, Engagement Manager		x	x
Hannah Hussain, Education and Training Facilitator		x	x
Chris Hunt, Head of Kaizen Promotion Officer			x
Claire Ingle, The Head of HR Planning and Performance			x
Stacy Tuohy, Programme Manager			x
Nicola Wilson, The Workforce Performance and Planning Manager			x
Attending as an observer			
Helen Farrar, Engagement Manager	x		
Therese Patten, Chief Executive Officer	x	x	
Sarita Yadav	x		
Peri Thomas, Gatenby Sanderson Insight Programme			x

6 Reports Made to the Board of Directors

The Chair of the Committee makes an Alert, Advise, Assure (AAA) escalation report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the date that the AAAD report was presented by the Chair of the Committee to the Board of Directors' meeting. In addition, a copy of Committee-ratified minutes is presented to the Board for information.

Date of meeting	Assurance and escalation report to Board by Chair
20 July 2023	14 September 2023
26 October 2023	09 November 2024
22 February 2024	14 March 2024

7 The Work of the People and Culture Committee During the Year between April 2023 and March 2024

better lives, together

The Chair of the Committee can confirm that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all these areas of work can be found in the minutes and papers of the Committee.

Further details of all these areas of work can be found in the minutes and papers of the Committee.

High-level and more detailed presentations of areas of work on which the Committee has received assurance and during the year were as follows:

Assurance on:
- Trust and Service Level 5-year Workforce Plans
- Recruitment and Retention Progress Report and Update
- Belonging and Inclusion Plan
- Workforce Race Equality Standard Update
- Workforce Disability Equality Standard Update
- Gender Pay Gap Annual Report
- Apprenticeship Annual Report
- Apprenticeship Levy and Financial Planning
- Leadership & Management Programme Review
- Lively Up Yourself Campaign Annual Report
- Public Sector Equality Duty Report (including update on Strategy and Equality Objectives)

Reports and presentations on:
- Staff Survey Results and Mid-Year Review
- Health and Wellbeing Updates
- Smarter Working Programme updates
- Rainbow Badge Annual Report
- Reciprocal Mentoring Report
- General updates from staff networks
- Staff stories
- Aspiring Cultures Annual Report
- Beacon Network Annual Report
- Menopause Group Annual Report

8 Annual Effectiveness Review (summary of findings)

The Committee undertook an Annual Effectives Review in the form of a Menti Survey on 22 February 2024 during the Committee. Six attendees and/or members responded to the survey. The survey comprised a set of standard questions on a satisfaction rating scale, some of which were relevant to all Board Committees and some which were specific questions related to the People and Culture Committees Terms of Reference. Most questions were based on the satisfaction rating scale but there was opportunity for respondents to provide additional feedback at various points in the survey. Top-line results indicate that the Committee is considered to work effectively.

9 Conclusion

The Chair of the Committee would like to assure the Board that the Committee worked hard to fulfil its Terms of Reference during 2023/24, including monitoring and advising on key human resources metrics via the dashboard, promoting the Trust's values and vision through a wide range of staff development including the Trust's comprehensive leadership and management programme. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust and it has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues, risks, or learning. Organisational learning drives this Committee and is one of its core values; further improvements will be made to advance this critical aspect of quality and safety.

Members of the Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

Mark Rawcliffe
Chair of the Workforce and Equality Committee

Bob Champion
Chief People Officer, lead Executive for the Committee
May 2024

People and Culture Committee

Terms of Reference

Version:	4.0
Approved by:	People and Culture Committee
Ratified by:	Board of Directors
Date approved:	9 May 2024
Date ratified:	29 May 2024
Job title of author:	Corporate Governance Team
Job title of responsible Director:	Non-Executive Director and Chair of the People and Culture Committee
Date issued:	9 May 2024
Review date:	May 2025
Frequency of review:	Annual
Amendment Summary:	

-Name change of the Committee from 'Workforce and Equality Committee' to 'People and Culture Committee'.

-Changed quoracy to align with quoracy minimum numbers all other Board Committees work towards (3 Board members, 2 of whom to be Non-Executive).

-Removing Chair & Chief Executive from 'full member' list as referenced elsewhere in the document.

-Updated meeting frequency to reflect this meeting moving to take place every 2-months.

-Updated urgent meeting provision aligned to detail within other Board sub-committee Terms of Reference documentation.

-Included the provision to support Joint Committee meetings taking place.

-Updated the AAA reporting to include Decisions made (AAA+D).

-Included reference to new strategic framework for the Trust.

-Name change of 'Director of Finance' to 'Chief Finance Officer'.

-Relationship with the Board of Directors updated.

1   Name of group / committee

People and Culture Committee (Committee).

2   Composition of the Committee

Members: full rights

Title	Role in the group / committee
Non-Executive Director	Committee Chair
Non-Executive Director	Additional non-executive member
Chief People Officer	Executive lead for workforce development. Assurance and escalation provider to the Committee.
Chief Finance Officer	Executive lead for finance and resources. Assurance and escalation provider to the Committee.
Chief Operating Officer	Executive lead with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Committee.
Medical Director	Executive lead for medics. Assurance and escalation provider to the Committee.
Director of Nursing, Professions and Compliance	Executive lead for nursing and professional standards. Assurance and escalation provider to the Committee.

Any Executive and Non-Executive Director can attend a Board sub-committee meeting because of the position that they hold. When carrying out this duty they will assume full member rights. It is expected that the Committee will be of particular interest to the Non-Executive Director champion for Leadership Development, Equality and Diversity and Staff Wellbeing.

The Deputy Chief People Officer; the Freedom to Speak Up Guardian; Head of Equality and Diversity; and the Trust Secretary will attend all meetings. In addition to anyone listed above, the Chair of the Committee may also request individuals to attend on an ad-hoc (or regular) basis to provide advice, support, or to otherwise contribute to the Committee's work.

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a governor at Board sub-committee meetings is to observe the work of the Committee, in order to get a better understanding of the work of the Trust and the extent which Non-Executive Directors appropriately challenge and support the Executive Directors. At the meeting the governor observer(s) will be required, along with other participants, to declare any potential or actual conflicts of interest they may have in respect of any of the items to be discussed.

2.2 Invitees

An open invite to be extended to the Staff Side Chair or delegated member of the Staff Partnership Forum and Local Negotiating Forum for each meeting and also to the Staff Network Chairs or delegated member.

3   Quoracy

Number: The minimum number of members for a meeting to be quorate is three, two of whom must be Non-Executive Directors. Attendees do not count towards quoracy.

If the Chair is unable to attend a meeting, and if otherwise quorate, the meeting will be chaired by one of the other Non-Executive Directors.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate unless the deputy is representing the member under formal "acting up" arrangements.

A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by a non-quorate meeting must be reviewed at the next quorate meeting.

4 Meetings of the Committee

Frequency: The Committee will meet at least six times a year. There will be separate meetings if required by the Board.

Urgent meeting: Any member of the Committee may request an urgent meeting. The Chair of the Committee will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner.

Minutes: Minutes and diary arrangements will be managed by the Corporate Governance Team.

Joint Committee Meetings: Joint Committee meetings can take place between Board sub-committees. It will be for the Executive Directors in partnership with Non-Executive Director Chairs to agree when a meeting will be convened. Joint Committee meetings will be facilitated by the Corporate Governance Team and will either be formal meetings, or development sessions. When Joint meetings are convened the relevant Terms of Reference will be adhered to.

Alert, Advise, Assure and Decision (AAA+D) Assurance and Escalation Reporting: The Chair of the Committee will provide an update of key issues and assurances arising from the meeting to the next Board of Directors meeting held in public.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-Executive Directors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

5 Authority

Establishment: The Committee is a sub-committee of the Board of Directors and has been formally established by the Board.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time-limited. However, the Committee has a responsibility to review its effectiveness annually.

6   Role of the committee

6.1 Purpose of the committee

The Committee's purpose is to provide strategic oversight of significant workforce and equality matters. It will seek assurance on the same, and the extent to which the Trust has effective strategies/systems in place to fully support (among other things) a high performing, engaged and motivated workforce, with a positive, compassionate, inclusive, people-centred and improvement-focused culture free from discrimination, bullying and harassment, to support the delivery of the Trust's wider strategic objectives.

As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Mental Health Committee is responsible for Best Quality Services – Theme 3 – Improving the experience of people using our services (specifically in relation to restrictive practices) as a supporting objective to the four strategic priorities:
- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Committee

In carrying out their duties, members of the Committee and any attendees must take all reasonable steps to ensure they act in accordance with the values of the Trust, which are:
- we care
- we listen
- we deliver.

Duties of the Committee

To the extent that what follows is reasonably practicable, the Committee will:

1) Seek appropriate and adequate levels of assurance regarding:

   a. the development, implementation and/or effectiveness of any overall strategic people plan and/or other **strategic plans and projects** at the Trust relating directly to workforce and equality matters. Initially, therefore, the primary focus of the Committee shall be on matters relating to:

- the Trust's current "People Development Strategy (2021-2024)" and its four themes (Looking after our People, Belonging in the organisation, New ways of working and delivering care, Growing for the future); and
- the Trust's current set of "Strategic Priorities Programme" relating to the same.

b. strategic management and significant risks/issues relating **more generally** to areas such as:

- overall workforce capacity, capability, and performance;
- leadership and wider organisational culture (with an emphasis on the development of a positive, compassionate, inclusive, people-centred and improvement-focused **leadership culture**, free from discrimination, bullying and harassment, which can engage and inspire all people across the workforce);
- equality, diversity and inclusion;
- the "Freedom to Speak Up" programme and "whistleblowing";
- staff engagement and experience;
- staff wellbeing and safety (both physically and mentally);
- staff absence;
- organisational design, roles, and ways of working;
- recruitment and retention;
- leadership, talent and management development;
- career and professional development, training and education;
- individual performance/capability/conduct issues; or could broaden to effectiveness of key employment policies and practices
- any relevant matters arising from increased system / partnership working; and
- any other strategic workforce and equality matter considered to be sufficiently relevant to the work of the Committee.

c. strategic management and significant risks/issues relating **more specifically** to the "protected characteristics" and the "public sector equality duty" set out in the Equality Act 2010, other relevant **legislation** (including the Employment Rights Act 1996) and/or **best practice**, including the prevention/management of:

- discrimination in its various forms;
- harassment, victimisation, and other unlawful detriment (including in relation to whistleblowers); and
- bullying, violence, abuse, and other serious misconduct.

2) Receive (whether in relation to paragraph 1 or otherwise) and seek appropriate and adequate levels of assurance regarding any statutory, mandatory or otherwise **relevant reports** relating to strategic workforce and equality matters, including:

a. the NHS Staff Survey;
b. the Equality, Diversity and Inclusion Annual Report,
c. the Freedom to Speak Up Report; and
d. other necessary or relevant reports, such as those relating to:

- the gender pay gap;
- the workforce race equality standard; and
- the workforce disability equality standard; and
- the patient & carer race equality framework.

3) Seek (whether in relation to paragraphs 1 or 2 or otherwise) appropriate and adequate levels of assurance regarding any necessary or otherwise desirable **alignment** between the Trust's strategic approach to workforce and equality matters and:

a. the Trust's wider organisational strategy (i.e. "Better Lives, Together", incorporating within it, as it does, "Best Place to Work") and relevant key areas of focus (including the Board Assurance Framework);

b. relevant national strategic workforce and equality guidance and best practice, etc, from the NHS (including any overall NHS people plan) and/or other relevant organisations;

c. relevant requirements, opportunities and/or significant risks/issues relating to the Trust's participation in the local/regional healthcare system (e.g. the West Yorkshire and Harrogate Health and Care Partnership) and the Trust's wider partnering arrangements.

4) Endeavour to be **forward-looking** as well as backward-looking in the course of its work, and, when doing so, to consider longer-term opportunities and risks.

5) Use data and intelligence informedly to identify patterns, themes and areas of particular, priority focus for the committee through triangulation and receipt of qualitative as well as quantitative analysis.

6) Connect appropriately with **other committees** of the Trust Board, where strategic workforce and equality matters overlap with their respective remits.

7) Provide adequate updates to the **Trust Board**, of both material risks/issues and material assurances, relating to strategic workforce and equality matters at the Trust.

8) To consider opportunities, challenges and requirements of our local place and regional health care systems and partnerships.

9) Supporting the Trust's continuous improvement journey, both internal and external learning will be considered by the Committee. This will be within the remit as set out in the terms of reference and supporting work plan for the Committee who will be acting as an agent of the Board of Directors.

7 Relationships with the Board of Directors

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The Committee does not have any sub-committees. It is linked to the Trust's operational groups as an assurance receiver and provides a route of escalation to the Board of Directors.

8   Duties of the Chair

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the Chief People Officer;
- directing the meeting, ensuring as far as possible that it operates in accordance with the Trust's values and that all attendees have a reasonable opportunity to contribute to the discussion;
- giving appropriate direction to the secretariat and checking the draft minutes;
- ensuring that the agenda is appropriately balanced and relevant, and that discussion is productive; and
- ensuring that sufficient information is presented to the Board in respect of the work of the Committee.

9   Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

It will be the responsibility of the Chair of the Committee to ensure that the Committee carries out an assessment of its effectiveness annually, and to ensure the outcome is reported to the Board, along with any remedial action to address weaknesses. The Chair will also be responsible for ensuring that the actions to address any areas of weakness are completed.

Schedule of deputies

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case, please state below "no deputy required".

Full member (by job title)	Deputy (by job title)
Non-executive Director Chair	Another Non-executive Director
Non-executive Director	Another Non-executive Director
Chief People Officer	Deputy Chief People Officer
Chief Finance Officer	Operational Director of Finance
Chief Operating Officer	Deputy Director of Operations
Medical Director	Deputy Medical Director/Chief Pharmacist
Director of Nursing, Professions, and Compliance	Deputy Director of Nursing, Professions and Care Standards

Attendee (by job title)	Deputy (by job title)
Deputy Chief People Officer	Head of Workforce Development Head of Workforce Performance Head of Workforce Planning
Head of Equality, Diversity and Inclusion	Head of Workforce Development Head of Workforce Performance Head of Workforce Planning
Freedom to Speak Up Guardian	Deputy Freedom to Speak Up Guardian
Trust Secretary	Deputy Trust Secretary
Staff Side Chair	Delegated member of the Staff Partnership Forum or Local Negotiating Forum
Staff Network Chairs	Delegated member as agreed by the Network Chair

Quality and Safety Committee

Annual Governance Report

April 2023 to March 2024

Contents

1   Period covered by the report

This report covers the period between 1 April 2023 and 31 March 2024.

2   Introduction

The Quality and Safety Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. It is authorised to seek and obtain evidence of assurance on the effectiveness of the Trust's quality and safety systems and processes, and the quality and safety of the services provided. This includes identifying and seeking assurance on the management of quality and safety related risks at an operational and strategic level. The Committee monitors and reports to the Board on the effectiveness of these systems and processes. The Committee's key objectives are to seek assurance that:
- systems and processes are effective, and wherever possible evidence-based,
- the quality of services provided is good and continuously improving, and
- the experience of people using Trust services is good and continuously improving.

The Committee also seeks to:
- monitor, review and report to the Board on all the above; highlighting assurances received and identifying any threats to assurance,
- support the range of quality and safety initiatives in place within the Trust, providing advice where appropriate,
- support and promote an organisational culture which is open, just and sensitive to risk, as part of a positive approach to investigating and learning from adverse events, and receive relevant strategies for information and assurance.

This report covers the work the Committee has undertaken at the formal meetings held during 2023/24. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

The Trust welcomes and encourages feedback and recognises the importance of being a learning organisation. A service experience or story is presented at the start of each Committee meeting, with the view that the input will be linked to the identified priorities the Committee is responsible for. This approach provides an opportunity for Board members to triangulate, build relationships with Trust colleagues, and support the Board's ongoing journey for Board visibility and accessibility to the workforce.

Secretariat support is provided by the Corporate Governance Team, who work with the Director of Nursing, Professions and Care Standards and Deputy Chief Executive in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

Assurance
The Committee receives assurance from the Executive Director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed.

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Assurance is provided through written reports, both regular and bespoke, through critical challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the Trust; specialist areas of expertise; attending Board of Directors', and Council of Governors' meetings; visiting services, talking to colleagues, and observing operational meetings at the Trust as required.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge.

During this period Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members and attendees to attend in person or via Microsoft Teams.

In July 2023, the Board of Directors approved the refreshed better lives, together strategy: From Ambition to Action. This included revised strategic objectives and strategic vision for the Trust: Being the best place to work, delivering the best quality services, making the best use of resources, and being the best partner.

In a change from the previous objectives, accountability for seeking assurance for the delivery of these objectives has been delegated to responsible Board committees. The delegated responsibilities aligned to Quality and Safety Committee are outlined as 'Best Quality Service:

- Theme 1 – Access & flow (quality perspective)
- Theme 2 – Learning for improvement
- Theme 3 - Improving the experience of people using our services

As well as changing the Board Assurance Framework (BAF) so that it aligned to the new priorities and the themes identified within them, the Committee also moved away from a risk-based approach to managing the delivery of the BAF objectives, to a more positive-assurance based approach.

The Committee continues to have two Strategic Objectives (SO) aligned to the Quality and Safety Committee (QSC), SO1 and SO3:

- SO1: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery.
- SO3: Maximising the potential of services to deliver outstanding care to our communities.

Within SO1 there are 4 in-year ambitions which Committee has had oversight of - SO1.1-1.4.
SO1.1 – this will continue to be monitored under **Best Quality Services Theme 3** – Improving the experience of people using our services.
SO1.2 – this will continue to be monitored under **Best Quality Services Theme 3** – Improving the experience of people using our services.

SO1.3 – the focus has now shifted to exploring partnership working and so will be monitored under **Best Partner.**

SO1.4 – this will continue to be monitored under **Best Quality Services Theme 3** – Improving the experience of people using our services.

Within SO3 there are 4 in-year ambitions which Committee has had oversight of - SO3.1-3.4.

SO3.1 – this will continue to be monitored under **Best Quality Services Theme 2**: Learning for Improvement.

SO3.2 – this will continue to be monitored under **Best Quality Services Theme 2**: Learning for Improvement and also by Audit Committee under **Good Governance.**

SO3.3 – this will continue to be monitored under **Best Quality Services Theme 2**: Learning for Improvement.

SO3.4 – this will continue to be monitored under **Best Quality Services Theme 1**: Access and Flow (at both QSC and Finance & Performance Committee) as well as under **Best Partner.**

To promote consistency across the Trust, including alignment with the approach of the Internal Audit team, the Trust will use the following definitions to identify the level of assurance that the Trust is making sufficient progress against its strategic priorities:

Assurance Level	Definition
High (Strong)	High assurance can be given that there is strong evidence that this ambition is being achieved and is embedded within usual practice. There are examples of outstanding practice and/or innovation in this area which can be evidenced.
Significant (Good)	Significant assurance can be given that there is good evidence that this standard is this ambition is being achieved across the majority of areas / reviews undertaken. Whilst there may be some gaps, these are infrequent and there is evidence these are mitigated / responded to rapidly and appropriately.
Limited (Improvement Required)	Limited assurance can be given as whilst there is evidence that some elements of the ambition are being achieved across some areas, there are areas that require improvement in order to bring them up to the required standard.
Low (Weak)	Low assurance can be given as there is weak or no evidence that the ambitions are being achieved. There are significant gaps with little evidence of effective plans to address and significant works needs to be undertaken to bring these areas up to standard.

The Committee therefore received a number of key documents which included an Integrated Strategic Performance Report which directly aligned to those priority areas delegated to the Committee. Within these reports, informed by Executive oversight of operational grip and

control systems, will be a proposed BAF assurance rating for each priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

3   Terms of Reference for the Quality and Safety Committee

The updated Terms of Reference are presented for approval by Committee, following which they will be presented to the Board of Directors to be ratified.

4   Meetings of the Committee

The Committee was scheduled to meet every month during 2023-24, with the exception of August where no Committee meetings are held. The Committee met 11 times during this period. Details of the meeting dates are listed below:

- 20 April 2023
- 18 May 2023
- 15 June 2023
- 20 July 2023
- 19 September 2023
- 19 October 2023
- 16 November 2023
- 21 December 2023
- 18 January 2024
- 15 February 2023
- 21 March 2023

The draft agenda for each meeting is presented to the Chair of the Committee (Alyson McGregor); and the Executive lead (Director of Nursing, Care Standards and Professions).

Paperwork for the Committee is circulated seven calendar days prior to the meeting taking place. Exception items may be received within seven days where this has been agreed by the Chair. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting for assurance with progress made.

5   Membership of the committee and attendance at meetings

The Committee is made up of two Non-Executive Directors (or associate Non-Executive Directors); the Director of Nursing, Professions and Care Standards, the Chief Operating Officer and the Medical Director. All meetings in the period were quorate apart from 21 December 2023, where any decisions and ratifications were done outside of the meeting via email and confirmed under the 'matters arising section' at the next meeting.

During this period the Committee was chaired by a Non-Executive Director (NED), Alyson McGregor.

Due to the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities.

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On these occasions, they are attendees and do not count towards the membership of the meetings as outlined in the Terms of Reference.

The Trust also invites Governors to observe Board sub-committee meetings. This opportunity allows Governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. Governors observe Board sub-committee meetings to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors about the operational performance of the Trust.

Experience and involvement continued to be a key focus for the Trust with identified Involvement Partners, who are supported by the Patient Experience Team. The Committee has been supported by the service user Involvement Partner.

Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams. Involvement Partners and Governors were proactively encouraged to attend and were provided with access to the MS Teams meeting to enable this.

The table below show attendance at the Committee for the meetings that took place during 2023/2024
.

Name	20/04/2023	18/05/2023	15/06/2023	20/07/2023	19/09/2023	19/10/2023	16/11/2023	21/12/2023	18/01/2024	15/02/2024	21/03/2024
Substantive members											
Alyson McGregor, Chair	X	X	X	X	X	X	X		X	X	X
Carole Panteli, Deputy Chair		X	X	X	*Left Trust*						
Sally Napper, Associate Non-Executive Director	X		X	X	*Not applicable*						
Sally Napper, Non-Executive Director					X	X	X	X	X	X	X
Philippa Hubbard, Director of Nursing, Professions and Clinical Standards	X	X	X	X		X	X	X	X	X	X
Dr David Sims, Medical Director	X		X	X	X		X	X	X	X	X
Kelly Barker, Interim Chief Operating Officer	X	*Not applicable*									

	1	2	3	4	5	6	7	8	9	10	11
Kelly Barker, Chief Operating Officer		X	X	X	X	X	X		X		X
Therese Patten, Chief Executive Officer							X				
Bob Champion, Chief People Officer							X		X	X	
Others in attendance											
Fran Stead, Trust Secretary	X	X	X	X	X	X	X		X		
Dr Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk	X	X		X	X	X	X	X	X		X
Grainne Eloi, Deputy Director of Nursing	X	X			X	X					X
Rachel Trawally, Deputy Trust Secretary	*Not yet in post*					X	X		X	X	X
Matthew Riley, Involvement Partner	X	X	X	X	X	X	X	X	X		X
Dr Anita Brewin, Head of Psychological Therapies	X		X		X	X			X	X	
Catherine Schofield, Allied Health Professions Lead	X	X		X	X		X	X	X	X	X
Chris Dixon, Head of Nursing – Mental Health			X	X	*Not applicable*						
Chris Dixon, Interim Deputy Director of Nursing & Professions					X	X	X			X	
Rebecca Jowett, Head of Nursing – Adults & Children's Physical Health					X	X	X	X		X	X
Holly Close, Corporate Governance Officer		X	X	X	X	X	X	X	X	X	X
Thabani Songo, Interim Head of Nursing - Mental Health	*Not yet in post*					X		X	X		X
Rachel Howitt, Head of Patient Safety/Patient Safety Specialist									X	X	
Attending for specific items											
Chris Dixon, Head of Nursing – Mental Health	X	X									
Michelle Holgate, Deputy Director of Operations - Adults and Children's Physical Health	X	X	X	X						X	
Anne-Marie Dorrington, Service Manager	X										
Lorna Dunsire, Involvement Team Lead	X										
Joanna Shiver, Clinical Audit Lead		X									
Claire Webb, Tissue Viability Nurse Specialist		X									
Sarah Copeland, Operational Manager – Community Health Services		X									
Emma Kergon, Portfolio Lead for Anticipatory Care		X		X							
Susan Butters, Community Matron		X									
James Emmett, Admiral Nurse Team Leader											
Amanda Robinson, Head of Safeguarding			X								
Cheryl Stanfield, Team Leader – Acute Liaison Psychiatry Service			X								
Nafessa Nizami, Psychological Therapist			X								
Rebecca Griffen, Named Nurse Safeguarding Children and Adults				X							
Kimara Henderson, Clinical Lead – School Nursing				X							
Trudi Henfrey, 0 – 19 Team Leader				X							
Dawn Lee, Head of Community Children's Services				X							
Anya Longbottom, Family Support Worker				X							
Stevie Smyth					X						

	1	2	3	4	5	6	7	8	9	10	11
Lisa Wright, Head of Equality and Work Experience						X		X		X	X
Stephen Pugh, Physical Activity Co-ordinator, Falls Prevention						X					
Jaspreet Sohal, Chief Pharmacist						X		X	X		
Dr Lisa Milne, Clinical Lead for SMABS, Principle Psychological Therapist including Parent-Infant Therapy and Perinatal Mental Health Pathway Lead							X				
Jane Bridges, IPS Service Manager								X			
Mick Mesa, Clinical Manager BDCT Early Intervention in Psychosis and Individual Placement Support Services								X			
Marnie Crew, Speech and Language Therapy Team Leader										X	
Louise McChrystal, Consultant Speech and Language Therapist (Multilingual Communities / Paediatric Team Manager										X	
Dave Brotherton, DBT Graduate											X
Rach Macateer, DBT Graduate											X
Pete Scotcher, DBT Skills Trainer & Trainee DBT Therapist											X
Attending as an observer											
Rebecca Edwards, Head of Legal Service	X										
Rita Yemson, Corporate Governance			X								
Rebecca Le-Hair, Head of Quality Assurance, Compliance and Patient Experience					X						
Faleeha Arobi, Student Observer								X			
Trevor Ramsay, Governor Observer								X	X	X	X
Peri Thomas, Gatenby Sanderson Insight Programme								X	X		X
Chloe Haigh, Mentee on Aspiring Director Programme										X	
Richard Cliff, Head of Legal Service											X

6 Report made to the Board of Directors

The Chair of the Quality and Safety Committee makes an Alert, Assurance, Advice, Decision (AAAD) report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself. Where items are considered to be of significance and a certain urgency, the Chair of the Committee may make use of Exceptional Escalation Reports to the Trust Chair and Chief Executive, and where appropriate the Board of Directors.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the date that the assurance and escalation report was presented by the Chair of the Committee to the Public Board of Directors meeting. In addition, a copy of Committee-ratified minutes is presented to the Board for information.

Date of meeting	Assurance and escalation report to Board by Chair
20 April 2023	11 May 2023
18 May 2023	13 July 2023
15 June 2023	13 July 2023
20 July 2023	14 September 2023
19 September 2023	9 November 2023
19 October 2023	9 November 2023
16 November 2023	11 January 2024
21 December 2023	11 January 2024
18 January 2024	14 March 2024
15 February 2024	14 March 2024
21 March 2024	29 May 2024

7 The work of Quality and Safety Committee during the year between April 2023 and March 2024

The Chair of the Committee can confirm that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all these areas of work can be found in the minutes and papers of the Committee.

The work of the Committee continues to be underpinned by the work of the Safer Staffing group, Clinical Board and the Patient Safety and Learning Group. These groups have continued to evolve and adapt to the changing circumstances of the Trust, and along with the Care Group Quality and Operational Groups, support the Committee in continued oversight of the quality of services. Furthermore, it has been reassuring for the Committee to receive ongoing updates on continued quality improvement activity across all spheres of the Trust's activity.

A high-level presentation of areas of work on which the Committee has received assurance on during 2023/24 are as follows:

Assurance on:
- Feedback from Involvement Partners.

- Discussions taken place at Safer Staffing Group; Patient Safety and Learning Group; Clinical Board, Allied Heath Professional, System Quality Committee and the Senior Leadership Team – Quality, Safety and Governance.
- Items escalated from the Mental Health Care Group and Adult and Children's Care Group.
- Care Quality Commission action plan updates, preparedness for inspection, post inspection follow up.
- Board Assurance Framework.
- Organisational High Risk Register.
- Equality and Quality Impact Assessments.
- Medicines management and optimisation.
- Dental Service recovery after Covid.
- Quality Assurance Framework feedback.
- Improvements to Speech and Language therapy.
- Improvements to NHS Talking Therapy access and recovery targets.
- Clinical supervision and mandatory training.
- Closed cultures.
- Patient Safety and Complaints.
- Continuous improvement work taking place within the Trusts Patient Experience, Carers and Involvement Team.

Reports on:
- Patient experience.
- Patient Advice and Complaints.
- Incident management.
- Patient Safety Incidents.
- Biannual learning report.
- Guardian of Safe working Hours.
- Infection Prevention and Control.
- Risk Management.
- Research, Development and Library Services.
- Clinical Audit.
- Safeguarding.
- Suicide Prevention.
- Learning from Deaths.
- Ligature Risk Assessment.
- Pressure ulcer strategy.
- Nice Compliance.
- Waiting Lists.
- Safer Staffing.
- Equality and Impact Assessments.
- Provider Collaborative Annual Report.
- Medicines Management.

Presentation of:

- Internal audits.
- Quality Account.
- Smoke free implementation plan.
- Winter Planning.
- Flu Pandemic Plan.
- Chemical, Biological, Radiation and Nuclear (CBRN) plan.
- Patient and Carer Race Equality Framework.
- Equality Delivery System 22.
- Quality Assurance Framework Updates.
- Act Against Racism Programme.

8 Annual Effectiveness Review (summary of findings)

The Committee undertook an Annual Effectives Review in the form of a Menti Survey on 21 March 2024 during the Committee. Nine attendees and/or members responded to the survey. The survey comprised a set of standard questions on a satisfaction rating scale, some of which were relevant to all Board Committees and some which were specific questions related to the Quality and Safety's Committee's Terms of Reference. Most questions were based on the satisfaction rating scale but there was opportunity for respondents to provide additional feedback at various points in the survey. Top-line results indicate that the Committee is considered to work effectively.

9 Conclusion

The Chair of the Committee would like to assure the Board that the Committee worked hard to fulfil its Terms of Reference during 2023/24 despite the challenges presented by the volume of work the Committee oversees. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust, having carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors appraised of actual and potential issues, risks, or learning. Organisational learning drives this Committee and is one of its core values; further improvements will be made to advance this critical aspect of quality and safety.

Members of the Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties. The Committee would like to specifically recognise the hard work and continued dedication of all of the Trust's staff in delivering high quality, safe care despite the context of increasing demand on services with ongoing workforce pressures.

The Chair sincerely thanks all Committee members, especially involvement partners, for their integrity, engagement, constructive challenge and commitment to ongoing improvement.
Alyson McGregor, MBE

Chair of the Quality and Safety Committee
Philippa Hubbard
Director of Nursing, Professions and Clinical Standards, lead Executive for the Committee
May 2024

Quality & Safety Committee

Terms of Reference

Document details:	Terms of Reference for the Quality & Safety Committee
Version:	19.0
Approved by:	Quality & Safety Committee
Ratified by:	Board of Directors
Date approved:	8 May 2024
Date ratified:	29 May 2024
Job title of author:	Corporate Governance Team
Job title of responsible Director:	Chair of the Quality & Safety Committee (Non-Executive Director)
Date issued:	May 2024
Review date:	May 2025
Frequency of review:	At least annual

Amendment Summary:

- Changed the job titles of Head of Psychological Therapies and Allied Health Professions Lead to updated job titles.
- Changed quoracy to align with quoracy minimum numbers all other Board Committees work towards (3 Board members, 2 of whom to be Non-Executive).
- Updated list of regular attendees.
- Added Head of Patient Safety to attendee list.
- Frequency updated to reflect new arrangements agreed by the Board to support data driven assurance meetings, & deep dive arrangements.
- Added in a sentence in relation to Joint Committee meetings.
- Included the provision to support Joint Committee meetings taking place.
- Updated the AAA reporting to include Decisions made (AAA+D).
- Updated Board & Committee diagram to standardise the diagram used for all Board of Directors Terms of Reference documents.
- Updated the list of deputies.

1   Name of the Committee

Quality & Safety Committee.

2   Composition of the Committee

Members: full rights

Title	Role in the group / committee
Non-executive Director	Committee Chair
Non-executive Director	Committee Deputy Chair / Non-executive member
Director of Nursing, Professions and Care Standards	Executive lead for the Committee. Assurance & escalation provider to the Quality & Safety Committee.
Medical Director	Executive lead with responsibility for clinical services. Assurance & escalation provider to the Quality & Safety Committee.
Chief Operating Officer	Executive lead with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Quality & Safety Committee.

Any Executive and Non-executive Director can attend a Board sub-committee meeting because of the position that they hold. When carrying out this duty they will assume full member rights.

In attendance: in an advisory capacity

Job Title
Trust Secretary
Deputy Director of Patient Safety, Compliance and Risk
Deputy Director of Nursing
Deputy Director for Professions / Chief Psychological Therapies Officer
Deputy Director for Professions / Chief Allied Health Professions Lead
Head of Nursing – Mental Health Care Services
Head of Nursing – Adults and Children's Physical Health
Head of Patient Safety / Patient Safety Specialist
Deputy Director of Nursing and Quality Bradford ICB

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In addition to anyone listed above as a member or attendee, at the discretion of the Chair of the Committee, the Committee may also request individuals to attend on an ad-hoc basis to provide advice and support for specific items from its work plan when these are discussed in the meetings.

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a Governor at Board sub-committee meetings is to observe the work of the Committee. The Governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-executive Directors appropriately challenging the Executive Directors for the operational performance of the Trust. At the meeting the Governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

3 Quoracy

Number: The minimum number of members for a meeting to be quorate is three, comprising at least two Non-executive Directors and one Executive Director. Attendees do not count towards quoracy. If the Chair of the Committee is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by one of the other Non-executive Directors.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal "acting up" arrangements. In this case the deputy will be deemed a full member of the committee.

It may also be appropriate for attendees to nominate a deputy to attend in their absence.

A schedule of deputies, attached at Appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 Meetings of the Committee

Frequency: Meetings will be held 2 months aligned to new reporting cycles agreed by the Board of Directors. Additional deep dive meetings can be convened in agreement between the Executive and Non-Executive Directors. There will be separate meetings if required by the Board.

Urgent meeting: Any member of the Committee may request an urgent meeting. The Chair of the Committee will normally agree to call an urgent meeting to discuss the specific matter, unless the opportunity exists to discuss the matter in a more expedient manner.

Joint Committee Meetings: Joint Committee meetings can take place between Board sub-committees. It will be for the Executive Directors in partnership with Non-Executive Director Chairs to agree when a meeting will be convened. Joint Committee meetings will be facilitated by the Corporate Governance Team and will either be formal meetings, or development sessions. When Joint meetings are convened the relevant Terms of Reference will be adhered to.

Minutes: The Committee Secretariat will be provided by the Corporate Governance Team.

Alert, Advice, Assure and Decision (AAA+D) Escalation Reporting: The Chair of the Committee will provide an update of key issues arising from the meeting to the next Board of Directors meeting held in public.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-executive Director's present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

5   Authority

Establishment: The Committee is a sub-committee of the Board of Directors and has been formally established by the Board.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

6   Role of the Committee

6.1   Purpose of the Committee

The overall aim of the Committee is to seek and obtain evidence of assurance on the effectiveness of the Trust's quality and safety systems and processes and the quality and safety of the services provided. This includes identifying and seeking assurance on the management of quality and safety related risks at operational and strategic level.

The Committee will monitor and report to the board on the effectiveness of these systems and processes. As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Mental Health Committee is responsible for Best Quality Services – Theme 3 – Improving the experience of people using our services (specifically in relation to restrictive practices) as a supporting objective to the four strategic priorities:

-       Being the Best Place to Work

-       Delivering the Best Quality Services

- Making the Best Use of Resources

- Being the Best Partner

6.2 Guiding principles for members (and attendees) when carrying out the duties of the group / committee

In carrying out their duties members of the Committee and any attendees of the Committee must ensure that they act in accordance with the values of the Trust, which are:

- we care
- we listen
- we deliver.

6.3 Duties of the Committee

The Quality & Safety Committee's key objectives are to:

- Seek assurance that:
  - Systems and processes are effective;
  - The quality of services is good and continuously improving; and
  - The quality of the experience of people using our service is good and continuously improving.
- monitor, review and report to the Trust Board on all the above; highlighting assurances received and identifying any threats to assurance;
- support the range of quality and safety initiatives in place within the Trust, providing advice where appropriate;
- support and promote a risk awareness culture and positive approach to investigating and learning from adverse events; and
- receive relevant strategies for information and assurance.

The Quality & Safety Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

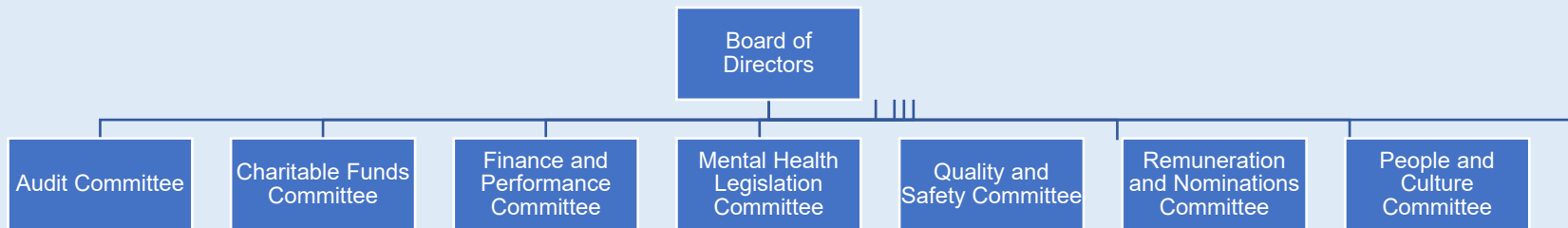In particular the Committee shall review the adequacy of:
- the management of BAF risks which the QSC has responsibility for overseeing;
- assurance against CQC inspection action plans and routine CQC related activity;
- systems and processes to ensure monitoring and assessment of the quality and improvements in services;
- mechanisms to involve service users, carers, the public and partner organisations in improving services;
- arrangements for implementation and monitoring of clinical audit, clinical guidelines and protocols, NICE guidelines;

- systems for identifying, reporting, mitigating and managing quality and safety related risks including the monitoring of incidents and complaints, and any risks within the Operational Risk Register that have been allocated to the Committee;
- research governance structures and proposals and work programme for Research and Development;
- structures and processes for developing and assuring clinical effectiveness;
- performance monitoring relating to key quality and safety indicators; and
- the Trust's response to key external reports.

In addition, the Committee shall receive regular reports (including issues to escalate and assurances and, where applicable, key performance indicators) on activity within operational services and the work of the sub-groups of the Committee that contribute to the understanding and improvement of quality and safety.

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7 Relationships with other groups and committees

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                          │  Board of    │
                          │  Directors   │
                          └──────────────┘
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Audit Committee	Charitable Funds Committee	Finance and Performance Committee	Mental Health Legislation Committee	Quality and Safety Committee	Remuneration and Nominations Committee	People and Culture Committee

The Committee does not have any sub-committees. It is linked to the Trust's operational groups as an assurance receiver and provides a route of escalation to the Board of Directors.

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8 **Duties of the Chair**

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the Director of Nursing, Professions and Care Standards;
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- giving direction to the secretariat and checking the draft minutes;
- ensuring the agenda is balanced and discussion is productive; and
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

9 **Reviews of the terms of reference and effectiveness**

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

It will be the responsibility of the Chair of the Committee to ensure that it carries out an assessment of effectiveness annually, and ensure the outcome is reported to the Board of Directors along with any remedial action to address weaknesses. The Chair of the Committee will also be responsible for ensuring that the actions to address any areas of weakness are completed.

Appendix 1a: Schedule of deputies

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case, please state below "no deputy required".

Full member (by job title)	Deputy (by job title)
Non-Executive Director Chair	Another Non-Executive Director
Non-Executive Director	Another Non-Executive Director
Director of Nursing, Professions and Care Standards	Deputy Director of Nursing, Care Standards and Professions Deputy Director of Patient Safety, Compliance and Risk
Chief Operating Officer	Deputy Director of Operations
Medical Director	Deputy Medical Director/Chief Pharmacist

Attendee (by job title)	Deputy (by job title)
Trust Secretary	Deputy Trust Secretary
Deputy Director of Patient Safety, Compliance & Risk	Head of Patient Safety, Compliance & Risk
Deputy Director of Nursing	Head of Nursing

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Escalation and Assurance Report (AAA)

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

Date of meeting: 15th April 2024

Key escalation and discussion points from the meeting			
Alert	**Action (to be taken)**	**By Whom**	**Target Date**
N/A			

Advise:

The updated arrangements for Chair of the West Yorkshire Community Health Service Provider Collaborative were noted, following agreement post January 2024 meeting. Namely that Brodie Clark would continue as Chair until August 2024, when Keith Ramsey could take up this role (for 12 months) following his tenure as Chair of WYAATs Committee in Common. Colin Lynch has been agreed as Deputy Chair.

Assure:

The 2024/25 workplan was considered in some detail. The areas chosen for joint work across our collaboratives are;
- Urgent Care: optimising use of community-based urgent care. SRO – Rachel Gillott
- Proactive Care: More personalised approaches mean individuals receive the right care, in the right place at the right time for more positive outcomes and experiences of the health and care system. SRO – Victoria Vallance.
- Intermediate Care: Improve awareness of the scope and definition of pathway 1 and linkages to wider intermediate care pathways. Supporting community health and care providers to provide a consistent messaging and evidence base around the importance of homefirst and reablement pathways for future resilience of system and patient flow. SRO – Jenny Clark.

There was broad agreement on the significance and relevance of the 5 themes and a recognition that it was strongly in line and accord with the 'close to home/left shift' principle – and NHS Policy.

The group agreed that this clarity of direction would helpfully be presented to the other Collaboratives – to encourage their partnership and in the interest of transparency. It would also be taken to the ICS Board at an early stage – recognising that the extent of the developing programme will be more or less impactful depending on financial availability.

Report completed by:

Becca Spavin
Programme Director: West Yorkshire Community Healthcare Provider Collaborative

23.4.24

Report distribution:

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