

Council of Governors – held in public

Date: Wednesday 22 January 2025

Time: 17:00-18:30

Venue: Hybrid Meeting to be held on Microsoft Teams and Room 2.08 at New Mill

AGENDA

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

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

Strategic Priority			Lead	Time
GG	1	Welcome and apologies for absence (verbal)	LP	5.00pm
	2	Declaration of any conflicts of interest (verbal)	LP	-
	3	Minutes of the previous meeting held on 21 November 2024 (enclosure)	LP	-
	4	Matters arising (verbal)	LP	5.05pm
	5	Action log (enclosure)	LP	5.10pm

Governor Feedback and Involvement

All	6	Issues and Questions from Communities (verbal)	Governors	5.15pm
<u>Strategy and partnerships</u>				
All	7	Chair's Report (enclosure)	LP	5.20pm
<u>Best Quality Services & Best Use of Resources</u>				
BUoR	8	Integrated Performance Report and Finance update (enclosure)	KB/CR	5.30pm
BUoR	9	Lynfield Mount update (enclosure)	SE/CR	5.40pm

	10	Suicide prevention update (enclosure)	TS/DS	5.50pm
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Good Governance

GG	11	Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures): 11.1 Finance and Performance Committee held November 2024 11.2 Quality and Safety Committee held on November 2024 11.3 People and Culture Committee held November 2024 11.4 Charity Funds Committee held October 2024	CM	6.15pm
	12	Any other business (verbal)	AM	6.30pm
	13	Comments from public observers (verbal)	MR	-
	14	Meeting evaluation (verbal)	MR	-
	14	Meeting evaluation (verbal)	LP	-

Date of the Next Meeting: 5pm on 11 June 2025 – final details to be confirmed by Corporate Governance Team

Questions for the Council of Governors can be submitted to:

Name: Fran Stead (Trust Secretary)

Email: fran.stead@bdct.nhs.uk

Name: Linda Patterson (Chair of the Trust)

Email: linda.patterson@bdct.nhs.uk

Expressions of interest to observe the meeting using Microsoft Teams:

Email: corporate.governance@bdct.nhs.uk

Strategic Priorities (Key)

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

Good Governance	Governance, accountability and effective oversight	GG
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**Council of Governors' Meeting held in Public
Thursday 21 November 2024 at 5.00pm
Virtual meeting held on Microsoft Teams**

Agenda
item

03.0

Present:	Dr Linda Patterson OBE FRCP Mufeed Ansari Councillor Alison Coates Sue Francis Umar Ghafoor Terry Henry Paul Hogson Mike Lodge Hannah Nutting Trevor Ramsay	Chair of the Trust, Chair of the Council of Governors Public Governor: Bradford East Appointed Governor: Bradford Council Staff Governor: Non-Clinical Public Governor: Bradford South Staff Governor: Non-Clinical Public Governor: Shipley Public Governor: Rest of England Public Governor: Shipley Public Governor: Bradford West
In Attendance	Kelly Barker Shane Embleton Alyson McGregor Phil Hubbard Mark Rawcliffe Claire Risdon Tim Rycroft Dr David Sims Fran Stead Rachel Trawally	Chief Operating Officer Deputy Director of Estates & Facilities Non-Executive Director Director of Nursing, Care Standards & Professions, Deputy Chief Executive Non-Executive Director Operational Director of Finance Chief Information Officer Medical Director Trust Secretary Deputy Trust Secretary (Secretariat)

MINUTES

Item	Discussion	Action
039	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the meeting at 17.00. Apologies for absence had been received from: Joyce Thackwray, Public Governor; Jimmy Vaughan Public Governor: Keighley; Michael Frazer, Public Governor: Bradford East; Imran Khan, Public Governor: Bradford West; Professor Rob James, Appointed Governor: Bradford University; Arshad Ali, Staff Governor: Clinical; Emmerson Walgrove, Public Governor: Bradford West; Tabaro Rwegema, Staff Governor: Non-Clinical; Linzi Maybin, Staff Governor: Clinical & Interim Lead Governor; Councillor Sabiya Khan, Appointed Governor: Bradford Council; Aurangzeb Khan, Public Governor: Bradford East; Deborah Buxton, Appointed Governor: Barnados; Connor Brett, Public Governor: Keighley; Councillor Andy Brown, Appointed Governor: North Yorkshire Council; Maz Ahmed, Non-Executive Director; Sally Napper, Non-Executive Director & Senior Independent Director; Simon Lewis, Non-Executive Director & Deputy Chair; Therese Patten, Chief Executive; Chris Malish, Non-Executive Director; & Bob Champion, Chief People Officer.</p>	

Item	Discussion	Action
	The meeting was quorate.	
040	Declarations of Interest (agenda item 2) No declarations of conflicts of interest were made.	
041	Minutes from the previous Council of Governors meeting held in public & the Annual Members' Meeting (agenda item 3.1 & 3.2) The minutes from the last Council of Governors meeting held in public, & the Annual Members' Meeting were agreed as a true & accurate record.	
042	Matters arising (agenda item 4) There were no matters arising.	
043	Action Log (agenda item 5) The Council of Governors: <ul style="list-style-type: none"> • noted the contents of the action log; • agreed to close the actions that had been listed as completed; • noted that updates would be provided with actions overdue; and • no further actions were required associated with the contents of the log. 	
044	Feedback from Governors & Communities (agenda item 6) The following feedback was raised: <ul style="list-style-type: none"> • T Ramsey referenced a report that had been made in the media regarding individual placement schemes, noting the Trust's IPS service that was in place & was successfully supporting service users. The importance of creating opportunities to supplement people's recovery was noted. • M Lodge shared feedback from the Governor discussion in support of working with the Corporate Governance team to co-produce an ongoing support, development & engagement programme for all Governors. It was agreed that this would be discussed further. 	RT
045	Chair's Report (agenda item 7) The Chair presented the report & drew the Governors attention to the following areas: <ul style="list-style-type: none"> • The partnership working continuing at Place (Bradford District & Craven); System (West Yorkshire); & nationally. • National consultation taking place in support of creating a 10-year plan for the NHS. It was agreed that information of the consultation would be shared with Governors. • The Trust's ongoing commitment to being an anti-racism organisation, including an anti-racist statement & ongoing support following the civil un-rest that had taken place Summer. 	RT

Item	Discussion	Action
	<ul style="list-style-type: none"> • Lynfield Mount re-development plans following the receipt of £50million capital funding. • Confirmation of M Lodge being elected by the Governors as the Lead Governor. L Maybin would continue as Deputy Lead Governor until the end of her term of office (September 2025). <p>A discussion took place on the importance of all part of, & equity across the health & social care system. Noting the benefit that prevention has on managing peoples needs.</p> <p>The Council of Governors noted the activities that had taken place over the last two months.</p>	
046	<p>Appointing the External Auditor: Progress Update (agenda item 8)</p> <p>C Risdon provided an update on the procurement process underway to appoint the external auditors, who would commence working with the Trust to undertake the 2024/25 external audit. A panel has been established to support the process, including Governor representation; Procurement; Audit Committee Chair; Finance. The invitation to quote phase had closed, with five bids submitted. The panel will review the bids, with a recommendation submitted to a private Audit Committee meeting, January. Following which, the recommendation would be presented for approval to the Council of Governors, with the Board informed.</p> <p>The Council of Governors noted the contents of the report.</p>	
047	<p>Finance & Operational Performance report (agenda item 9)</p> <p>K Barker presented the report & reminded Governors of the Trust process for triangulation, & reaching agreement on assurance levels aligned to the strategic priorities. Attention was drawn to the ongoing demand for services, which was reflective of a national position, & the deep dives that had taken place to understand the Trust position. The Trust continued to work with Cygnet, through a quality assured process, to access a number of beds to assist with demand & manage out of area placements. The Chair informed Governors that a discussion would take place on waiting lists at the November Board held in public & encouraged Governors to attend. Councillor Coates referenced the demand for access to dementia services. K Barker informed Governors that quality improvement work was taking place in partnership with the Royal College of Psychiatry, to understand how people can be supported whilst they were on a waiting list. Noting the importance of ongoing engagement & signposting for individuals & their families, whilst they were on a waiting list.</p> <p>C Risdon confirmed that month seven had been reported, & drew the Governors attention to the ongoing financial pressures (out of area placements; temporary staffing spend). It was reported that ongoing monitoring the financial</p>	

Item	Discussion	Action
	<p>risks was continuing, with the Trust expected to deliver a break-even financial plan, as expected, for 2024/25. It was confirmed that work was taking place to create a medium to long term financial plan for the Trust.</p> <p>The Council of Governors considered the key points and exceptions highlighted and noted the actions being taken.</p>	
<p>048</p>	<p>Lynfield Mount update (agenda item 10)</p> <p>S Embleton presented the update & drew the Governors attention to the ongoing work that had taken place over the last five-years to craft a business case for the re-development of Lynfield Mount Hospital. This was due to feedback received that outlined how the historical estate did not suit modern, therapeutic care being provided, which also had significant annual backlog maintenance costs due to the significant repairs required. Local & national partners had supported the business case, which had received confirmed national capital funding of £50million. The timetable, which included enabling work currently underway at the site, was presented, with Governors noting that it was expected that groundwork would start Autumn 2025. The funding was in place for three-years only, the timetable supported the project finishing March 2028 to align with the national timetable, & would be delivered across four phases.</p> <p>C Risdon presented the financial plans for the re-development, it included modelling of temporary cost increase & ongoing cost decreases whilst the ward amendments were taking place throughout the build, noting that the final position was the creation of one additional ten-bedded ward. The Governors noted that the re-development supported delivery of each of the four strategic objectives within the Better Lives, Together strategy.</p> <p>T Ramsey asked whether the Ligature, Risk, Environment, Fire Risk Group would have oversight of the re-development work. S Embleton confirmed that it would continue to maintain oversight.</p> <p>M Lodge asked what strategic assurance oversight was in place for the re-development. C Risdon confirmed it was Finance & Performance Committee, & Board of Directors. It was noted that P Hodgson could be the Governor attendee for the Finance & Performance Committee, it was confirmed that final details to support this would be confirmed.</p> <p>M Lodge sought clarification on the level of assurance in delivering a longer-term financial saving. C Risdon confirmed that based on modelling & expected demand, the new ten bedded ward would provide an annual £3.8m saving on out of area costs. This in addition to the ongoing backlog maintenance costs provided a significant level of assurance on cost reduction. K Barker explained that evidence supporting the best therapeutic recovery environment was core to the modelling plans & business case proposal. All benefits were considered, quality & safety, workforce, experience, & financial.</p>	<p>RT</p>

Item	Discussion	Action
	<p>The Council of Governors noted the update and were assured that the Trust had been allocated up to £50m capital funds for the LMH redevelopment programme, with clear plans for the development.</p>	
049	<p>Alert, Advise, Assure & Decision Report: Audit Committee (agenda item 11.1)</p> <p>C Risdon presented the report from the September Committee meeting, noting the remit of the Committee was monitoring good governance, effective oversight & accountability within the Trust.</p> <p>There were not any high risks to report & C Risdon drew the Governor's attention to the detail outlined within the document.</p> <p>The Council of Governors noted the update on the AAAD.</p>	
050	<p>Alert, Advise, Assure & Decision Report: Finance & Performance Committee (agenda item 11.2)</p> <p>On behalf of M Ahmed, M Rawcliffe presented the report from the September Committee meeting. In addition to what had already been presented on the financial position, Governors noted the importance of ensuring recurring financial stability, with a programme management office established in support of cost improvement activity & transformation. The Trust had engaged through the West Yorkshire Integrated Care Board, on a consultant-led activity to understand any further efficiencies & improvements. P Hodgson asked whether the activity had a cost for the Trust, C Risdon confirmed that the West Yorkshire ICB incurred the cost.</p> <p>The Council of Governors noted the update on the AAAD.</p>	
051	<p>Alert, Advise, Assure & Decision Report: Mental Health Legislation Committee (agenda item 11.3)</p> <p>On behalf of S Lewis, A McGregor presented the report from the September Committee meeting & drew Governors attention to the ongoing work to appoint new Associate Hospital Managers; & new national guidance suggesting that NEDs were trained as Associate Hospital Managers.</p> <p>The Council of Governors noted the update on the AAAD.</p>	
052	<p>Alert, Advise, Assure & Decision Report: Quality & Safety Committee (agenda item 11.4)</p> <p>A McGregor presented the update & drew Governor's attention to the detail outlined within the documents. The risks related to limited assurance being</p>	

Item	Discussion	Action
	<p>received linked to the ongoing level of demand & acuity within clinical services; & gaps across the workforce, which created pressure on service delivery; & the ongoing pressure amongst the workforce & risk to maintaining the Trust culture. The Committee continued to commission deep dives in support of gaining assurance on the ongoing pressures & challenges faced to ensure safe services were maintained.</p> <p>The Council of Governors noted the update on the AAAD.</p>	
053	<p>Alert, Advise, Assure & Decision Report: People & Culture Committee (agenda item 11.5)</p> <p>M Rawcliffe presented an update from the September Committee meeting & drew the Governors attention to risks, which were: capacity & efficiency, in particular relating to Model Roster 3; capability of leaders; maintaining culture of the Trust. The Governors noted the inter-dependency across the Board Committee's & the work taking place to support triangulation & joint discussion across the Committee's. P Hodgson referenced the annual Staff Survey & noted the annual You're a Star Awards took place immediately before the Staff Survey period & noted it was beneficial to hold both in the same timeframe.</p> <p>The Council of Governors noted the update on the AAAD.</p>	
054	<p>Any Other Business (agenda item 12)</p> <p>T Ramsey noted the importance of partnership working in support of delivering the right pathways for service users & their carers. The Chair referenced a question which had been raised at the Partnership Board on Bradford based voluntary & charity sector funding in support of working in partnership with health & social care providers.</p> <p>Councillor Coates referenced Place partnership work on suicide prevention & shared feedback from communities & partners on the various engagement & activities taking place. It was agreed that an update on the Trust's approach to zero suicide prevention & ongoing partnership work would be presented.</p> <p>A discussion took place on the importance of ongoing public engagement & involvement opportunities. F Stead confirmed that work was taking place on a new involvement strategy which covered patient experience, membership engagement, charity & volunteering opportunities. Further information would be presented to Governors, along-with details of objectives within the strategy that would support the Trust's ambition of involving people & ensuring representation.</p> <p>No other items of other business were raised.</p>	DS
055	<p>Meeting Evaluation (agenda item 13)</p>	

Item	Discussion	Action
	<p>A discussion took place to evaluate the meeting in line with the commitment for continuous improvement within the Trust.</p> <p>The meeting was closed at 18:38</p>	

Action Log for the Council of Governors Public Meeting for January 2025

Action Key	Green: Completed		Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
6. 01/02/2024	<u>Issues raised from Communities</u> An update on suicide prevention work at Bradford District and Craven Place and the role of the Trust within this to be presented.	Chris Dixon	July November 2024	Completed: on the agenda for January 2025
7. 01/02/2024	<u>Chair's Report</u> Go See update to be presented to Governors.	Fran Stead	July November 2024 Early 2025	Completed: Governors are now being invited to attend GoSee visits. The GoSee process has been improved and refresh work is continuing to aid improvements further during 2025.
044. 21/11/2024	<u>Feedback from Governors & Communities</u> to co-produce an ongoing support, development & engagement programme for all Governors	Rachel Trawally	Early 2025	Completed: A meeting has been held with the new lead governor and the Trust Secretary which discussed the work that would be undertaken as part of the development work with the Governors during 2025. Updates would be reported back to the committee in due course.

Action Key	Green: Completed		Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
045. 21/11/2024	<u>Chair's Report</u> It was agreed that information of the National consultation taking place in support of creating a 10-year plan for the NHS would be shared with Governors.	Rachel Trawally	November 2024	Completed: Governors were invited to an interactive session on Microsoft Teams on 16 January 2025.
048. 21/11/2024	<u>Lynfield Mount Update</u> It was noted that P Hodgson could be the Governor attendee for the Finance & Performance Committee, it was confirmed that final details to support this would be confirmed.	Rachel Trawally	January 2025	Completed: P Hodgson has been added to the Finance & Performance Committee
054. 21/11/2024	<u>Any other business</u> It was agreed that an update on the Trust's approach to zero suicide prevention & ongoing partnership work would be presented.	David Sims	January 2025	Completed: on the January 2025 agenda

Actions closed at the last meeting

Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
27. 18/07/2024	<u>Feedback from Governors & Communities</u> P Hubbard asked for specific examples to be shared for investigation if the discussions had not taken place.	Phil Hubbard	November 2024	Complete: no examples were received
27. 18/07/2024	<u>Feedback from Governors & Communities</u> T Ramsey said that some people were waiting a long time for a carers assessment. P Hubbard said that a review had taken place & agreed to share further information on current performance for carers assessments.	Phil Hubbard	November 2024	Completed: update to be provided at the meeting. The COO confirmed we don't deliver carers assessments and it is via a separate contract via Carers resource. The COO explained she would see if she could get some further information and details around performance.
2. 13/07/2023	<u>Chairs Report</u> The Chief Executive to provide a deep dive into the Universal Schools Offer at a future meeting.	Therese Patten	July November 2024	Completed: has been added to the forward plan for the CoG.
5. 13/07/2023	<u>Any Other Business</u> Head of Charity & Volunteering to have a discussion about how resources could be provided to the 'Well Together Programme'.	Catherine Jowett	July November 2024	Completed: discussion has taken place

Council of Governors – meeting held in public

22 January 2025

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

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

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

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

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

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

Board of Directors – meeting held in public

29 January 2025 Chair of the Trust Report

Partnerships and strategy

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

<u>DATE</u>	<u>Meeting</u>
18/11/2024	NHS Confed Chairs Group
19/11/2024	WY Health and Care Partnership Monthly Chairs
19/11/2024	A discussion with Thea Stein, Chief Executive Officer of Nuffield Trust
20/11/2024	Catch up meeting with Cathy Elliott
21/11/2024	WYAAT Senior Leadership Programme Celebration Event
21/11/2024	Council of Governors – Private Meeting
21/11/2024	Council of Governors – Public Meeting
22/11/2024	Community Collaborative Time Out
03/12/2024	Associate Hospital Manager interviews
06/12/2024	Anne Dixon MP visit to BDCFT
09/12/2024	Webinar with Amanda Pritchard and Secretary of State to discuss winter preparedness
20/12/2024	WY Community Health Services Provider Collaborative Quarterly Meeting
21/12/2024	WY Partnership Board meeting
22/12/2024	Council of Governors – Private Meeting
22/12/2024	Council of Governors – Public Meeting
08/01/2025	Elaine Applebee Meeting with - Trust Chairs
09/01/2025	Catch up meeting with Sue Hinchcliffe
13/01/2025	NHS Confed All member Chairs Group
16/01/2025	Community Dentistry West Yorkshire Collaboration Event
20/01/2025	WY Community Health Services Provider Collaborative Quarterly Meeting
21/01/2025	WY Partnership Board Meeting
22/01/2025	Council of Governors – Private Meeting
22/01/2025	Council of Governors – Public Meeting

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

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

People Matters

Equality Delivery System 2022; 2025 draft results

The Trust is in the final stages of the NHS Equality Delivery System 2022 (EDS22) assessment for 2025. Performance has been assessed against the three domains of the EDS22. The engagement process has included discussions and consultation with three clinical services, staff networks and union representatives, the Trusts senior leadership team via the Strategic Staff Equality, Diversity and Inclusion Partnership and engagement with patients and the public at an event held in partnership with Bradford Teaching Hospitals Foundation Trust, Airedale Foundation Hospital and the West Yorkshire Integrated Care Board. A peer review process of the results has taken place with West and South Yorkshire Mental Health Trusts. The draft score for the Trust is 22 'achieving'. Actions identified as a result of the assessment are embedded into the Trusts reviewed Belonging and Inclusion Plan 2025 – 2028 and into the assessed clinical teams' priorities. Once ratified the documents will be published on the Trust's website and shared with NHS England.

Belonging and Inclusion Plan 2025 – 2028

The Belonging and Inclusion Plan has been reviewed and updated in 2025. The plan contains the Trusts Equality Diversity and Inclusion (EDI) priorities for the next three years. It supports delivery of the EDI and Health Equity priorities identified in the Trust's organisational strategy 'Ambition to Action'. Progress against the plan will be monitored regularly with key performance measures, workstream updates to committee and board and regular reports published on our external website.

Appraisals and objective setting – alignment to the NHS England Fit and Proper Person Requirements

The Board is asked to note that over the coming months work will take place for individual Board members to spend time reflecting with their line manager on the past year as part of the appraisal discussion, this will include reviewing their objectives from the last year and agreeing the next year's objectives and personal development plan. As appropriate, the Senior Independent Director, and Lead Governor will be involved with the Chair of the Trust's appraisal and objective setting discussion. As required, we continue to work to the national NHS England appraisal framework within the Leadership Competency Framework. Part of this work is an annual compliance review for the Fit and Proper Person requirements, which the Trust Secretary will lead.

Governance

Forward planning

The 2025/26 Board and Committee meeting schedule is attached at appendix 1. As a learning organisation, a governance review took place during 2024/25, key changes to the Trust's meeting cycle will commence from 1 April 2025. This is in support of an improved flow of information being reported to the strategic assurance and performance focused Committee's, then onto the Board held in public, to further strengthen the Board's oversight.

Joint Committee learning sessions

The Trust introduced Joint Committee sessions a few years ago. They were originally set up to bring together two Committee's to discuss a specific topic that covered both areas. The model has evolved over the last few years due to the Trust being a learning organisation and ensuring that effectiveness reviews take place supported by opportunity to capture people's experience. Over the last couple of years, the remit of the Joint Committee's has broadened out to include opportunity for all Committee's to be involved with the discussion. Work has also taken place to create a forward plan for these learning sessions, aligned to the Trust's strategy. A deep dive takes place within each session, which allows a rounded conversation to take place. Work is now taking place to understand how benchmarking and external learning can feature within these learning sessions.

Effectiveness reviews

The Board is asked to note that a series of effectiveness reviews will commence over the coming months, starting with the Board Committee meetings. This is in line with year-end close down work, good governance practices, and requirements of the NHS Code of Governance. The reviews will give meeting attendees and members the opportunity to reflect on past practice and performance over the last year, and consider any changes that should be enacted the following year. This work is aligned to the production of the Committee's Annual Report, review of the Terms of Reference, and agreeing the next year's work plans. In support of continuous improvement, this year the Committee effectiveness reviews will be supported by the Care Trust Way methodology.

Forward planning and Board development

As we complete our effectiveness reviews and continuous improvement development plans, work will take place to finalise the next year's work plans for our formal business. This includes the Board and Committees, and the Council of Governors, each group will receive a suggested work plan to consider and formally approve. To support this work, analysis of the annual work plans from previous years will take place to understand any changes made to business and consideration of tactical meetings that report formally to each Committee. As a Board we will continue with our ongoing Board development sessions, with a continued focus on the Trust-wide governance improvements that continue to take place and become embedded, further information will be provided on the Board development programme.

Governors and Members Reimbursement of Expenses Procedure

A review of the Trust policy has taken place, which was supplemented by an external benchmarking exercise, and consideration of any new national guidance. The document has been updated with no material changes made. The changes were in recognition of streamlining the procedure due to duplicative narrative, and to make the document more engaging. The procedure is presented for ratification by the Council of Governors (see

attached appendix 2). All Governors are reminded that they are eligible to claim expenses for undertaking the role of Governor, please contact the Corporate Governance team if you need any support with this.

Council of Governors

Lead Governor

At the Council of Governors meeting held November, the Governors elected Mike Lodge, Public Governor (Rest of England), as the Lead Governor. Linzi Maybin will return to the Deputy Lead Governor role, on behalf of the Board and all Governors I would like to thank Linzi for acting as Interim Lead Governor since May 2024.

Recent Council of Governors Meetings

Therese Patten, the Chief Executive, Franstead, Trust Secretary and I continue to have regular meetings with the Deputy Governor (Linzi Maybin) and the newly appointed Lead Governor (Mike Lodge), offering the Senior Independent Director the opportunity to attend, as previously has taken place.

Dr Linda Patterson OBE FRCP - Chair of the Trust – January 2025

Appendix 1

2025/26 Board and Committee meeting schedule

Committee	Day	Proposed date
BOARD OF DIRECTORS		
Private Board and Board learning together session	Thursday	01/05/2025
Public and Private Board	Thursday	05/06/2025
Private board (annual accounts) and Board learning together session	Thursday	26/06/2025
Public and Private Board	Thursday	24/07/2025
Public and Private Board	Thursday	02/10/2025
Board learning together session	Wednesday	22/10/2025
Private Board and Board learning together session	Thursday	06/11/2025
Public and Private Board	Thursday	04/12/2025
Board learning together session	Wednesday	17/12/2025
Private Board and Board learning together session	Thursday	15/01/2026
Public and Private Board	Thursday	05/02/2026
Board learning together session	Wednesday	18/02/2026
Private Board and Board learning together session	Thursday	05/03/2026
Public and Private Board	Thursday	02/04/2026

COUNCIL OF GOVERNORS (Private 4.30-5pm) (Public 5-6.30PM) AND ANNUAL MEMBERS MEETING		
Private and Public Council of Governors	Wednesday	11/06/2025
Private and Public Council of Governors	Wednesday	10/09/2025
Annual Members Meeting (time tbc)	Thursday	25/09/2025
Private and Public Council of Governors	Wednesday	10/12/2025
Private and Public Council of Governors	Wednesday	11/02/2026

QUALITY AND SAFETY COMMITTEE		
Quality and Safety Committee	Wednesday	21/05/2025
Quality and Safety Committee	Wednesday	16/07/2025
Quality and Safety Committee	Wednesday	17/09/2025
Quality and Safety Committee	Wednesday	19/11/2025
Quality and Safety Committee	Wednesday	21/01/2026
Quality and Safety Committee	Wednesday	18/03/2026

MENTAL HEALTH LEGISLATION COMMITTEE		
Mental Health Legislation Committee	Thursday	22/05/2025
Mental Health Legislation Committee	Thursday	17/07/2025
Mental Health Legislation Committee	Thursday	18/09/2025
Mental Health Legislation Committee	Thursday	20/11/2025

Mental Health Legislation Committee	Thursday	22/01/2026
Mental Health Legislation Committee	Thursday	19/03/2026

PEOPLE AND CULTURE COMMITTEE

People and Culture Committee	Thursday	22/05/2025
People and Culture Committee	Thursday	17/07/2025
People and Culture Committee	Thursday	18/09/2025
People and Culture Committee	Thursday	20/11/2025
People and Culture Committee	Thursday	22/01/2026
People and Culture Committee	Thursday	19/03/2026

FINANCE AND PERFORMANCE COMMITTEE

Finance and Performance Committee	Wednesday	28/05/2025
Finance and Performance Committee	Wednesday	23/07/2025
Finance and Performance Committee	Wednesday	24/09/2025
Finance and Performance Committee	Wednesday	26/11/2025
Finance and Performance Committee	Wednesday	28/01/2026
Finance and Performance Committee	Wednesday	25/02/2026
Finance and Performance Committee	Wednesday	25/03/2026

AUDIT COMMITTEE

Audit Committee	Thursday	29/05/2025
Audit Committee	Thursday	19/06/2025
Audit Committee	Wednesday	23/07/2025
Audit Committee	Thursday	25/09/2025
Audit Committee	Thursday	27/11/2025
Audit Committee	Thursday	29/01/2026
Audit Committee	Thursday	26/03/2026

CHARITY FUNDS COMMITTEE

Charity Funds Committee	Thursday	23/10/2025
Charity Funds Committee	Thursday	19/02/2026

Governors and Members Reimbursement of Expenses Procedure

This document contains guidance which supports the Trust’s Employment Policy. The key messages the reader should note about this document are:

1. This document covers all aspects of Governor and Member involvement (including Staff and Service Users).
2. The process to reimburse Governors and Members for their expenses when contributing to the work of BDCFT and involvement in the planning of service delivery.
3. Ensure Governors and Members are not at risk of being financially worse off because of their involvement with the organisation.
4. The policy will ensure guidance is provided on what expenses may be reimbursed and the appropriate payment rates.
5. BDCFT will review all payment rates annually.

Issue Date	22 January 2025	Review Date	31.12.2027
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This document has been approved and ratified. Circumstances may arise where staff become aware that changes in national policy or statutory or other guidance (e.g. National Institute for Health and Care Excellence (NICE) guidance and Employment Law) 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 policies and procedures remain extant until announcement of an amended version via Trust-wide notification, e.g. through the weekly e-Update publication or global e-mail or uploading to the appropriate section on BDCFT's Intranet (Connect).

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1 INTRODUCTION

We value involvement and engagement, we actively encourage participation and representation. The aim of this procedure is to support Governors and Trust members to be appropriately reimbursed for their involvement. This is in recognition of these individuals being volunteers and appreciated within our Trust for their time, experience and commitment.

The Trust values and appreciates the input of Governors and members and considers it to be essential that reimbursement to this group of people is made in a manner that is acceptable to the individual.

Reimbursing Governors and members for their expertise and time when contributing to the work of BDCFT is good practice, fair and encourages their involvement in the planning and delivery of services.

2 REIMBURSEMENT FOR GOVERNORS AND MEMBERS

2.1 Reimbursement for Governors

Foundation Trust Governors participating, as agreed or invited by the Trust, and whose expenses are not paid by another organisation, should be entitled to claim expenses. Such events may include:

- Induction Sessions
- Council of Governors' meetings
- Meetings of formally constituted Committees/Groups i.e., Membership, Nomination and Remuneration
- Pre-authorized training for Governors
- Members' meetings/events that have been organised by the Trust and at which the Governor's presence has been requested
- Any other meetings where governors have been requested by the Trust

Members of the Council of Governors, who attend public meetings or other meetings without specific invitation, or prior agreement with the Trust, will not receive reimbursement.

2.2 Reimbursement for Members

Members are entitled to claim expenses if they have been invited to participate in an event and where it is stated that the Trust will reimburse the recipient. In all cases, agreement is required in advance with the Trust for expenses to be paid.

Foundation Trust members who attend public meetings or other meetings without specific invitation or prior agreement with the Trust will not receive reimbursement.

2.3 Expenses

Expenses for Governors and/or members will be reimbursed for the following expenditure:

Travel expenses by the cheapest/practical available means to attend.

Mileage rates, where authorised, will be consistent with HMRC approved mileage rates. Further information can be found at: <https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-national-insurance>

Where a Governor/authorised member requires **alternative transport arrangements**, costs will be met, only by prior agreement. Where public transport would not be appropriate or reasonable, governors may claim full reimbursement, without gratuity, for the fares incurred if agreement has been made with the Deputy Trust Secretary.

Parking and toll charges incurred as a direct result of attending authorised meetings. No traffic or parking fines will be reimbursed by the Trust.

Travel by bicycle/motorcycle to be reimbursed at the staff rate for the use of such vehicles (please refer to the Trust's Policy).

Public transport to be reimbursed on provision of receipt

Subsistence allowance where the Governor/authorised member is away from their home for longer than five hours for the purpose of attending a designated meeting and where no refreshment is provided at the Trust's expense. Unless there are exceptional circumstances, overnight expenses will not be paid. Periods away from home are calculated from the times of leaving and returning home.

Expenses of a companion required enabling a Governor/authorised member to participate may be paid by prior written agreement with the Trust. If the attendance (including travel) exceeds five hours and refreshments are not provided at the venue, expenses may be claimed at the same rate paid to the governor/authorised member.

Child Care/Carer costs will be reimbursed with prior agreement of the Deputy Trust Secretary. Reimbursement will occur where it has been necessary to employ a registered carer to look after a child or dependents. Reimbursement will be on the minimum wage hourly rate and on production of a valid receipt or invoice.

Reimbursement of particular needs, such as linguistic support or specialist audio equipment, may be authorised by prior written agreement with the Deputy Trust Secretary. A receipt will be required for authorised services.

Office support services should normally be undertaken by the Corporate Governance team. Telephone charges, photocopying, stationery and other sundry items incurred in performance of their duties will be eligible for reimbursement.

2.4 Process for Reimbursement

Governors/authorised members remain wholly responsible for the completion and accuracy of their claims. The Deputy Trust Secretary shall be responsible for approving the claim and processing it within the Trust.

A sample of the travel and expenses claim form is included in [Appendix A](#). Claim forms are available upon request from the Corporate Governance Office.

Original receipts must be attached to the form where necessary and the form must be signed by the Governor or member within a month of the event taking place.

Completed forms should be sent to the Corporate Governance Office.

Claims will normally be reimbursed direct to the nominated bank or building society account by BACS payment in accordance with Trust policy.

Any individual claims for less than the maximum value of a petty cash reimbursement, as set out in the Trust's Standing Financial Instructions may be reimbursed at the Trust Cash Office. Governors/authorised members requiring this method of reimbursement should make this clear when submitting the claim form to the Corporate Governance Office.

Individual responsibility

Where a mileage rate rather than like-for-like reimbursement is claimed, the recipient, where appropriate, will be responsible for declaring to the Inland Revenue this income for tax purposes.

Claimants should be aware that if they are in receipt of benefits these payments might impact upon their entitlements. Clarification on this should be sought from the local benefit agency before expense claims are made.

CLAIMANT

I certify that

- 1. I declare that the information given on this claim form is true and correct to the best of my knowledge and the travelling expenses claimed overleaf are in accordance with the expenses policy of the Council of Governors, are in connection with official visits to the places indicated on the dates shown and have not been claimed elsewhere.
- 2. All relevant receipts are provided with this claim.
- 3. My current vehicle insurance policy provides at least 3rd party cover when used on official business including cover against injury or death of passengers.
NB: The Trust cannot accept any responsibility for any risks not covered by your insurance policy

Signature

Date

AUTHORISING OFFICE

I certify that to the best of my knowledge and belief the claimant was engaged in the service or business stated on the dates shown overleaf and the expenses claimed are arithmetically correct.

Name

Designation

Signature

Date

4 APPENDIX B: DOCUMENT PRODUCTION DETAILS

Procedural Document Title:	Governors and Members Reimbursement of Expenses Procedure
Approved by:	Trust Secretary
Date Approved:	08/01/2025
Date Ratified:	21/01/2025 (Council of Governors)
Date Issued:	21/01/2025
Review Date:	31/12/2027
Frequency of Review:	2-years
Copies available from:	Connect intranet, Policy and Procedure site
Where is previous copy archived (if applicable):	Corporate Governance Shared Drive

Version Control	Publication of Document
1	Updated content into new procedural document template
2	2025.01 – document reviewed, alongside benchmarking, small amendments made to consolidate existing information in previous version.
3	

Council of Governors – Public Meeting

22nd January 2025

Paper title:	Performance Report	Agenda Item 08.0
Presented by:	Kelly Barker, Chief Operating Officer	
Prepared by:	Cliff Springthorpe, Head of Business Support	
Committees where content has been discussed previously	Board of Directors Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

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

Purpose of the report

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

Executive Summary

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

This report presents two types of information:

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

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

2. Assurance levels (the Board Assurance Framework)

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

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

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

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)

The Council of Governors is asked to:

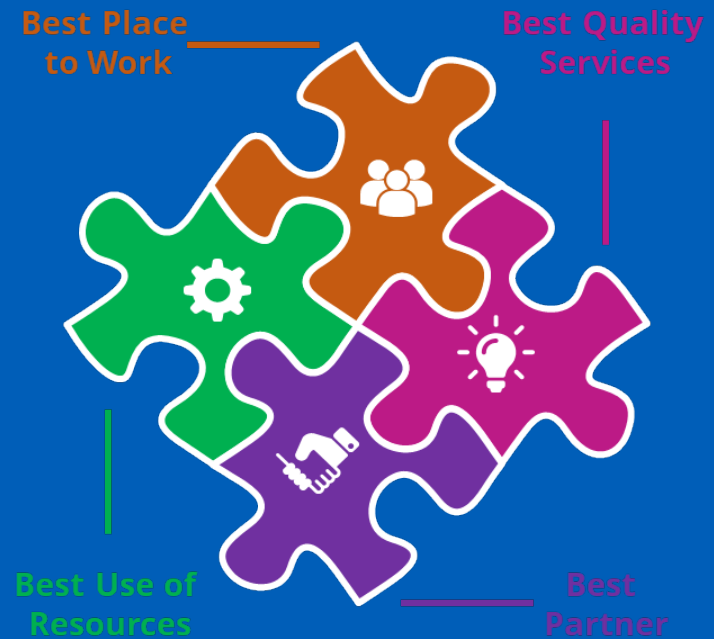
- consider the key points and exceptions highlighted and note the actions being taken.

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

Council of Governors Performance Report

January 2025 Meeting

Performance Data up to
November 2024

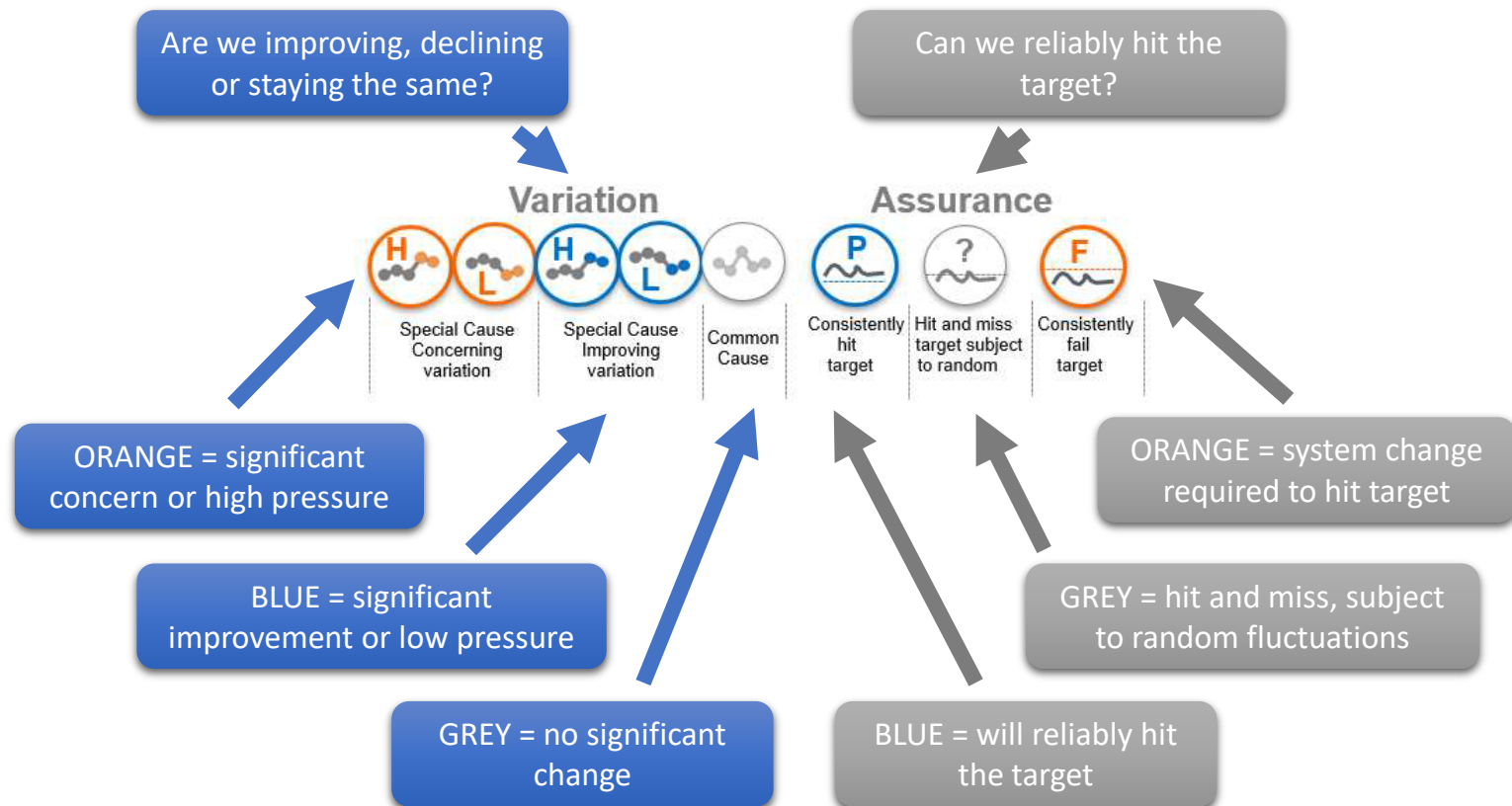


Good Governance; Accountability; Effective Oversight

A note on SPC charts

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

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



Delegated Strategic Priorities – Assurance Level

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

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

Delegated Strategic Priorities – Assurance Level

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

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

Key Performance Indicators

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

Metric	Type	Reporting Month/Year	Performance	Target	SPC / trend																																				
Staff survey – engagement levels	Strategic	2023	7.03	7.4 (best)	Staff engagement score remains stable/reduced slightly at 7.03 (-0.05);																																				
Staff survey - % would recommend the Trust as a place to work	Strategic	2023	62.33%	63% (sector)	<table border="1"> <thead> <tr> <th></th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Your org</td> <td>58.11%</td> <td>66.35%</td> <td>63.17%</td> <td>64.03%</td> <td>62.33%</td> </tr> <tr> <td>Best result</td> <td>75.13%</td> <td>77.76%</td> <td>73.58%</td> <td>73.01%</td> <td>75.43%</td> </tr> <tr> <td>Average result</td> <td>61.79%</td> <td>67.83%</td> <td>63.17%</td> <td>62.74%</td> <td>65.59%</td> </tr> <tr> <td>Worst result</td> <td>42.82%</td> <td>49.09%</td> <td>43.43%</td> <td>39.56%</td> <td>39.46%</td> </tr> <tr> <td>Responses</td> <td>1297</td> <td>1269</td> <td>1412</td> <td>1329</td> <td>1671</td> </tr> </tbody> </table>		2019	2020	2021	2022	2023	Your org	58.11%	66.35%	63.17%	64.03%	62.33%	Best result	75.13%	77.76%	73.58%	73.01%	75.43%	Average result	61.79%	67.83%	63.17%	62.74%	65.59%	Worst result	42.82%	49.09%	43.43%	39.56%	39.46%	Responses	1297	1269	1412	1329	1671
	2019	2020	2021	2022	2023																																				
Your org	58.11%	66.35%	63.17%	64.03%	62.33%																																				
Best result	75.13%	77.76%	73.58%	73.01%	75.43%																																				
Average result	61.79%	67.83%	63.17%	62.74%	65.59%																																				
Worst result	42.82%	49.09%	43.43%	39.56%	39.46%																																				
Responses	1297	1269	1412	1329	1671																																				
Labour turnover	Strategic	Nov 24	12.62%	10%																																					
Sickness absence related to stress / anxiety	Strategic	Nov 24	3.0% of the 7.55% (39.83% of all absence)	N/a																																					

Key Performance Indicators

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

Metric	Type	Reporting Month/Year	Performance	Target	SPC / trend
WRES data (number areas improved out of 8)	Strategic	2023/24	5/8 improved	8/8	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored alongside the Trust's EDI programme.
WDES data (number areas improved out of 12)	Strategic	2023/24	8/12 improved	12/12	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored alongside the Trust's EDI programme.
Gender pay gap (number areas improved out of 2)	Strategic	2023/24	1/2 improved	2/2	The average (Mean) GPG in favour of males reduced from 2023. The median GPG increased however the increase was in favour of females.
Annual Appraisal Rates	Strategic	Nov 24	83.9%	80%	
No grievances involving discrimination	Strategic	Sep 24	1 Grievance	N/a	

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	Nov 24	87.65% 6.04% Agency 81.61% Bank 12.35% Unfilled	100%	A reduction in bank and an increase in agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
% positive feedback re using digital technologies	Strategic				NEW METRIC TO BE ADDED
Vacancy rates	Strategic	Nov 24	10.9%	10%	Slight increase

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

No apprenticeships	Strategic	Nov 24	125	63	Increase
No 'new' roles recruited to (inc NAs and ANPs)	Strategic	Nov 24	-6	N/a	Reduction
Bank & Agency Usage (WTE)	Strategic	Nov 24	31.98 Agency 289.09 Bank Ratio: 9.96% Agency 90.04% Bank	N/a	A reduction in bank and an increase in agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity

Strategic Priorities – Assurance Level

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

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

Strategic Priorities – Assurance Level

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

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

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

We will know we have been successful when:

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

Confirmed Current Assurance Level (QSC):

2. Limited

Confirmed Current Assurance Level (MHLC – restrictive practices):

2. Limited

Key Performance Indicators

Best Quality Services: Theme 1: Access & Flow

Metric	Type	Reporting Month/Year	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Number of people with inpatient length of stay <=3 days	Strategic	Nov 24	3	TBC			3	
Number of people with inpatient length of stay > 60 days	Strategic	Nov 24	11	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Nov 24	57.2%	92%			61.7%	
Inappropriate Out of area bed days	Strategic	Nov 24	463				570	

Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Summary
% of staff trained as a CTW Champion	Strategic	Nov 24	42.4%	50%	
% of staff trained as a CTW Leader	Strategic	Nov 24	22.8%	20%	
% of staff trained as a CTW Practitioner	Strategic	Nov 24	34.0%	3%	
% of staff trained as a CTW Sensei	Strategic	Nov 24	75.8%	0.5%	
No of participants in research studies (YTD)	Strategic	Nov 24	22	400	

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	Nov 24	63	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Nov 24	11	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Nov 24	97.5	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	Nov 24	50	0	N/A	N/A	N/A	

Strategic Priorities – Assurance Summary

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

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

Strategic Priorities – Assurance Summary

Good governance: Good governance, accountability and effective oversight

We will Have in place good governance arrangements that ensure we make the best decisions	We will know we have been successful when: We have well embedded governance processes that are clear and effective	CONFIRMED Current assurance level: 3. Significant
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Council of Governors 22 January 2025

Lynfield Mount Hospital Redevelopment update

updated text from previous CoG noted in “red”



High level progress update (1)

Purpose & Desired Outcome

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

DHSC Capital Allocation

- The Trust was notified in August 2024 that it had successfully been allocated up to £50m of Capital funding for the project from DHSC. This was as a result of tireless lobbying and presentations of various models of funding to key regional and national decision makers and the development of a “plan B” solution.
- It should be noted that the allocated £50m capital funding is less than half of the funding required to realise our desired outcome / preferred option for LMH **and is subject to approval of an Outline Business Case (submitted in November 2024) and thereafter a Full Business Case (FBC) to be submitted in Q1 of 2025.**

Progress in 2024/25

- A new 160 space secure car park costing £3.8m is nearing completion in **February 2025. Delayed due to materials delivery and inclement weather.** The existing main entrance car park will be decanted to the new car park allowing the vacated space to be redeveloped for Phase 2.

High level progress update (2)

- The 'Plan B' proposals (costing c.£49.5m) will provide:
 - Phase 2** – a new build ward block (2x18-bed wards) a new entrance with refurbishment programme of the main building
 - Phases 3 & 4** – refurbishment of 2 existing wards.

This will deliver 100% en-suite facilities – a key benefit of the development.
- Outline Planning Permission has been obtained with reserved matters to be discharged during the current design process. **Reserved matters are due for submission by mid-February at the latest. Productive discussions have taken place with the Council's Planning Department and no significant issues are currently anticipated.**
- The Trust has submitted an Outline Business Case (OBC) to NHS England following full support from the Trust Board and letters of support from the West Yorkshire Integrated Care Board (ICB) Approval of the OBC is expected **on 27 February 2025**. Subject to timely approval, a Full Business Case (FBC) **will be developed over coming months for submission in May 2025**.
- Subject to FBC approval and a positive procurement, it is expected that work will begin on site in October 2025, with an overall completion date of March 2028. This is to align with national spending profiles.
- The Trust Board approved an application to draw-down of funding (£1.275m) in relation to early professional fees and enabling works (agreed with support from NHSE). This demonstrates the Trust's commitment to start works and also assists national capital cashflow in 2024/25.

High level progress update (3)

Risks & Benefits

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

- The OBC and/or the FBC will not be supported or delayed. This delay will alter the spend profile of the project – a key risk being the project cannot be delivered by the March 2028 deadline.
- New Cabinet Controls procedures (in place from 31 October 2024) could delay the start of the project. The Trust actively engaged in the process and provided detailed assurances on proposed spending plans. **The Trust successfully secured "assured" status resulting in a light-touch approach to monitoring and reporting as the project progresses.**
- The spend profile is noted below which will be subject to change should business case approval be delayed.

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

High level progress update (4)

Project Timetable (Governance)

OBC Approval:	Q4 2024/25
Procurement process:	Q1 2025/26
FBC Approval:	Q2 2025/26
On site:	October 2025 (<i>enabling works pre-31st March 2025 due to NHSE early works funding received</i>)
Works complete:	March 2028

Stakeholder Engagement

Successful ward visits took place throughout November 2024 to engage with clinical staff and to share plans for the project as they were developed. Useful feedback was incorporated into the design process.

Architect led workshops were held with Trust staff onsite in December 2024 to produce workable and affordable floor plans and establish individual room requirements. Follow-up meetings were held in early January to address outstanding issues and final floor plans have been shared for agreement / sign off.

High level progress update (5)

Early Contractor Appointment (PCSA)

- The Trust have engaged with McAvoy Construction in a pre-construction services agreement. This enables the Trust to refine the design of the new build elements, particularly around buildability, efficiencies and provide cost certainty for the procurement process.

Tender Package

- The design team are developing the tender packages in readiness for the procurement process.
- McAvoy will work alongside the appointed design team in developing the procurement packages and reserved matters planning documentation

Next Steps

- Await Outline Business Case approval from NHSE joint investment scrutiny committee (JISC) - decision due 27 January 2025
- Recruitment into key project delivery roles in Q4 2024/25
- Begin “early works” approved by NHSE (relocate reception & associated spaces)
- Complete detailed design work for tender process
- Submit Reserved Matters planning application by mid-February 2025.
- Procurement / tender of main scheme – Q1 2025/26

Council of Governors – Meeting held in public
22nd January 2025

Paper title:	Suicide Prevention Update	Agenda Item 10.0
Presented by:	David Sims, Medical Director Christopher Dixon, Interim Director of Nursing Professionals and Care Standards Thabani Songo, Interim Head of Nursing (Mental Health)	
Prepared by:	Thabani Songo, Interim Head of Nursing (Mental Health)	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	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	
	Giving back to our communities	X
Being the Best Partner	Partnership	X
Good governance	Governance, accountability & oversight	

Council of Governors – Meeting held in Public 22nd January 2025

Suicide Prevention Update

1. Purpose

The Office of National Statistics (ONS) published their annual suicide data Suicides in England and Wales: 2022 on the 19th of December 2023.

The updated data show the overall rate for West Yorkshire reduced slightly from 13.0 per 100,000 people in 2019-2021 to 12.5 in 2020-2022. This remains higher than England’s average rolling three-year rate, which for 2020-2022 was 10.3, slightly down from the 10.4 for 2019-2021.

Calderdale, Leeds and Wakefield all saw slight rate decreases, with Bradford and Kirklees seeing slight increases. ONS data shows suicide rates in Bradford District have increased from 9.7 to 10.4 per 100,000 people.

Bradford has the lowest suicide rate in Yorkshire and the Humber but is slightly above the national rate of 10.3 deaths per 100,000 people.

	2022-2022	2019-2021
England	10.3	10.4
West Yorkshire	12.5	13.0
Bradford	10.4	9.7
Calderdale	16.7	17.3
Kirklees	11.9	11.4
Leeds	11.9	13.3
Wakefield	15.8	17.2

In 2023 the three local authorities undertook an audit of the coroner's files for people who had died in our districts where a conclusion of suicide was reached by the coroner at inquest. Bradford, Calderdale, and Kirklees have worked in partnership to deliver this audit and produce its findings and recommendations. The findings included in this report have been localised to Bradford District.

On the 4 April 2024 the ONS published the Quarterly suicide death registrations in England: 2001 to 2022 registrations and Quarter 1 (Jan to Mar) to Quarter 4 (Oct to Dec) 2023 provisional data.

There were 1,439 suicides registered in Quarter 4 (Oct to Dec) 2023 in England, equivalent to a provisional rate of 11.4 suicide deaths per 100,000 people; this rate is similar to the rate in Quarter 3 (July to Sept) 2023 and to those in Quarter 4 of previous years.

In 2023, 5,579 suicides were registered in England, equivalent to a provisional rate of 11.1 suicide deaths per 100,000 people; this rate was statistically significantly higher than the rates in 2022, 2021 and 2020; however, 2020 saw a decrease in suicide rates because of the impact of the coronavirus (COVID-19) pandemic on the coroner's inquests, and a decrease in male suicides at the start of the pandemic.

BDCFT suicide prevention steering group will undertake a review of the local suicide data once the ONS publish the full data set.

2. Proposed Outcome

Suicide Prevention in West Yorkshire and Harrogate

The Suicide Prevention Advisory Network (SPAN) continues to meet bimonthly hosted by South West Yorkshire Partnership Foundation Trust (SWYPFT). Previously presented to the Board, the overall aim of this five-year WY Suicide Prevention Strategy is to develop working relationships between partner agencies to provide an evidence-based but practical framework across the West Yorkshire region to help reduce the frequency of suicide. This was supported by a federation of NHS Trusts namely the three mental health trusts across the ICS. The group has multi agency membership, it includes representation from the three mental Health Trusts, local authority public health teams, West Yorkshire Police, West Yorkshire Fire and Rescue Service, HM Prison and Probation Services, Care UK and Yorkshire Ambulance Service and Public Health England.

In 2019/20 a Suicide Prevention Operational Group (SPOG) was formed to ensure the delivery of strategy and is accountable to the Mental Health Learning Disability Autism Program Board. The group had a refresh at the start of 2024 and is now working with the new national suicide prevention plan and the key findings from our latest coronial audit to put together a new data driven 5-year action plan for the district.

The West Yorkshire Health and Care Partnership strategy outlines the five core principles to guide West Yorkshire-wide decision making as: co-production, evidence-based action, system-wide impact, a life course approach and combatting stigma.

In 2023 BDCFT Deputy Director for Nursing and Care Standards commenced as chair of the West Yorkshire NHS Mental Health Providers Suicide Prevention Action Group which enables good practice to be shared between providers in respect to joint learning from patient safety incidents.

Suicide Prevention in Bradford

Bradford District Care NHS Foundation Trust continues as a member of the Bradford District Suicide Prevention group., The suicide prevention group continues to develop and is share chaired with VCS organisations to ensure wider skill and insight. The SPG have led several campaigns to tackle issues that influence suicide, these have included radio adverts about getting support to reduce or stop drinking and talking to someone and mini film clips about self-harm and making the call to get support.

This group (consisting of BDCFT; City of Bradford Metropolitan District Council, West Yorkshire Police, Bradford ICBs, Samaritans, West Yorkshire Fire and Rescue, and Bradford MIND) is also part of the West Yorkshire and Harrogate health care partnership.

In accordance with the West Yorkshire Health and Care Partnership Suicide Prevention strategy & Action Plan (2022-2027) BDCFT have agreed our local strategy in accordance with the five core principles:

- ***Co-production***

We will have service user and Carer representation on the suicide prevention (SP) steering group. Co production will be key to all transformation projects within BDCFT.

- ***Evidence-based action***

We will share and use our data to influence and review our response to suicide monthly through the SP Steering group

We will share and use our data and the intelligence from WY SPAN, SPOG and Bradford Steering Group to inform change.

- ***System-wide impact***

We will engage and attend the strategic and operation WY groups SPAN and SPOG, Bradford steering Group and feed data and intelligence to inform evidence-based outcomes.

- ***A life course approach***

We recognise the need for an all-age community response and will engage with VCS, service users, carers, and community services to inform decision making

- ***Combatting stigma***

We will hold a Suicide Prevention Awareness event across the district and invite, staff, service users, carers, VCS, PCNs, Acute Hospitals, Emergency Services.

The Suicide prevention steering group recently engaged key stakeholders, including lived experience partners, to review the trusts strategy committing to the development of Restorative Just and Learning Culture and Suicide Prevention pathways which is outlined further in this paper.

BDCFT's Suicide reduction steering group chair engages monthly with the Senior Public Health Specialist from the Health Improvement Team to undertake near to real-time suspected suicide surveillance which enables identification of themes and trends that are reflected upon within the steering group.

3. Options

BDCFT Initiatives 25/26

Restorative Just Culture and Zero Suicide Approaches

On Friday 21st June 2024, BDCFT received a visit from Dr Kathryn Turner, Metro North Mental Health Services, Queensland, Australia. The visit was the result of a research collaboration with BDCFT staff members (including University of Bradford staff) who are undertaking research regarding approaches to learning from community MH service deaths. Dr Turner presented work which she has led regarding the development of Restorative Just and Learning Culture (RJLC) and Suicide Prevention pathways.

This work appears at the forefront in international research and has evidence of impact. Dr Turner presented work undertaken regarding improvements to their learning processes post suicides which utilise sophisticated patient safety learning methods, are inclusive of MH clinicians and carers and attend to any support needs identified.

Dr Turner also presented work regarding the development of a suicide prevention pathway which is underpinned by a Zero Suicide Framework. Within the pathway, suicide risk assessment is an evidence based individualised formulation driven approach which informs safety planning undertaken collaboratively with service users and carers. Training in the evidence-based approaches to suicide risk assessment and safety planning is an essential requirement. Reliance upon high quality service data is identified as essential for the ongoing monitoring and evaluation of the approach.

As a result of the visit, attending senior board members made a commitment to the development of an RJLC and the development of a suicide prevention pathway. This work will receive external evaluation of impact. The BDCFT suicide prevention steering group will take this work forward with oversight of the Clinical Board. Dr Turner has kindly agreed to share the resources which have informed their approach.

As a result of Dr Turner's visit, BDCFT has made a commitment to replicate her approach. The work seeks to improve the quality of organisational learning generated from learning processes to inform our future service planning, whilst also being inclusive and supportive of all those affected by the deaths. It also intends to enhance the standard of our staff's approaches to suicide risk assessment and the provision of preventative interventions. BDCFT is currently in the planning stages of implementing this work.

Following on from the Dr Kathryn Turner visit the Trust has engagement with MerseyCare as they provide an internationally exemplary approach to the development of a Restorative Just Culture and Zero Suicide Approaches. A core group of members from the Trust met with Executive Director of Work Force Mersey Care NHS Trust.

Main message - the importance of developing a sense of supportiveness and psychological safety amongst the workforce to enable them to speak openly about when negative outcomes occur with service users and ensure they feel supported and understood within their roles. Their work did not focus initially upon suicide prevention (in contrast to the Australian approach) but more widely on the Trust culture and was led by HR. They are open to future collaborations with us on our own journey and the door was left open to future contacts.

External Evaluation in collaboration with Yorkshire and Humber Patient Safety Research Collaboration Yorkshire and Humber Patient Safety Research Collaboration

A crucial component of this work will be external evaluation in order to capture the outcomes. Research lead support has been arranged to oversee this evaluation but require some Trust resource to capture the data. The group has considered the measures and method which could be applied (at a first glance this is likely to include measures of staff psychological safety, staff perceived confidence and skills in assessment of suicide risk, suicide and suicide re-attempt data, quality of learnings generated from incident learning approaches).

BDCFT Risk trainer, Mental Health Act Department has been identified as having capacity to support the collation of baseline evaluation data which it is felt needs to be collated as early as possible. A PhD opportunity is also due to be advertised imminently to also focus on this evaluation.

Service Evaluation Lead based in Acute Community Services is also due to begin a 3 month research placement in December working with the lead researcher to seek to generate opportunities to engage BDCFT in research in collaboration with Dr Kathryn Turner.

Service Evaluation lead is currently involved in sharing learning and reflections in response to patient safety events within Acute Community MH Services, has included gathering views regarding patient safety from front line clinicians and it is hoped this will be valuable in informing the approach to evaluation moving forwards.

BDCFT Suicide Prevention steering group meets monthly and has representation from corporate, clinical and operational services within the Trust and service user and carer representation. The group leads on developments, sharing learning and ensuring that the Trust initiatives are in line with the national, regional and district strategies.

Learning from Suicides

The Patient Safety team has moved from working within the Serious Incident Framework and formally implemented the Patient Safety Incident Response Framework (PSIRF) as part of the NHS Patient Strategy in the Trust on the 1st April 2024. The changes in the new framework will enable the Trust to enhance its standard investigation processes with different approaches, a more tailored approach depending on the nature of each incident, and a focus on identifying learning. The Trust is working with partners across the Bradford and Airedale Place as well as the West Yorkshire and Harrogate Integrated Care System to standardise our approach to the new framework.

Investigators have all completed Human Factors training and will undergo additional training in relation to new investigative approaches over the next year. Other resources and training in patient safety and human factors are now available and the Trust is preparing a matrix to support staff at all levels to access appropriate training options.

The Patient Safety team are also participating in the 'Learn Together' research project which is studying Patient and Family Involvement in Serious Incident Investigations (PFI-SII) to enhance learning in relation to involvement. The team will be involved in a mental health specific project as part of this work specifically to look at approaches to involvement where suicide is suspected or confirmed.

4 Risk and Implications

The recent ONS statistics relating the regional and local increases to suicide rates is a stark reminder of the increasing risk of suicide within the local population. The current cost of living crisis and the covid pandemics impact on the mental health of the population possess additional pressures to BDCFT services with increasing referral rates particularly related to children and young people and adults in crisis requiring inpatient admissions.

The continued development of all age 24-hour crisis mental health support services with our community partners will be a key facet in mitigating suicide risk.

The Continued emphasis on learning from suicides and the commitment to the development of an RJLC and the development of a suicide prevention pathway will also support the workforce to identify and support service users at risk of self-harm and suicide.

5 Results

BDCFT is meeting both the long-term plan objectives in respect to mental health emergency crisis care and the West Yorkshire Health and Care Partnership Suicide Prevention strategy & Action Plan (2022-2027).

Bradford has the lowest suicide rate in Yorkshire and the Humber but a noted increase in the local suicide rate which is slightly above the national rate of 10.3 deaths per 100,000 people.

The Trust continues to work alongside partners within the West Yorkshire Health and care partnership to embed the national and regional Suicide Prevention Strategies within the Trust. The Trust engages with public health in relation to reported cases of suspected suicide, consideration for immediate actions regarding support for staff, families and affected communities. The ambition is to adopt an Australian evidence-based model to help strengthen our existing suicide prevention efforts, review of the Trust suicide prevention strategy and formulation of bespoke suicide prevention training package.

Organisations at place and across the region continue to work together to reduce suicide. This includes NHS Mental Health Trusts, emergency services, local authorities, prison services, and voluntary/third sector services. The Trust has a suicide prevention group leading on the delivery of the strategies for the Trust.

Thabani Songo
Head of Nursing, Mental Health

January 2025

Escalation and Assurance Report (AAA+D)

Report from the: Finance and Performance Committee (FPC)
 Date of meeting: 20 November 2024
 Report to the: Board of Directors

Agenda
Item

11.1

Top strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
There is a maintained risk that the Trust will be unable to maintain its financial sustainability in the medium to long term	Existing	There are in year mitigations in place within the Trust, which is also contributed to by wider system pressures
There is a risk that ongoing lack of capital funding will mean we are unable to effectively address the short, medium and long term estates requirements at Lynfield Mount, impacting on the safety, experience and outcomes for patients and staff	Existing	Capital funding is out of the control of the Trust, alternative plans are being explored but require support from partners

Key escalation and discussion points from the meeting
Alert
<ul style="list-style-type: none"> Continued challenges were within the demand into acute pathways of support. There were a number of risks (which had previously been identified) – out of area placements and temporary staffing. Agency staffing would be under the cap, however, the cost for bank staff was increasing.
Advise:
<ul style="list-style-type: none"> The Trust had been asked to identify service users who needed an assertive outreach model and who were a high risk to public safety, this impacted a small number of high-cost placements. The Trust risk tolerance would also be useful to review for 2025 and the Board should be informed of these choices and a discussion should take place about the balance of quality and financial risks. A paper on patient safety would be submitted to the next Board and the impact could then be considered. It had been agreed that an annual review would be undertaken in February 2025, linked to the Board Assurance Framework, to consider effectiveness of meetings/strategic risk. This would become an annual activity. It had been highlighted to NHSE that the Trust would forecast to deliver the break-even plan, however, areas were highlighted on the report which could affect this and the risk of around £1 – 1.7 million. The gross risk to delivering our Cost Improvement Programme plan is in the region of £6.8m. When all available mitigations are deployed, the current risks can be covered, however these are non-recurrent mitigations. Recurrent delivery of the CIP plan

continues to be the solution, with the focus on the 12 high priority programmes. The year to date financial position is £106k off track from plan.

- Bradford District and Craven started with a combined deficit of £39.6 million, deficit funding had been received and this would therefore be zero.
- £7 million off target Bradford Place ICB. Discussion had been taking place on progress of a System wide response to the deficit.
- Airedale’s hospital programme had been given approval, the amount to be provided was to be determined. Key conversations and decision making needed to take place regarding financial sustainability and delivering services differently.
- Community Dental Service Lead Provider Update - The existing Community Dental Service contracts across Yorkshire and Humber end on the 31st March 2025. A short process was undertaken to determine the lead provider, the Trust had submitted an application to undertake this role.
- An update was provided on the 0-19 Contract. Discussion regarding contract management, the changes proposed and timeframes and key performance indicators. It was agreed that an update would be provided to a future Committee on progress if the risk level changed.
- Smarter Spaces – An update was provided on Trust and collaborative actions required in relation to the risks and forward planning for 2025.
- Degree of assurance regarding finances for 24/25, however, it was important to bring together accountability and ownership for 25/26 surrounding strategic programmes. Identify better opportunities for System working and recognise the quality dimension.

Assure:

- Dental had seen an improvement (service users waiting on general anaesthetics). Targeted work had been undertaken to achieve this in waiting list management, supporting the right people to be in the right place and improved productivity through the acute Trust.
- An update was provided on the Lynfield Mount Hospital Redevelopment. The short deadlines were noted by the Committee and members thanked all staff working on this project for their dedication and hard work.
- Green Plan Update reassured the Committee of the work being undertaken.

Decisions / Recommendations:

Minutes of the previous Committee meeting.

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

The items approved by the Committee were:

- 0-19 Contract update (recommend approval to Trust Board).

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

Report approved by: Maz Ahmed
Chair of the Finance and Performance Committee (FPC)

Date: January

Escalation and Assurance Report (AAA+D)

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

Date of meeting: **13 November 2024**

Report to the: **Board of Directors**

Agenda
Item

11.2

Top strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
There is a risk that the continued pressure relating to gaps across our workforce will impact on the quality of care we are able to provide to patients	Existing	Limited assurance
There is a risk that the continued high demand and acuity in a number of services including acute inpatient, community MH, Children & Adults, Podiatry, LAC, will have a negative impact on patient experience and outcomes	Existing	Limited assurance
Recruitment challenges to roles & services having a negative impact on wellbeing & culture.	Existing	Limited assurance

Key escalation and discussion points from the meeting
Alert
<ul style="list-style-type: none"> Some Service Users had raised concerns about the layout of Willow Ward, a Go See visit would be undertaken to understand this further. Quality Assurance Visits had been undertaken in adult Community Mental Health Team (CMHT) North, Craven and Aire Wharfe with the next scheduled visits to City and South and West CMHT. One area identified was the current waiting time from GP referral to assessment and allocation to a care coordinator. Work was ongoing to address this. District nursing - Safer staffing levels had been significantly challenged over the last 6 months particularly within community nursing, highlighted concerns were rated red on the Trusts risk register. The safer staffing paper presented provided additional information and an overview of the actions currently underway to support. Challenge remains within access and flow into Adult Acute Inpatient Units and Psychiatric Intensive Care Unit(PICU) which was leading to a large number of out of area placements. Recovery and analysis work was taking place. The Trust was expecting a challenging winter in terms of respiratory infections, with the Trust contributing to the Integrated Care System (ICS) Winter Planning arrangements. Challenges continue to be highlighted around shortage of qualified staff. Work was ongoing regionally and in partnership to address this. Number of speech and language therapists, junior posts had been filled and once trained it was expected this would have an impact on the waiting list. Recruitment was a local and national challenge, work was ongoing within the Trust to address this.

Advise:

1. The new Involving Strategy would be circulated to stakeholders.
2. 3 wards would be undertaking Culture of Care – Bracken, Oakburn and Ashbrook. This was an NHS initiative supported by the Royal College of Psychiatrists.
3. Friends and Family Test (FFT) – A new contract had been approved with the Patient and Public Involvement team supporting implementation for late 2024 with ongoing work with operational services to ensure the new reporting structures will support service improvement.
4. Equality and Quality Impact Assessment (EQIA) – 0-19 services had been discussed as a potential EQIA. At present contract negotiations continued and the impact would be assessed following their conclusion. At present no transformation programmes have submitted an EQIA.
5. Electronic patient record (EPR) – update noted difficulties in the sharing of information between the Trust and our primary care colleagues.
6. Patient Safety and Complaints - capacity demand of operational colleagues continued to be a challenge but the improvements made to the complaints process & activity was noted.
7. Health inequalities was being looked into and how the Trust could engage with this. Strategic narrative changes were expected along with further presentation of data,
8. There is no national target mandated for memory assessment, but there was ongoing work around the national oversight strategy and there was an ongoing necessity to have a focus on reducing waiting assessment times.
9. Children’s services, continued to have a focus on waiting times. There was a stability of referrals.
10. Speech and language therapy had been integrated into the respective clinical Operational disciplines; work continued within this area. Demand continued to increase.
11. A quarterly report on the CQC was provided.

Assure:

1. Clinical Supervision – Rates continued to be over the 80% threshold up to September with a slight reduction to 78% in October, areas of under compliance escalated to operational leads to support recovery.
2. Work surrounding population health work/neighbourhood teams that the Trust was embarking on in community nursing would start to see a change in assurance level from limited.
3. The Trust Smoke Free Initiative had now been implemented, this would continue to be monitored and reviewed, with oversight provided by the appropriate Committee/s.
4. EQIA pre decision making tool was trialled and approved for use.
5. Patient Safety and Complaints – work was ongoing to ensure acknowledgements were timely, however, the trajectories had been improved (particularly for complaints and governance and oversight) - capacity demand of operational colleagues continued to be a challenge.

Decisions / Recommendations:

- Minutes and action log - approved.

- Equality Delivery System 2022 (EDS22) 2024 update and 2025 Methodology Proposal – approved.
- Strategic Assurance levels and strategic risks – approved.

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

Report approved by: Alyson McGregor

Chair of the Quality and Safety Committee

Date: 9 December 2024

Escalation and Assurance Report (AAA+D)

Report from the: **People and Culture Committee (PCC)**
 Date of meeting: **14 November 2024**
 Report to the: **Board of Directors**

Agenda
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11.3

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

Key escalation and discussion points from the meeting

Alert

1. Level of temporary staffing (particularly in inpatient areas) high acuity of patients, effective rostering and best use of resources, deployment of available staff and ensuring safer staffing.
2. Increase in number of disciplinaries within the inpatient area.

Advise:

1. An update was provided on the National Staff Survey.
2. Staff sickness has had a slight increase, staff vaccinations were being encouraged.
3. Work was ongoing to publicise return to work interviews and the mechanism to undertake this.
4. The Committee discussed ‘unused’ hours and rostering and what this meant in terms of data and what was being undertaken to address data manipulation issues to determine what was happening in practice. The joint development session in December 2024 would further investigate rostering at the Trust.
5. Medical Staffing Update - Recruits from India would be expected in early 2025, there has been a delay with obtaining certificates of sponsorships. A further 9 jobs had been advertised.
6. There was a pilot starting within admin services to encourage people onto the Trust bank, to reduce reliance on external providers.
7. Apprenticeship Levy –an update was received of the current and projected finances, progress against achieving key performance targets, the current providers, and the commitment of the new Government to change the Apprenticeship Levy and how this could impact the Trust.

Assure:

1. Daily executive panel for vacancy approval had been stood down, the Trust was confident that monitoring mechanisms to approve vacancies was working appropriately and the Trust also had alternative strategic oversight in place via the Programme Management Office.
2. Recruitment timescales continued to improve; an increased number of managers were being trained on Trac.
3. Improvement work continued to maintain the correct levels of mandatory training for bank workers to improve ability for them to undertake temporary work.
4. Labour turnover continued, it was at 1% decline for the numbers of leavers and the number of leavers within 12 months
5. The Trust was close to inducting 100% of new starters within the first month of joining the organisation.
6. Medical Staffing – the Trust had achieved 100% direct engagement. The new liaison system was working effectively - savings were estimated to be £25,000 (to date) due to negotiating hourly rates and commission.
7. The wealth of data and case studies available for the Public Sector Equality Duty Report was a testament to the work throughout the Trust.
8. A presentation was provided on the Employee Relations Casework Review, the changes implemented and the positive impact.

Decisions / Recommendations:

3. Action log – approved
4. Public Sector Equality Duty Report (including update on Strategy and Equality Objectives) – approved
5. Equality Delivery System 2022 (EDS22) Domains 2 and 3 Update – approved

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

Report approved by: Sally Napper and Mark Rawcliffe - Chairs of the People and Culture Committee (PCC)

Date: December 2024

Escalation and Assurance Report (AAA+D)

Report from the: Charitable Funds Committee

Date of meeting: 31 October 2024

Report to the: Board of Directors

Agenda
Item

11.4

Top 3 strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Competition with other providers and the grant allocation process	Existing	High
Key person dependency	Existing	Medium

Key escalation and discussion points from the meeting

Alert	Action (to be taken)	By Whom	Target Date

Advise:

Board Assurance for 2025 plans – the year ahead has been planned and have broadened the influence into the community as well as the trust.

Continued support of the executive team.

Proactive approach that she's taking probably advise around Lynfield Mount Hospital.

Assure:

Board assurance - spending the money of the charity in a positive way.

Board Assurance - Patient experience - The Artist in Resident.

Board Assurance - The CMHT videos as well is really important and I think important for board as well.

Board Assurance - Board assurance 2025 plans – The Charity are getting ahead and have planned the year ahead.

Traceability through the work that the charity's doing to support the work that the Exec team are doing to reduce bed stay, attendance, .

Decisions / Recommendations:

The Charity Annual Report and Charity Annual Accounts.

Report completed by: Nazmeen Khan, Corporate Governance Officer

Report approved by:– Mark Rawcliffe Chair of Charitable Funds Committee

Report completed on: