

Meeting Title	Board of Directors		
Date	11 May 2023	Agenda item	Bo.5.23.16

UPDATE ON PLACE BASED NURSING ARRANGEMENTS

Presented by	Professor Karen Dawber, Chief Nurse		
Author	Professor Karen Dawber, Chief Nurse		
Lead Director	Professor Mel Pickup, Chief Executive Officer		
Purpose of the paper	To update the Board on the arrangements for Placed based nursing.		
Key control			
Action required	For assurance		
Previously discussed at/ informed by	Verbally discussed in March Board of Directors. Paper informed by three provider Chief Nurses.		
Previously approved at:		Date	

Key Options, Issues and Risks

The paper provides the overview and oversight of the Place based nursing arrangements. In addition, the paper describes the key risk at Place and describes the portfolios of each Chief Nurse.

The paper provides assurance for the Board that the 12 month trial (with 3 monthly reviews) will not have any negative impact on the Chief Nurse (BTHFT) portfolio.

Analysis

Following the retirement of the Director of Quality and Nursing Bradford District Care Integrated Change Board a distributed leadership solution has been developed across the three provider Chief Nurses.

The three provider Chief Nurses have met weekly to discuss how they will allocate the workload whilst remaining consistent in the enaction of their duties. A full analysis of the workload has been undertaken including the flagging of any concerns or escalations. This has provided the team with the opportunity to ensure all key areas of the portfolio are addressed and oversight is maintained. All key meetings across place and the West Yorkshire Integrated Care System have been attended, with no gaps in controls or assurance.

To support this process an interim place-based Deputy Director of Nursing and Quality has been put in place. This is to maintain management oversight of the team on a day-to-day basis, as a single point of contact for all parties and to ensure the ongoing running of the Place based functions, working in collaboration with the three provider Chief Nurses.

The provider Chief Nurses have regular one to one's with their Chief Executive Officer's (CEO) and there is a monthly meeting with the three provider Chief Nurses and the CEO for the Partnership. This allows further oversight of the workload and early escalation.

Recommendation

Meeting Title	Board of Directors		
Date	11 May 2023	Agenda item	Bo.5.23.16

The Board of Directors are asked:

1. To note the continued progress with the role and the assurance provided within the paper.
2. To note the model will be reviewed and a report provided to the Board in Quarter (Q) 4 2023/24.
3. To be assured that an operational principle has been established to prevent confusion, ensure a coordinated approach and to ensure openness, transparency and independence.
4. To be assured that systems and processes are in place to monitor performance in relation to the portfolio of the Chief Nurse and any adverse impact the additional duties may have.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
<i>The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.</i>	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors						
Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance

Meeting Title	Board of Directors		
Date	11 May 2023	Agenda item	Bo.5.23.16

NHS England: (please tick those that are relevant)			
<input type="checkbox"/> Risk Assessment Framework	<input type="checkbox"/> Quality Governance Framework		
<input type="checkbox"/> Code of Governance	<input type="checkbox"/> Annual Reporting Manual		
Care Quality Commission Domain: Choose an item.			
Care Quality Commission Fundamental Standard: Choose an item.			
NHS England Effective Use of Resources: Choose an item.			
Other (please state):			

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality & Patient Safety	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	11 May 2023	Agenda item	Bo.5.23.16

1 PURPOSE/ AIM

The paper provides the overview and oversight of the Place based nursing arrangements. In addition, the paper describes the key risk at Place and describes the portfolios of each Chief Nurse.

The paper provides assurance for the Board that the 12 month trial (with 3 monthly reviews) will not have any negative impact on the Chief Nurse (BTHFT) portfolio.

2 BACKGROUND/CONTEXT

Following the retirement of the Director of Quality and Nursing Bradford District Care (BDC) Integrated Change Board (ICB) the ICB are trialling a distributed leadership model across Place. This entails the three provider Chief Nurses working across Place to enact the statutory and local duties of the previous post-holder.

The three provider Chief Nurses have met weekly to discuss concerns and escalations on portfolio; this has provided the team with the opportunity to ensure all key areas of the portfolio are addressed and oversight is maintained. All key meetings across place and West Yorkshire ICS have been attended, with no gaps in controls or assurance.

To support this process an interim place-based Deputy Director of Nursing and Quality has been actioned in the absence of the current post-holder who is currently off sick. This is to maintain management oversight of the team on a day-to-day basis, as a single point of contact for all parties and to ensure the ongoing running of the place-based functions, working in collaboration with the three provider Chief Nurses.

The role of the Health and Care Partnership Director of Nursing (Bradford District Care) has a number of statutory roles: Patient Safety; Quality Assurance; Oversight and Monitoring of Care Homes with Local Authority partners, Safeguarding, Host Commissioning and Continuing Health Care.

The three provider Chief Nurses have their own organisational and statutory roles that need to be met.

3 PROPOSAL

As discussed and agreed at the March Board, the plan is for a 12 month distributed leadership model to enact the role of the Place Director of Nursing. This commenced on the 1 April 2023.

This concept was discussed and supported at all three Provider Boards and the Place Leadership Executive group.

The three Chief Nurses continue to have their organisational portfolios and in addition have shared the roles that made up the Place Director of Nursing role.

Oversight is provided by the individual organisations Chief Nurses' CEOs for their organisational responsibilities and to the CEO Bradford Place for Place related activities. There is a monthly oversight meeting with the provider Chief Nurses and the Place CEO as well as a formal quarterly review to respective Boards. This gives the opportunity for early escalation and mitigation if there is slippage or impact on individual organisations.

Meeting Title	Board of Directors		
Date	11 May 2023	Agenda item	Bo.5.23.16

The role of the Health and Care Partnership Director of Nursing (BDC) has a number of statutory roles: Patient Safety; Quality Assurance; Oversight and Monitoring of Care Homes with Local Authority partners, Safeguarding, Host Commissioning and Continuing Health Care. The roles are broken down as follows and operational plan is attached as Appendix 1.

For further clarity and assurance the roles and individual responsibilities are described below.

Quality Assurance

There is currently a review of the System Quality Committee with an away day planned on 25 May 2023 to ensure that there is:

- a) Timely insight and intelligence sharing into opportunities for learning and improvement, and issues that need to be addressed and escalated.
- b) Establishment of robust quality performance data.
- c) Positive assurance that statutory duties are being met, concerns and risks are addressed, and improvement plans are having the desired effect.
- d) Confidence in the ongoing improvement of care quality, drawing on timely diagnosis, insight and learning. This includes confidence that inequalities and unwarranted variation are being addressed.
- e) The introduction of Alert Advise Assure (AAA) reports from services, performance dashboard and a robust risk register.

This piece of work is being led by Amanda Stanford, Chief Nurse.

Safeguarding

The task of organising **safeguarding** arrangements in relation is shared by three partner agencies (Local Authorities, Police, and Integrated Care Boards (ICB)). Phillipa Hubbard, Chief Nurse, is supporting both Safeguarding Children and Adults on behalf of the distributed health leadership model, taking on the Lead for the Safeguarding Oversight Group. The partners must work together to safeguard children and promote the welfare of all children in their area, and to monitor and ensure the effectiveness of those arrangements.

- a) The management support and leadership for the safeguarding team and Named Doctors.
- b) Attendance at all key strategic and oversight meetings in relation to safeguarding.
- c) Supporting the Care Home quality and oversight team.
- d) Health involvement in the Independent Review Panel finding into Star Hobson.
- e) Acting as the Deputy Chair for both Safeguarding Boards.

Patient Safety

Patient safety, in part is covered in the revised Patient Safety Incident Response Framework (PSIRF - previously Serious Incidents). The Chief Nurses on behalf of the ICB has an overarching role in overseeing the implementation of PSIRF and establishing robust systems and process to ensure:

- a) Collaboration with their providers in the development, maintenance and review of provider patient safety incident response policies and plan the relationship and processes between Health and Wellbeing Boards (HWB).
- b) Agree provider patient safety incident response policies and plans, including the establishment of the Patient Safety Review Panel attended by Professor Karen Dawber and

Meeting Title	Board of Directors		
Date	11 May 2023	Agenda item	Bo.5.23.16

Phillipa Hubbard to ensure that there are no conflicts of interest when signing off provider reports.

- c) Oversee and support effectiveness of systems to achieve improvement following patient safety incidents.
- d) Support coordination of cross-system learning and response.
- e) Seek assurance that governance processes are in place for the monitoring of National Patient Safety Alerts, National Institute for Health and Care Excellence (NICE) guidance and supporting General Practitioner practices.
- f) The health quality oversight of care homes and independent providers alongside Local Authority partners to ensure that patient safety is maintained.
- g) Share insights and information across organisations/services to improve safety with statutory responsibility to support Care Quality Commission (CQC) and other regulators to ensure overview and scrutiny of all NHS contracted services.

Continuing Health Care

NHS **Continuing Health Care (CHC)** is led by Professor Karen Dawber who oversees the delivery of packages of ongoing care that is arranged and funded by Health. It is the responsibility of the ICB to decide the appropriate package of support for NHS CHC which maintains patient safety, oversight and review of care packages, working closely with Local Authority partners to ensure a duty of care is provided. This service is currently undertaking a review of functions and governance of process including hosting commissioning and complex children.

The previous Director of Nursing had a West Yorkshire ICS leadership role for Learning Disabilities Mortality Review (LeDeR); this has been assumed by Phillipa Hubbard with the respective annual plan being presented to the West Yorkshire ICS Quality Committee. This is supported by the West Yorkshire ICS Local Area Contact and the Deputy Director of Nursing in Calderdale and Kirklees. .

The Distributed Leadership since the commencement of the role has continued to engage with their fellow Place based leaders including the attendance at an away day to establish the role of placed based leadership and the wider West Yorkshire ICB functions.

The Chief Nurses work together across a range of issues at Place, examples of recent cross-cover and working are: Special Educational Needs and Disability (SEND); Star Hobson review; Tong Park Asylum seekers; West Yorkshire ICS attendance at key meetings and committees.

A number of key priority areas have been identified for immediate focus for the Director of Nursing and Quality, these include (but are not limited to):

- Continuing Health Care.
- Quality Assurance and Oversight – Systems and processes.
- PSIRF Implementation (oversight and sign-off).
- SEND/Complex Children – Ongoing.
- Response to Star Hobson – Ongoing.

The three provider Chief Nurses have reviewed these and provided an update on the progress.

Early indication is that the distributed model of leadership is a credible solution to modern and sustainable ways of working and has been for approval at all the three provider Boards.

Meeting Title	Board of Directors		
Date	11 May 2023	Agenda item	Bo.5.23.16

4	BENCHMARKING IMPLICATIONS
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Not applicable.

5	RISK ASSESSMENT
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Not applicable.

6	RECOMMENDATIONS
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1. To note the continued progress with the role and the assurance provided within the paper.
2. To note the model will be reviewed on a monthly basis and a report provided to the Board in Quarter (Q) 4 2023/24.
3. To be assured that an operational principle has been established to prevent confusion, ensure a coordinated approach and to ensure openness, transparency and independence.
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7	Appendices
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Appendix 1 – Operational Delivery Plan.