**Bradford Teaching Hospitals**
NHS Foundation Trust

# COUNCIL OF GOVERNORS OPEN

# COUNCIL OF GOVERNORS OPEN

📅 18 July 2024

🕐 15:45 GMT+1 Europe/London

📍 Conference room, Field House, BRI

## AGENDA

## REFERENCES

📄 00 CGo.7.24.0 - Council of Governors  Agenda 18.7.24v4.pdf

## Council of Governors Meeting Agenda

| Date | Thursday, 18 July 2024 | Time | 15.45 – 17.15 |
|---|---|---|---|
| Venue | Conference room booked 12.30-5.30pm | Chair | Sarah Jones, Chair |

- *Strategy Workshop, 1pm to 2.15pm*
- *Patient Experience walk rounds, 2.15pm to 3.30pm (visit arranged to cover Command centre / Multi Agency Integrated Discharge Team (MAIDT) / capital works in mortuary / work of Virtual Royal Infirmary (VRI) – hospital at night initiative)*
- *Council of Governors meeting, 3.45 to 5.15pm*

| Time | No. | Agenda Item | Lead | Outcome | Papers attached |
|---|---|---|---|---|---|
| 15:45 | CGo.7.24.1 | Apologies for absence | Chair | For information | Verbal |
| | CGo.7.24.2 | Declarations of interest | Chair | For information | CGo.7.24.2 |
| | CGo.7.24.3 | Minutes of the meeting held 6 February 2024 | Chair | For approval | CGo.7.24.3 |
| | CGo.7.24.4 | Matters arising | Chair | For information | Verbal |
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| 15:55 | CGo.7.24.5 | Holding to Account | | | |
| | | • Chair's report | Chair | For assurance | CGo.7.24.5a |
| | | • NED feedback (reports from Board) (January to July 2024) | NEDs | | CGo.7.24.5b |
| | | • Chief Executive's report - Section A – July 2024 - Section B – April 2024 | Chief Executive | | CGo.7.24.5c |
| | CGo.7.24.6 | Regulation / Oversight of the Trust | Chair | For information | Presentation |
| | CGo.7.24.7 | Matters raised with Governors by members, patients and the public | Board Secretary | For information | Verbal |
| | CGo.7.24.8 | Outcomes of Staff Survey | Chief People & Purpose Officer | For assurance | Presentation |
| | CGo.7.24.9 | AGM/AMM proposal | Board Secretary | For approval | CGo.7.24.9 |
| | CGo.7.24.10 | Establishment of Governor Policy / Procedure task and finish group | Board Secretary | For approval | CGo.7.24.10 |
| | CGo.7.24.11 | Establishment of Constitution Review task and finish group | Board Secretary | For approval | CGo.7.24.11 |
| | CGo.7.24.12 | Council of Governors work programme | Board Secretary | For approval | CGo.7.24.12 |
| | | | | | |
| | CGo.7.24.13 | Any other business | Chair | For information | Verbal |
| | CGo.7.24.14 | Review of meeting | Chair | For information | Verbal |
| | CGo.7.24.15 | Date and time of next meeting 17 October 2024, 3.30-5.30pm | Chair | For information | Verbal |
| 17:15 | CGo.7.24.16 | Resolution to move into private session | Chair | For decision | Verbal |
| | | | | | |

This meeting of the Council of Governors will take place virtually. The agenda and papers are available on our website. Any Foundation Trust Member or member of the public can raise questions regarding the business of the Council of Governors.  Questions should be submitted no later than 4pm on the Tuesday prior to the meeting either in writing to the Board Secretary, Trust Headquarters, Chestnut House, Bradford Royal Infirmary, Duckworth Lane, Bradford, BD9 6RJ or, by email to corporate.governance@bthft.nhs.uk

### REFERENCES

📕 CGo.4.24.2 - Declarations of Interest.pdf

| Employee | Year | Interest Type | Date Incurred | Date Ended | Role | Interest Description (Abbreviated) | Provider | Value £'s |
|---|---|---|---|---|---|---|---|---|
| Alastair Goldman | 2020/21,2021/22,2022/23,2023/24 | Outside Employment | 08/02/2021 | | Governor | employee of University of Bradford | University of Bradford | 0 |
| Alastair Goldman | 2021/22 | No Change to existing declarations | 31/03/2022 | | Governor | | | 0 |
| Alastair Goldman | 2017/18,2018/19,2019/20,2020/21,20 21/22,2022/23,2023/24 | Loyalty Interests | 01/01/2018 | | Governor | Governor at NCLT – New Collaborative Learning Trust | NCLT – New Collaborative Learning Trust | 0 |
| Alastair Goldman | 2017/18,2018/19,2019/20,2020/21,20 21/22,2022/23,2023/24 | Loyalty Interests | 01/01/2018 | | Governor | Member of district board and chair of youth employment group | Bradford Council Careers and Technical Education | 0 |
| Aleksandra Atanaskovic | 2022/23 | Nil Declaration | 23/01/2023 | | Governor | | | 0 |
| Aleksandra Atanaskovic | 2023/24 | Nil Declaration | 27/02/2024 | | Governor | | | 0 |
| Anne Forster | 2021/22,2022/23,2023/24 | Outside Employment | 18/06/2021 | | Governor | Employee University of Leeds strong links with the Stroke Association primarily providing research advice. | University of Leeds | 0 |
| David Wilmshurst | 2020/21,2021/22,2022/23,2023/24 | Loyalty Interests | 08/02/2021 | | Governor | board member | Connect Housing Association | 0 |
| David Wilmshurst | 2020/21,2021/22,2022/23,2023/24 | Loyalty Interests | 08/02/2021 | | Governor | chair | Audit & Risk Management Committee | 0 |
| David Wilmshurst | 2021/22 | No Change to existing declarations | 14/03/2022 | | Governor | | | 0 |
| Dermot Bolton | 2015/16 & before | Outside Employment | 15/10/2014 | 31/01/2022 | Governor | Project and programme manager, working on BDC digital programme (which includes BTHFT) at 0.4fte. Reporting to CDIO, Paul Rice. | University of Bradford | 0 |
| Dermot Bolton | 2020/21 | Outside Employment | 08/02/2021 | 31/01/2022 | Governor | employee of university of bradford and member of council | University of Bradford | 0 |
| Dermot Bolton | 2021/22,2022/23,2023/24 | Outside Employment | 01/02/2022 | | Governor | Senior Programme Manager in Frontline Digitisation. Part of NHS England Transformation Directorate | NHS England | 0 |
| Farideh Javid | 2023/24 | Nil Declaration | 17/04/2023 | | Governor | | | 0 |
| Farzana Khan | 2020/21 | Nil Declaration | 03/02/2021 | | Consultant Accident And Emergency | | | 0 |
| Farzana Khan | 2021/22 | Nil Declaration | 15/03/2022 | | Consultant Accident And Emergency | | | 0 |
| Farzana Khan | 2022/23 | Nil Declaration | 28/12/2022 | | Consultant Accident And Emergency | | | 0 |
| Farzana Khan | 2023/24 | Loyalty Interests | 14/02/2024 | | Consultant Accident And Emergency | Dr Amir Khan- GP partner at the Ridge Medical Practice Brother to me. | Ridge medical practice | 0 |
| Helen Wilson | 2020/21 | Nil Declaration | 08/02/2021 | | Medicines Information and Clinical Trials Manager | | | 0 |
| Helen Wilson | 2021/22 | Nil Declaration | 09/03/2022 | | Medicines Information and Clinical Trials Manager | | | 0 |
| Helen Wilson | 2022/23 | Nil Declaration | 13/12/2022 | | Medicines Information and Clinical Trials Manager | | | 0 |
| Helen Wilson | 2023/24 | Nil Declaration | 18/01/2024 | | Medicines Information and Clinical Trials Manager | | | 0 |
| Ibrar Hussain | 2021/22,2022/23,2023/24 | Loyalty Interests | 08/06/2021 | | Governor | Trustee of charity | Save the Mothers Trust (SMT) | 0 |
| Ibrar Hussain | 2021/22,2022/23,2023/24 | Loyalty Interests | 08/06/2021 | | Governor | elected member of Bradford Council | Bradford Council | 0 |
| Ibrar Hussain | 2023/24 | Nil Declaration | 04/03/2024 | | Governor | | | 0 |
| Khalid Choudhry | 2022/23 | Nil Declaration | 26/05/2022 | | Governor | | | 0 |
| Khalid Choudhry | 2022/23 | Nil Declaration | 20/12/2022 | | Governor | | | 0 |
| Khalid Choudhry | 2023/24 | Nil Declaration | 14/02/2024 | | Governor | | | 0 |
| Kursh Siddique | 2020/21,2021/22,2022/23,2023/24 | Loyalty Interests | 08/02/2021 | | Governor | director | BAME voices Yorkshire Ltd | 0 |
| Kursh Siddique | 2020/21,2021/22,2022/23,2023/24 | Loyalty Interests | 08/02/2021 | | Governor | trustee | MAPA | 0 |
| Kursh Siddique | 2020/21,2021/22,2022/23 | Loyalty Interests | 08/02/2021 | 01/04/2023 | Governor | trustee | Bradnet | 0 |
| Kursh Siddique | 2021/22 | No Change to existing declarations | 31/03/2022 | | Governor | | | 0 |
| Mark Chambers | 2020/21 | Outside Employment | 08/02/2021 | 01/08/2020 | Governor | trustee/director | Emmanuel Schools Foundation | 0 |
| Mark Chambers | 2020/21 | Outside Employment | 08/02/2021 | 01/10/2021 | Governor | trustee/director | North Star Academies Trust | 0 |
| Mark Chambers | 2020/21 | Outside Employment | 08/02/2021 | 01/08/2021 | Governor | Non executive director | Magpie eduction | 0 |
| Mark Chambers | 2020/21,2021/22,2022/23,2023/24 | Outside Employment | 01/08/2020 | | Governor | COO | Emmanuel Schools Foundation | 0 |
| Mark Chambers | 2021/22,2022/23,2023/24 | Outside Employment | 01/10/2021 | | Governor | trustee/director | North Star Academies Trust | 0 |
| Mark Chambers | 2022/23 | No Change to existing declarations | 12/04/2022 | | Governor | | | 0 |
| Raquel Licas | 2023/24 | Nil Declaration | 31/03/2024 | | Sister/Charge Nurse - staff governor | | | 0 |
| Ruth Houghton | 2020/21 | Nil Declaration | 08/02/2021 | | General Manager for Urinary Tract and Vascular CBU | | | 0 |
| Ruth Houghton | 2022/23 | Nil Declaration | 13/04/2022 | | General Manager for Urinary Tract and Vascular CBU | | | 0 |
| Ruth Houghton | 2023/24 | Nil Declaration | 17/08/2023 | | General Manager Adult OPD CPBS and Med Records - Access CBU | | | 0 |

## REFERENCES

📄 CGo.7.24.3 - Unconfirmed  COG minutes 6.2.24v4 (final) (1).pdf

## Unconfirmed Minutes - Council of Governors Open Meeting

| Date | Tuesday, 6 February 2024 | Time | 15:30 – 16:35 |
|---|---|---|---|
| Venue | Carlisle Business Centre, 60 Carlisle Rd, Manningham, Bradford BD8 8BD | Chair | Helen Hirst, Interim Chair |
| Present | - Helen Hirst, Interim Chair (HH)<br>- Aleksandra Atanaskovic – Public Governor, Shipley (AA)<br>- Dermot Bolton, Public Governor, Bradford West (DB)<br>- Mark Chambers, Patient Governor (MC)<br>- Professor Anne Forster, Partner Governor, University of Leeds (AF)<br>- Professor Alastair Goldman, Partner Governor, University of Bradford (AG)<br>- Ibrar Hussain, Public Governor, Bradford West (IH)<br>- Dr Farideh Javid, Public Governor, Bradford South (FJ)<br>- Dr Farzana Khan, Staff Governor, Medical & Dental (FK)<br>- Raquel Licas, Staff Governor, Nursing & Midwifery (RL)<br>- Kursh Siddique, Public Governor, Bradford East (KS)<br>- Helen Wilson, Staff Governor, AHP (HW)<br>- Ruth Wood, Staff Governor, All Other Staff Groups (RW) | | |
| In attendance | - Zafir Ali, Non-Executive Director (ZA)<br>- Professor Louise Bryant, Non-Executive Director (LB)<br>- Faeem Lal, Interim Director of HR (FL)<br>- Julie Lawreniuk, Non-Executive Director (JL)<br>- Bryan Machin, Non-Executive Director (BM)<br>- Jacqui Maurice, Head of Corporate Governance (JM)<br>- Sughra Nazir, Non-Executive Director (SN)<br>- Eleanor Nossiter, Communications Advisor (EN)<br>- Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP)<br>- Professor Mel Pickup, Chief Executive (MP)<br>- Altaf Sadique, Non-Executive Director (AS)<br>- Karen Walker, Non-Executive Director (KW) | | |
| Minute taker | - Katie Shepherd, Corporate Governance Manager via Teams recording | | |

| No. | Agenda Item | Actions |
|---|---|---|
| CGo.2.24.1 | **Apologies for Absence**<br>The following apologies were received:<br>- Khalid Choudhry, Public Governor, Keighley<br>- Councillor Fozia Shaheen, Partner Governor, Bradford Metropolitan District Council<br>- David Wilmshurst, Public Governor, Shipley | |
| CGo.2.24.2 | **Declarations of Interest**<br><br>There were no interests declared. | |
| CGo.2.24.3 | **Minutes of the meeting held on 9 November 2023**<br><br>The previous minutes were accepted as a correct record. | |

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| No. | Agenda Item | Actions |
|---|---|---|
| CGo.2.24.4 | **Matters Arising**<br><br>HH referred to the action log appended to the minutes. The status of the actions was confirmed by the Council, as follows:<br>• CG23006 Summary of pre meeting with NEDs: DW raised a concern around the length of time it takes to recruit staff in the early stages. FL agreed to provide a briefing to Governors. Action held over to the next meeting.<br>• CG23012 Membership Plan: Further discussion took place around engaging with the retailers in the hospital with a view to providing discounts to members or other incentives. Item included within report on agenda. Action closed.<br>• CG23013 Summary of the Pre- meeting with NEDs: A question was raised around the provision of analysis relating to discharges and discharge planning. An item has been added to the agenda for the April Council of Governors meeting. Action closed. | |
| CGo.2.24.5 | **Summary of the pre-meeting with Non-Executive Directors (NEDs)**<br><br>HH advised of the discussions held between the NEDs and governors immediately prior to this meeting regarding outcomes from the Academy meetings. Key points noted were:<br>- JL had discussed with governors the risks to the delivery of the financial plan and the actions being taken to mitigate the risks. The Council also noted that guidance is still awaited regarding operational planning. HH advised that these areas will be covered via the report from the CEO later in the meeting.<br>- KW had provided a comprehensive update which included coverage of recruitment campaigns, the People Plan, the development of a 'Just Culture' and progress related to the Outstanding Pharmacy Programme. A discussion took place regarding recruitment challenges and the need to ensure that the end-to-end processes were made more efficient.<br>- MC suggested that consideration should be given to the format of the NED reports to better help governors in holding the NEDs to account and HH had referred to the highlight reports NEDs provide to the Board.<br><br>LP advised that these reports were included routinely on the Council of Governors meeting agendas and were available at item 'CGo.2.24.14 Reports from the Board'.<br><br>The Council noted the verbal updates provided. | |
| CGo.2.24.6 | **Matters raised with Governors by members, patients and the public**<br><br>There was nothing to report. | |

| CGo.2.24.7 | **Interim Chair's Report** | |
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| | HH presented her report and highlighted the following: | |
| | - The thanks conveyed to outgoing NEDs, Jon Prashar, and Barrie Senior, who had each completed their final NED terms on 31 January 2024. | |
| | - The development support for the Board from ANHH Consulting, who were undertaking a review of 'governance mechanics' to improve systems and processes and clarify roles and responsibilities. | |
| | - ANHH Consulting had supported two Governor Development sessions during January 2024. The Council was asked to note the separate agenda item covering this at CGo.2.24.11. | |
| | - Elections to the Council of Governors which would commence 9th February 2024. *Post meeting note: On review, due to the upcoming local authority elections the current governor election schedule will run into the pre-election period for those local authority elections. Therefore, the governor election process will be moved forward and formally commence on 7 May 2024 to ensure there is no conflict.* | |
| | The Council noted the report. | |
| CGo.2.24.8 | **Chief Executive's Report** | |
| | MP provided a comprehensive summary of the report that had been received by the Board of Directors on 18 January 2024. The key highlights from her summary included: | |
| | - The Rapid Quality Review process initiated by NHS England which had received positive assurances following the commissioner visit to Neonatal services. This has now transitioned into the Quality Improvement Group (QIG). The QIG met on 26 January 2024 with the outcomes of the meeting providing a positive step forward. | |
| | - Industrial action involving the Junior Doctors had taken place during December 2023 and January 2024. Staff at BTHFT were commended for the excellent work they had provided during the period to ensure that safe services were maintained. No issues or incidents had been reported during the period of industrial action. It was however noted that the impact on patients who had appointments cancelled during the period was not yet known. | |
| | - The challenging financial position facing our Trust and our partner organisations alongside the financial challenges also being faced by the local authority. | |
| | - Three newly appointed Executive Directors would commence in post on 1 April 2024, pending pre-employment checks, in the roles of Chief People and Purpose Officer, Director of Estates and Facilities and Director of Strategy and Transformation. | |
| | - The planned opening for the Community Diagnostic Centre at Eccleshill was 27 February 2024. This would provide much needed diagnostic capacity and was a shared endeavour between our Trust and Airedale NHS Foundation Trust. | |
| | - Work to respond to the requests from NHS England on Health Inequalities had commenced and an update would be provided to the Board in due course. | |
| | The Council noted the report. | |

| CGo.2.24.9 | **Operational Planning** | |
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| | MP advised that the Trust was yet to receive the Planning Guidance for 2024/25 however, the financial settlement for the NHS would be based on a three-year projection - received in the previous year.  As such there is an indication of resources available to the Trust. The first draft plan had been submitted, and the principal concern was a significant financial deficit of approximately £50m. To achieve a financial balance in 2024/25, this gap would need to be closed during the financial year, which would be extremely challenging. Work was ongoing across Bradford District and Craven, and it was anticipated that there would be a c.£90m deficit plan for the Place with an additional deficit plan for Bradford Metropolitan District Council (BMDC) of approximately £120m. | |
| | In response to a question from DB relating to the potential cuts to be made during 2024/25 by the local authority, and if this would directly impact on the accommodation provided to patients in hospital to assist the flow into secondary care; MP advised that it could impact that area of work, and certainly other areas of work. BMDC was consulting on proposals to achieve significant savings in year, and it has applied to the Department for Levelling Up, Housing and Communities for emergency funding. The outcome from this request would be known at the end of February 2024. Some proposals had been shared with the system which was working through these to mitigate the impact of intermediate care, and there are other proposals related to, for example, the investment in voluntary sector arrangements.  MP added that two years prior, there were approximately 150 intermediate-care beds, now down to circa 120. This was due to a variety of reasons resulting from staffing, infection control and bed closures because of improvements required by the CQC in those facilities. We are now operating at approximately 85 beds and for the foreseeable future this level is what the Place is working to, and this will have an impact on length of stay. | |
| | In response to a question from AG relating to the savings strategy and the involvement of staff within this;  MP advised that the newly appointed Director of Strategy and Transformation would have overarching responsibility for maintaining the theme from the 'outstanding programmes' that had taken place over the previous years, and as part of the financial sustainability programme there would be a bottom-up approach where each CSU will have an executive 'buddy' to support engagement events and workshops with staff where ideas can be identified and tested for their reputability. Executives would also take the lead on individual initiatives aligned to GIRFT (Getting it right first-time programme) to see where those opportunities lie. | |
| | MC asked if the most junior members of staff would be involved in identifying savings so that their experiences could be understood. MP stated that there would be the opportunity for all staff to have a view and as such have an impact on the challenges. The Trust's single biggest priority over the next 12 to 24 months is to achieve financial stability. Reporting may be to a range of the Academies which provides the NEDs with a view and an opportunity to influence through challenge.  KW envisaged that, as at present there would be continued feedback from staff presented.  There would however need to be a good triangulation of data and the reliance on key staff to ensure that information is brought to the Academies. HH further alluded to the operational plan which would come | |

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| | back to the governors in April where they would be able to see how this work would be taken forward. | |
| | As the operational and financial plans would be submitted prior to the next meeting of the Council, a dedicated session would be scheduled with the Director of Finance and the Chief Operating Officer to keep governors informed. This would be dependent on the publication of national planning guidance and the expectations within the ICB prior to this. | Board Secretary CG2401 |
| | The Council noted the verbal update. | |
| CGo.2.24.10 | **Membership Plan update**<br>JM provided an update on progress against the delivery on the Membership Plan. The highlights from the report were:<br>- The Governor engagement stands would restart in April 2024, and would join with other teams such as the Freedom to Speak Up and Widening Participation.<br>- From a staff poll that took place in June/July 2023, approximately 80 members of staff had signed up to join a small consultation group for staff governors to engage with.<br>- The first staff governor bulletin was launched in November 2023, feeding back on the business of the Council of Governor meetings.<br>- Work would commence with the staff governors to engage with the staff consultation group.<br>- The number of young members remained low and therefore work would continue with the Widening Participation team to seek further support to help increase membership amongst this age group.<br>- A further ambition of the Membership Plan was to increase the number of members in Keighley, and this would form part of the promotion activity for the upcoming Governor elections as there was a vacancy in the Keighley constituency.<br><br>The reporting route for the Membership Plan update had previously been via the Board of Directors followed by the report being presented to the Council of Governors. In November the Board noted the update provided and agreed that the Council of Governors should lead on oversight of the Membership Plan with support provided from the Board as and when required.<br><br>A detailed discussion followed regarding the recruitment of younger members. The key points noted were:<br>- In response to a question from FK relating to encouraging the relatives of patients in attendance at A&E to become members; JM advised that further work would be undertaken with the Patient Experience Team to further promote membership across a range of areas within the Trust.<br>- DB advised that there were many secondary schools that had specialisations in health, therefore, linking with them to promote membership at the Trust might be beneficial. JM advised that work was underway to continue to develop links with the Widening Participation team (as they maintained those links with secondary schools) to find the most effective and efficient way to encourage young people to register as members.<br>- MC acknowledged the request from Board for the Council to take responsibility for the delivery of the Membership Plan however he did raise a concern regarding the difficulties of him personally engaging with patient members. LP assured MC that it was the oversight of the | |

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| | plan which would fall within the remit of the Council. In terms of individual engagement activities involving Governors this would be discussed outside of this meeting and within the Membership Plan Development Group.<br><br>- MP stated that there were often events taking place across the Trust within different teams where school age children were invited and therefore there were missed opportunities to promote membership in that way. MP cited an event she had attended delivered by the Theatres team.<br>- AA described some of the work she was involved with, and JM invited AA to share her views with the Membership Plan Development Group to discuss further and see if any of these ideas could be put into practise.<br>- FL also described his role as the Lead within Act as One for Careers and Technical Education. He referenced the promotion of apprenticeships under this banner and the opportunities for membership recruitment at planned engagement events.<br><br>JM acknowledged the need to undertake work to 'connect' in a more sustained way with different teams across the Trust to ensure that the offer of trust membership became routinely embedded as part of their engagement programmes. She also welcomed the offer from KS to draw upon his expertise in developing a plan for engaging young people to register as members - as this was his area of expertise. JM welcomed seeing him at the next Membership Plan Development Group meeting so that this offer could be progressed.<br><br>The suggestions presented regarding young people and membership recruitment would be taken to the next Membership Plan Group to agree how these should be progressed.<br><br>HH thanked all for the discussion and stated that it was clear that there were multiple opportunities within the Trust that could be maximised to support the recruitment of young people.<br><br>The Council noted the report. | Head of Corporate Governance CG2402 |
| CGo.2.24.11 | **Annual effectiveness/skills & knowledge audit**<br><br>LP provided a comprehensive overview of the paper and described the areas covered by the development sessions that had been held recently with ANHH Consulting on 23 and 30 January 2024.<br><br>The Council noted that it will receive a write up from the sessions with ANHH including recommendations to improve effectiveness.<br><br>As this work had already taken place, the Council agreed with the proposal that the Council does not need to undertake a separate internal evaluation of effectiveness this year, as this would duplicate the work already undertaken. | |
| CGo.2.24.12 | **Governors Nominations & Remuneration Committee (NRC) report**<br><br>MC stated that the paper provided a summary of the extraordinary meetings held by the NRC between 20 November and 19 January. These primarily covered arrangements for the Chair appointment. MC wished to | |

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| | thank all governors and colleagues who had been involved in the Chair recruitment process adding that the NRC had appreciated the positive feedback received from all quarters on how the process had been run.<br><br>MC handed over to LP as he had an interest in the section of the report covering nominations being sought for membership of the NRC due to the forthcoming NRC term ends of himself and DB.<br><br>LP advised the Council that as per the information included within the paper, self-nominations were open for Governors from the public/patient constituencies to fill two vacancies on the NRC. Self-nominations should be sent to the Head of Corporate Governance no later than 12 noon on Friday 29 March 2024. Where only two nominations are received, they would be appointed to the Committee from 1 May 2024 to 30 April 2027. This outcome would be reported to the Council on 25 April 2024. Where more than two self-nominations are received, membership would be considered and confirmed by the Council at its closed meeting on 25 April 2024, and reported at its open meeting on 18 July 2024.<br><br>The Council noted the report. | |
| CGo.2.24.13 | **Constitution amendments**<br><br>LP presented the report which highlighted the proposed amendment to the Trust's Constitution which was approved by the Board on 18 January 2024.<br><br>The Council noted that previously, the voting executives of the Board included two Deputy CEO roles however, since the retirement of the Director of Strategy and Integration (who was also one of the Deputy CEOs) there would be only five voting executives. The amendment, which includes the new Executive role of 'Director of Strategy and Transformation' would ensure that there were six voting executives on the Board.<br><br>The Council approved the amendments. | |
| CGo.2.24.14 | **Reports from the Board**<br><br>HH advised that the Academy Chair reports from the Board had been referred to under item 'CGo.2.24.5; Summary of the pre-meeting with Non-Executive Directors (NEDs)' and the detailed discussion undertaken at the NEDs and Governors joint meeting earlier in the day.  The Council also noted the reports included from the Chairs of the Audit Committee and Charitable Funds Committee.<br><br>The Council noted the reports, confirming they had no further questions or comments. | |
| CGo.2.24.15 | **Any Other Business**<br><br>HH advised that Adrian Cresswell, Public Governor for Bradford East has stepped down from his role as he had recently moved out of the Bradford East area.   The Council formally thanked Adrian for his welcome contributions during his time as a Governor. | |

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| CGo.2.24.16 | **Review of meeting** | |
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| | There were no comments. | |
| CGo.2.24.17 | **Date and time of next meetings** | |
| | 25 April 2024 – 3.30pm (venue TBC) | |
| CGo.2.24.18 | **Resolution to move into closed session** | |
| | This was approved. | |

| Date of Meeting | Action log ID | Agenda Item | Required Action | Lead | Timescale | Comments/Progress |
|---|---|---|---|---|---|---|
| 28.4.23 | CG23006 | CGo.4.23.5 | **Summary of pre meeting with NEDs**<br>DW raised a concern around the length of time it takes to recruit staff in the early stages. FL agreed to note the discussion and examine the process | Acting Director of HR | April 2024 | 20.7.23 - MM noted that as part of the People Academy there was an objective to be achieved in respect of trying to reduce the recruitment time for new employees. LP agreed to ask FL for a briefing note for governors to be shared via email.<br><br>6.2.24 - Action to remain open and held over to the next meeting. |
| 6.2.24 | CG2401 | CGo.2.24.9 | **Operational Planning**<br>As the operational and financial plans would be submitted prior to the next meeting of the Council, a dedicated session would be scheduled with the Director of Finance and the Chief Operating Officer to keep governors informed. This would be dependent on the publication of national planning guidance and the expectations within the ICB prior to this. | Board Secretary | April 2024 | Session scheduled for 11 March 2024. Action closed. |
| 6.2.24 | CG2402 | CGo.2.24.10 | **Membership Plan Update**<br>The suggestions presented regarding young people and membership recruitment would be taken to the next Membership Plan Group to agree how these should be progressed. | Head of Corporate Governance | July 2024 | |

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## REFERENCES

📕 CGo.7.24.5 - Report from the Chair.pdf

| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | 18 July 2024 | Agenda item | Co.7.24.5 |

# Report from the Chair

| Presented by | Sarah Jones, Chair | |
|---|---|---|
| Author | Jacqui Maurice, Head of Corporate Governance | |
| Lead Director | Sarah Jones, Chair | |
| Purpose of the paper | To provide an update on my recent engagement with partners, stakeholders and governors. | |
| Key control | N/A | |
| Action required | For Information | |
| Previously discussed at/ informed by | N/A | |
| Previously approved at: | **Committee/Group** | **Date** |
| | | |

| **Situation** |
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## 1. Engaging with Partners and Stakeholders

Council members are asked to note that since my appointment in early March 2024 I have now had introductory meetings with the majority of the Chairs from across West Yorkshire. The key focus of our discussions has been on the issues facing our Place, West Yorkshire Association of Acute Trusts and the wider system. To date I have visited Helen Hurst, Chair of Calderdale and Huddersfield NHS FT and, Keith Ramsey, Chair of Mid Yorkshire Teaching NHS Trust – meeting at Pinderfields Hospital   I've visited Marie Burnham, Chair of the South West Yorkshire Partnership Trust at their Wakefield Headquarters and also visited Linda Patterson, Chair of the Bradford District Care NHS FT at their headquarters in Saltaire.  I welcomed Brodie Clark, Chair of Leeds Community Healthcare NHS Trust who visited me here at our Trust. My meetings with Linda Pollard, Chair of Leeds Teaching Hospitals NHS Trust and Sarah Armstrong, Chair of Harrogate and District NHS FT took place virtually.

I have yet to meet with Andrew Gold, Chair of Airedale NHS Foundation Trust, and I hope to do so shortly.

## 2. Council of Governors

- **Governor Elections 2024**

  I am very pleased to advise that we have filled five of the six vacant seats on our Council of Governors and welcome to their first meeting the following three members have been elected unopposed.

  - Philip Turner, Keighley,
  - John Waterhouse, Bradford East
  - Andrew Waller, 'Rest of England and Wales'

  We are particularly pleased that two of these cover our 'targeted seats' which have previously been difficult to recruit to. You will find their profile information on our website here.

  Following the conclusion of the elections on 2 July; we have one returning governor, Ibrar Hussain, elected to represent Bradford West, and one new governor, Sharon Taylor, elected to represent Bradford South. Once the pre-appointment checks are complete, I will be very pleased to welcome both Ibrar and Sharon to formally join our Council.

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- **Feedback to the Council following Board of Director meetings**

  I met with governors in May and July to provide an update on the items discussed at the May and July Boards. I have now established these routine feedback sessions following our Board meetings. The next session will be confirmed for September following the Board meeting on 19 September.

- **Governor attendance at key sessions**

  In recent months Governors have attended the CSU (Clinical Service Unit) to Academy event on 6 June with a further invitation extended for the next event scheduled for 12 September. Would governors also put a hold in their diary for the Trust Awards event for 2024 where we will be . recognising those staff colleagues who have achieved 30 years of NHS Service and, our staff awards celebrating the excellent contribution of teams and individuals for effective, compassionate and inclusive care of our patients.

- **Key communications**
  Our members have continued to be in receipt of 'Mel's monthly roundups' featuring news from across the Trust. Now also included are other elements of news relevant for sharing with our members. The latest edition is available here.

  Key communications continue to be shared with you so that they remain in touch with developments at our Trust. Governors also continue to have access to Let's Talk (staff newsletter) and global emails containing a range of updates to staff.

| **Recommendation** |
|---|

The Council of Governors is asked to note this report.

2

## REFERENCES <span style="float:right">Only PDFs are attached</span>

📄 CGo.7.24.5b - NED feedback (Reports from the Board) (cover).pdf

📄 CGo.7.24.5b - Appendix 1 - Report from the Chair of Quality and Patient Safety Academy -31  January 2024.pdf

📄 CGo.7.24.5b - Appendix 2 - Report from the Chair of Quality and Patient Safety Academy - 28 February 2024.pdf

📄 CGo.7.24.5b - Appendix 3 - Report from the Chair of the Quality and Patient Safety Academy - March 2024.pdf

📄 CGo.7.24.5b - Appendix 4 - Report from the Chair of the Quality & Patient Safety Academy - April 2024.pdf

📄 CGo.7.24.5b - Appendix 5 - Report from the Chair of Quality and Patient Safety Academy - May 2024.pdf

📄 CGo.7.24.5b - Appendix 6 - Report from the Chair of Quality and Patient Safety Academy - July 2024.pdf

📄 CGo.7.24.5b - Appendix 7 - Report from the Chair of the Finance and Performance Academy - 31 January 2024.pdf

📄 CGo.7.24.5b - Appendix 8 - Report from the Chair of the Finance and Performance Academy - 28 February 2024.pdf

📄 CGo.7.24.5b - Appendix 9 - Report from the Chair of the Finance and Performance Academy - March 2024.pdf

📄 CGo.7.24.5b - Appendix 10 - Report from the Chair of the Finance & Performance Academy - April 2024.pdf

📄 CGo.7.24.5b - Appendix 11 - Report from the Chair of the Finance and Performance Academy - 22 May 2024.pdf

📄 CGo.7.24.5b - Appendix 12 - Report from the Chair of Finance and Performance Academy 3 July 2024.pdf

📄 CGo.7.24.5b - Appendix 13 - Report from the Chair of the People Academy  - 31 January 2024.pdf

📄 CGo.7.24.5b - Appendix 14 - Report from the Chair of the People Academy  - 28 February 2024.pdf

📄 CGo.7.24.5b - Appendix 15 - Report from the Chair of the People Academy - 27 March 2024.pdf

📄 CGo.7.24.5b - Appendix 16 - Report from the Chair of the People Academy - 24 April 2024.pdf

📄 CGo.7.24.5b - Appendix 17 - Report from the Chair of the People Academy - 22 May 24.pdf

📄 CGo.7.24.5b - Appendix 18 - Report from the Chair of the People Academy - July 2024.pdf

📄 CGo.7.24.5b - Appendix 19 - Report from the Chair of the Audit Committee - 21 February 24.pdf

📄 CGo.7.24.5b - Appendix 20 -  Report from the Chair of the Audit Committee - April 24v2.pdf

📄 CGo.7.24.5b - Appendix 21 - Report from the Chair of Audit Committee May 24.pdf

📄 CGo.7.24.5b - Appendix 22 - Report from the Chair of the Charitable Funds Committee - 7 March 2024.pdf

📄 CGo.7.24.5b - Appendix 23 - Report from the Chair of the Charitable Funds Committee - May 2024.pdf

| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | **18 July 2024** | Agenda item | CGo.7.24.5b |

# NED feedback

| Presented by | Committee/Academy Chairs | |
|---|---|---|
| **Author** | Sheridan Osbourne, Corporate Governance Officer | |
| **Lead Director** | Committee Chairs | |
| **Purpose of the paper** | To provide the Council with the Chair reports from the Committee and Academy Chairs | |
| **Key control** | Holding the NEDs accountable for the performance of the Board | |
| **Action required** | For assurance | |
| **Previously discussed at** | Board of Directors, March 2024, May and July 2024 | |
| **Previously approved at:** | **Academy/Group** | **Date** |
| | | |
| | | |

| **Situation** |
|---|

The reports from the Chairs of the Academies/Committees provided to the Board are attached as follows:

- Appendix 1 - QPS Academy Chair report – 31 January 2024
- Appendix 2 - QPS Academy Chair report –28 February 2024
- Appendix 3 - QPS Academy Chair report – 27 March 2024
- Appendix 4 - QPS Academy Chair report – 24 April 2024
- Appendix 5 - QPS Academy Chair report – 22 May 2024
- Appendix 6 - QPS Academy Chair report – 2 July 2024
- Appendix 7 - Finance & Performance Academy Chair report – 31 January 2024
- Appendix 8 - Finance & Performance Academy Chair report – 28 February 2024
- Appendix 9 - Finance & Performance Academy Chair report – 27 March 2024
- Appendix 10 - Finance & Performance Academy Chair report – 24 April 2024
- Appendix 11 - Finance & Performance Academy Chair report – 22 May 2024
- Appendix 12 - Finance & Performance Academy Chair report – 4 July 2024
- Appendix 13 - People Academy Chair report –31 January 2024
- Appendix 14 - People Academy Chair report – 28 February 2024
- Appendix 15 - People Academy Chair report – 27 March 2024
- Appendix 16 - People Academy Chair report – 24 April 2024
- Appendix 17 - People Academy Chair report – 22 May 2024
- Appendix 18 - People Academy Chair report – 3 July 2024
- Appendix 19 – Audit Committee Chair Report –21 February 2024
- Appendix 20 – Audit Committee Chair Report –22 April 2024
- Appendix 21 – Audit Committee Chair Report –21 May 2024
- Appendix 22 – Charitable Funds Committee Chair Report – 7 March 2024
- Appendix 23 – Charitable Funds Committee Chair Report – 30 April 2024

The reports are written by the Academy Chairs themselves to provide an overview of how the meeting 'felt' including the quality of debate, quality of papers, quality of reassurance provided etc., rather than providing a summary of the meeting (which is the purpose of the minutes).

| **Recommendation** |
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The Council of Governors is asked to note the reports for assurance.

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| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 14.3.24 | Agenda item | Bo.3.24.19 |

**Committee/Academy Escalation and Assurance Report (AAA)**

**Report from the Quality and Patient Safety Academy**

**Date of meeting: 31st January 2024**

<table>
<tr><td colspan="1" align="center"><b>Key escalation and discussion points from the meeting</b></td></tr>
</table>

**Alert:**

- The Chair wishes the Board to be alert to the pressures on Midwifery and Neonatal services. In the last two weeks there has been an increase in pressures that has created further unit diverts, and staff are feeling burnt out with low morale. Recognised nationally, a national maternity review has been recommended.

**Advise:**

- The number of apologies received from Non-Executive Directors was noted and the Academy recognised that its ability to provide necessary challenge might be impaired.

- The Trust was at Opel 3, with very high numbers of patients requiring admission from A&E, with a lack of beds resulting in some significantly long stays in A&E. However, performance against A&E targets continues to be one of the strongest in the country.

- The report following the NHS Specialised Commissioning visit to the neonatal unit on 7/12/23 showed very high assurance. The report following the independent desktop exercise on governance processes (April 2021 onwards) in relation to serious incidents (SIs) also did not identify any issues around openness, honesty and transparency. Reports to be submitted to the Board.

- In relation to perinatal deaths, one surveillance case missed the one-month completion deadline due to an IT issue. EMBRRACE who perform external review of cases and NHS Resolution have been notified. NHS Resolution asked that this be reported to the Board, and advised this will be taken into consideration with regard to full compliance, and that the mitigation being undertaken provides assurance.

**Assure:**

Serious Incident reporting
The Academy report included one maternity obstetric incident reported via the Maternity and Newborn Safety Investigation programme (MNSI) during the reporting period, and the 10 ongoing serious incident investigations. Three Trust investigations have extensions in place with work continuing to close these by the end of February 2024. The MNSI reports will continue, as they are a national priority, with any identified patient safety incident investigations from local or national priorities being reported. The Academy noted the current position provided in the circulated report and appendices,

and confirmed their assurance that the Trust has processes in place to identify, investigate and learn from SIs.

Palliative care annual report covering the period July 2022 to June 2023.
Presented by the Hospital Palliative Care Team who cover BRI and care of the elderly in (St Luke's Hospital) SLH. The team has expanded and now provides seven-day cover, however it does not cover community hospitals. This is included on the Risk Register as NHS England issued an adult service specification in January 2023 stipulating face-to-face assessment should be available for palliative care in all areas. A business case is under discussion to provide resource to support and develop the work within the intermediate care unit.

A new Clinical Nurse Speciality (CNS) role with a special interest and knowledge of South Asian culture and religious needs is currently in the evaluation stage. This role will be able to provide culturally sensitive care at end of life based on the needs of our population.

The Academy noted the report, thanked the Team and assurance was confirmed.

Maternity and neonatal update
The Academy noted:
- The monthly stillbirth position of two. We were advised both were MDT reviewed with no learning identified which could have led to a different outcome in either case
- The reduction in the rate of stillbirths from 6.6 per 1000 in 2022, with an adjusted rate of 5.0 per 1000 births, to 5.1 per 1000 in 2023, with an adjusted rate of 4.2 per 1000 births. There were 27 stillbirths in total in 2023, a reduction on 32 in 2022.
- 1 case of HIE (Hypoxic-ischaemic encephalopathy) reported in December
- 3 neonatal deaths in December
- No maternal deaths in December

The Academy were informed of 5 ongoing maternity SIs/Level 1 investigations, 3 Maternity and Neonatal Safety Investigations (MNSI) and 2 Trust level. Two completed MNSI/Internal Serious Incident reports were shared

The Academy noted that there was 1 MNSI reportable case and 0 reportable Serious Incidents (SI) declared in December

The Academy noted the information provided and confirmed its assurance notwithstanding the challenges and difficulties that currently exist and have been noted.

Patient Experience Six- month report
The Academy noted the report and that the Patient Experience and Engagement Strategy is going live within the next month.

A question was raised as to potential bias in groups being chosen for Patient Stories and the need for inclusive selection criteria. Suggestions were proposed including closer links with the Interpreting Service and SPaRC (Spiritual, Pastoral and Religious Care)

team. It was agreed a review of the SOP for patient stories would be undertaken and an Equality Impact Assessment.

The Academy confirmed agreement with the recommendations detailed in the Patient Experience Bi-Annual Report and thanked the Team for their work.

Learning from Deaths
The crude mortality data in December 2023 was entirely in line with the position two years previously. An in-depth review of all cases found nothing of concern, but learning points have been noted. This includes improving communication and knowledge mobilisation, especially when dealing with complex patients.

The CMO noted that highest ratings of poor care are seen at end-of-life. It was recognised teams need to be proactive in contacting the palliative care team for their assistance, expertise and support, and how improved processes can support this.

Quality Improvement Programme
The Academy were advised the Trust has been invited to participate in the national collaborative 'Worries and Concerns' work around improving timely interventions for deteriorating patents. We are the only Trust representing West Yorkshire and Humber.

Mortality Review Improvement Programme
The cases reviewed are mostly where a concern has been raised and care has been rated overall as poor. Reports and learning continue to be produced. The group needs to focus on appropriate dissemination.

The Academy confirmed they feel assured that the programme will deliver against the strategic objective of providing outstanding care, delivered with kindness.

Outstanding Theatre Programme (OTS)
The Academy noted that 31/01/24 marks the end of the Outstanding Theatre Programme. A presentation of future plans called Moving to Outstanding, which was developed by the CSU, the OTS Programme and others, was provided. The Academy expressed their thanks for the work done so far and recognised that improvement work continues.

The Academy confirmed they have been provided with assurance that the work in the OTS Programme will be sustained going forward.

Patient Safety Response Incident Framework
Transition to the Patient Safety Incident Response Framework (PSIRF) took place on 1st December 2023 and the Trust is therefore compliant. Full implementation has not yet taken place, and plans in place for this quarter, with a roadmap developed for the next financial year were presented. The Integrated Reporting, Learning and Improvement System (IRIS) has now replaced the DATIX system. The transition to IRIS was smooth, though further records and documents are to be transferred. Reporting is now done directly into the NHSE Learning from Patient Safety Events (LFPSE) platform. The IRIS system supports the national Patient Safety Strategy in terms of insight available.

Further work in relation to extracting material meaningful to staff at all levels is being undertaken.

Thanks to the whole team were conveyed, and the Academy confirmed their assurance from the information provided.

Infection Prevention and Control Quarterly Report

The Academy were advised that Covid-19 cases and hospitalisations due to Covid-19 have increased slightly towards the end of the quarter both regionally and nationally, with numerous Covid-19 variants. Omicron BA.2.86 is dominant at the present time. There was a spike in the number of 'flu cases in December 2023 and January 2024.

Of the six mandatory organisms reported on the Trust has seen a slightly reduced number of MRSA cases.  The number of C. diff cases was relatively stable with no cases in October 2023.  There was a slight increase in MSSA Bacteraemia cases in the community, something seen regionally. E. coli cases have reduced which may be as a result of the commencement of the hydration project in the care of the elderly.

The Trust was compliant in 51 out of 54 standards of the IPC Board Assurance Framework and partially compliant in the remaining three. Improvements made by the Blood Culture Improvement Group to achieve the aim of blood cultures being taken correctly to avoid contamination and improve bacteria rates were reported

The Academy noted the report and thanked YM for the high level of compliance achieved. The Academy provided their approval of the Quarter 3 report.

High Level Risks

The CMO noted the risk concerning EPR which is past its target mitigation date (no 3468). It has been agreed this can now be closed and a new more contextually accurate risk is to be created.

- One new risk added (3474: Risk to new child patients referred to paediatrics, from a delay in initial diagnosis and initiation of appropriate investigation and therapy)
- Two risks have been closed (3788, 3767)
- Two risks have decreased in score (3530 and 3711)
- Three risks were noted to be beyond their review dates 3696 (Pharmacy aseptic unit), 3877 (operational pressures associated with high demand, Covid backlog and Industrial Action) and 3881(recruiting to pharmacy vacancies).
- An update on 3896 (Gynaecology histopathology delays) was given – a more general HR is required as issues not just associated with gynaecology

The Academy were assured all relevant key risks have been identified, reported and are being managed appropriately.

**Report completed by:**

Louise Bryant

Academy Co-Chair and Non-Executive Director

4th March 2023

**Committee/Academy Escalation and Assurance Report (AAA)**

**Report from the Quality and Patient Safety Academy**

**Date of meeting: 28 February 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |
| • The Chair wishes the Board to be alert to risk 3309 - 'delays in processing of histopathology samples'. A specific histopathology risk relating to gynaecology score had been reduced to 12, however it was agreed that a reassessment be undertaken as there was a view that it should remain at 16. If following the reassessment it is deemed to be rated 12, it would not be included in future reports to Executives or Academies, as it would be managed locally and as part of risk 3309.  The Academy has been advised that 'an intensive and immediate response' was now being put in place in response to the risk – ahead of the timelines included in the Histopathology improvement plan (presented at the F&P Academy). |
| **Advise:** |
| • The number of apologies received from Non-Executive Director members of the Academy was again noted with the Academy recognising that its ability to provide necessary challenge may again be impaired. Julie Lawreniuk, Non-Executive Director joined our meeting this month and was a very welcome addition. |
| • The Junior Doctors industrial action had just concluded on the day of our meeting. Over the strike period the level of turnout varied between 52% and 75%. During one of these days, we also had a record high attendance of 525 in Accident and Emergency. Whilst there was no direct harm to patients on the day, indirect harm may be an experience of those patients whose appointments had to be rescheduled. |
| **Assure:** |
| Quality Oversight and Assurance Profile<br>Two incidents were brought to the attention of the Academy. The first involved a renal transplant patient who was undergoing renal dialysis and had tested positive for Hepatitis B.  The second incident related to the use of 'single patient insulin pens' in Accident and Emergency over a period of 12 months. Task and finish groups involving the UKHSA had been established and the Academy noted the actions and recommendations that had been implemented.<br><br>The Academy noted the move to the new reporting system IRIS. The Quality team was keeping a close eye on the incidents reported through the system. |

Serious Incident reporting.
The Academy noted the 8 Incidents ongoing with 5 having extensions in place - four of these investigations were being led by the Trust and 1 by the Maternity and Newborn Safety Investigation programme (MNSI). The Academy noted the current position provided in the circulated report and appendices, and confirmed their assurance that the Trust has processes in place to identify, investigate and learn from SIs.

Maternity and neonatal update
From the report the Academy noted:
- The monthly still birth position of 4 for January 2024.
- 2 neonatal deaths in January.
- 1 maternal death in January of a Bradford woman at Leeds Teaching Hospitals.
- 3 ongoing maternity SIs/Level 1 investigations, 1 Maternity and Neonatal Safety Investigations (MNSI) and 2 Trust level.
- There were 3 MNSI reportable cases, 2 of which were rejected, and 0 reportable Serious Incidents (SI) declared in January.
- The 8 occasions in January where the unit was assessed as needing to divert women to other organisations which has impacted on the provision of 1:1 care in labour, delayed induction of labour and the experience of some women.

As well as the discussion related to the histopathology risk as highlighted above under 'Alert;' the Academy also sought assurance with regard to the national patient safety alert issued on the Euroking maternity information system. The issues identified have bene reviewed internally to see what impacts they have and only one issue has been identified. This relates to the off-line solution with Oracle Cerner. Mitigation is being put in place in relation to wi-fi capability however there cannot be a guarantee for 100% coverage. Cerner has been asked for a 'cerner oracle' off-line solution – they have this on their road map however there is no time frame yet for when this will be addressed.

The final report following the NHSE neonatal commissioning assurance visit in December 2023, including the recommendations was noted. The recommendation that the Consultant Neonatologist lead/Head of Department attend Board to directly present a regular report on behalf of the department was discussed. It was agreed that QPSA would receive a quarterly update report with updates and escalation to Board as required.

Independent Inquiry – Maidstone and Tunbridge Wells NHS Trust
Comprehensive presentation received. BTHFT complaint with 16 of the 17 recommendations form the independent inquiry into the Maidstone and Tunbridge wells NHS Trust Mortuary Incidents. CNO, Karen Dawber appointed as Executive with oversight to provide assurance to the Board. HTA inspection undertaken in 2023 found we met the majority of the HTA standards, with two major and one minor shortfall regarding consent training and fridge capacity. Work is ongoing work to rectify the shortfalls.

Equality Delivery System
The quality related elements of the EDS were previously presented and reviewed at Academy in November 2023. Good to hear that the Trust was achieving in all the overall

scores and in domains 2 and 3 some areas were close to excelling. The key area of further focus required is to better support patients identified as 'neuro diverse.' The Academy approved the publication of the EDS data and recommendations on the Trust website.

15 Steps Assurance programme
The Academy received the update on the latest round of ward visits noting that the structure of the visits was aligned to the CQC standards and regulations. The visiting groups were drawn from a cross-section of staff. The report from this round of visits highlighted two overriding areas of action. Access to interpreting services had been flagged by several staff who reported issues accessing the service on weekends. Assistant Chief Nurse, Karen Bently identified that staff could and should make use of the applications available on the trust intranet however, she would collaborate with her Patient Experience Team to undertake some ward based educational activities to ensure staff were aware of the tools available. The other area highlighted as requiring action was signage. Outcomes from the report have been shared with the Estates and Facilities team to take these actions forward. My thanks to the Moving to Outstanding Lead, Nazzar Butt for this very enjoyable and well written report.

The Chair put her name forward as a NED volunteer for the programme and will recommend that other NED colleagues do the same if they are able.

Quality and Patient Safety Academy Dashboard
Key to note was the discussion held regarding 'coding' and the headway made in getting to the root of the issues that had impacted on the Standardised Hospital Mortality Index (SHMI) score. Issues with SHMI and the data collected have been a focus previously in the Academy. A report will be brought back to the Academy in approximately two months that will provide a clear explanation on the issues and the collective actions to be taken to remedy the position. The paper will also include a focus on November 2022 when the figures for SHMI suddenly suddenly rose, to identify what happened at that time to explain this.

High Level Risks
The Academy noted the new risk added at 3309 related to 'delays in processing of histopathology samples' as noted in the 'Alert' section above. The Academy agreed that it felt assured that all relevant key risks have been identified, reported to the academy, and were being managed appropriately.

**Report completed by:**

Jacqui Maurice, Head of Corporate Governance on behalf of
Louise Bryant
Academy Co-Chair and Non-Executive Director

12 March 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 9 May 2024 | Agenda item | Bo.5.24.6 |

**Committee/Academy Escalation and Assurance Report (AAA)**

**Report from the Quality and Patient Safety Academy (QPSA)**

**Date of meeting: 27 March 2024**

| **Key escalation and discussion points from the meeting** |
|---|
| **Alert:** |
| Nothing to escalate to the Board. |
| **Advise:** |
| 1. Achieving safe staffing levels in Maternity services remains a challenge. The current vacancy against the safe staffing establishment is 7.04 WTE, the majority within the Labour Ward establishment. Combined with vacancies and long-term sickness within the Maternity Theatre Scrub Team, is compromising safe staffing levels, as midwifery staff are required to provide emergency scrub cover. In addition, any short-term sickness and absence not picked up by bank, is backfilled by labour ward to maintain minimum safe staffing levels. The service experiences staffing pressure on a regular basis. A contributory factor is that 125 midwifery shifts per month are required for mandatory training, in line with the 3-year plan. This will be discussed at the March Bi-monthly Maternity and Neonatal Safety Champion meeting and any recommendations/escalations provided to the April QPSA. The Board will remain updated via the QPSA Chair. <br><br> 2. There is an ongoing Pharmacy cover shortage for Maternity & Neonatal Services and no designated Pharmacist (although some cross cover). The longstanding Senior Pharmacist in neonatal has left the Trust. There have been several medication incidents recently, which may be related. A deep dive will now take place addressing the medication incidents and an update provided at April's Academy meeting. This has been logged as an Action for the QPSA. |
| **Assure:** |
| The Trust is in a period of transition from the national Serious Incident (SI) Framework (2015) to the national Patient Safety Incident Response Framework (PSIRF, 2022) which formally began on 1st December 2023. There are a total of 10 investigations on-going, 5 are Trust Legacy serious incidents, 2 are Healthcare Safety Investigation Branch (HSIB)/ Maternity and Newborn Safety Investigations (MNSI) and there are 3 newly reported Trust Patient Safety Incident Investigations (PSII). <br><br> Legacy Serious Incidents <br> The final legacy SI was recorded on 29/11/23. The target date for completion of all SIs was 21/2/24. All investigations have taken place but target not met in terms of writing up SIs and associated action plans, due to availability of clinical staff (Industrial action, |

winter pressures). Two SIs were closed during the reporting period. 5 legacy SI investigations remain with approved extensions in place beyond the 60-day deadline.

Patient Safety Incident Investigations (PSII)
It was confirmed that the number of PSIIs reported through the new system is within normal variation, providing assurance that patient safety incidents continue to be recorded appropriately. A Never Event (radiology wrong site kidney biopsy) was turned around very quickly using the new After Action Review process. Five learning points were identified and this PSII was closed in the period. This was used as an example of how PSIRF is providing benefits in approach.

The Patient Safety specialist updated the Academy on the implementation of PSIRF, linkage with Improvement Programmes such as the Medicines Safety programme, progress on developing evaluation metrics for PSIRF, the need to develop and recruit to the Patient Safety Partner role and actions to address.

The Academy noted the current position and confirmed they feel assured that the Trust has processes in place to identify, investigate and learn from serious incidents and patient safety incident investigations.

Maternity and neonatal services

From the report the Academy noted the position for February
- 2 stillbirths (1 butterfly baby)
- 0 neonatal deaths
- 0 maternal deaths
- 2 cases of HEI (Hypoxic-ischemic Encephalopathy)
- 0 new neonatal SIs
- 0 ongoing neonatal SIs.
- 6 ongoing maternity SIs/Level 1 investigations, 3 Maternity and Neonatal Safety Investigations (MNSI) and 3 Trust level
- 1 MNSI reportable case and 0 reportable Serious Incidents (SI) declared
- 3 occasions in the period where the unit was assessed as needing to divert women to other organisations.

These numbers are within normal monthly figure.

1 HSIB/MNSI investigation is beyond the 120-day deadline Extensions to the original deadline under the SI Framework continue to be agreed by Bradford District and Craven Health and Care Partnership

Visiting times were increased significantly during the Ramadan/Eid period. This is having a positive outcome and consideration is being made to making the Ramadan/Eid changes permanent.

The annual Maternity CQC Survey results were made available to the Academy. There were 5 questions where BTHFT performed below average and five above average. The 36% response rate was a 5% improvement on 2022:  59% of women responding were

Asian or Asian British. The 5 worse performing responses have formed the basis of the co-produced improvement plan.

The final NHSE report in relation to Neonatal Incident Timelines was noted. It provides good assurance that the Board were aware of all incidents within 10-14 days of occurrence.

The Academy confirmed they feel assured they have sufficient information and oversight on maternity and neonatal safety.

Zafir Ali will be the Interim NED Perinatal Safety Champion until further notice.

Acute Liaison Psychiatry Service (ALPS)

ALPS presented their Healthy Minds strategy and the challenges of meeting the Core 24 requirement for 24-hour emergency psychiatry cover. The Liaison model at Bradford is a consultant led fully compliant Core 24 service, but challenges delivering cover to all sites and patient groups. The reduction in 2023 performance from 2022 was raised (% referrals seen within one hour and four hours has reduced). ALPS believe this is due to colleagues being more aware of the service, which has increased referrals. Ways to improve performance are being discussed at the Urgent and Emergency Care Board

High Level Risks
No new risks have been added and no risk scores have reduced in the period. It was proposed that risk 3810 (haematology) be reduced from a score of 16 to a 12, however the Executive Team did not accept the reduction pending further improvements in outcomes. The improvement work and action plans were noted. It was noted 2 risks: age and condition of the Pharmacy aseptic unit and inadequate accommodation in Pharmacy, were beyond their review dates. No significant changes in relation to the risks were noted, and the review dates would be updated as soon as possible. Continued focus on these risks remains within the QPSA remit.

A new risk will be added to the Risk Register in relation to patient experience in the Emergency Department. While our performance against the 4-hour target is very good patient experience is less positive, especially for those waiting for a bed. In some instances, there has been a need to transfer mental health patients out of region.

On 18th March 2024, the ETM reviewed risk 3468, relating to the EPR system, and agreed that this risk would be reviewed and rescored. A new risk assessment will be undertaken in relation to the accuracy of clinical systems.

The Academy reported they were assured by the management of risks within their remit on the High-Level Risk Register and noted the matters raised by the Executive Team at its meeting in March.

Draft Internal Audit Plan 2024/25

Academy were asked to note the draft Audit Plan and confirm that the draft Plan includes the appropriate audits. The Plan is intended to be flexible to allow changes to be made throughout the year, and these are transacted via the Audit Committee.

The Academy provided their assurance regarding the draft Internal Audit Plan.

**Report completed by:**

Louise Bryant
Academy Co-Chair and Non-Executive Director

18 April 2024

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Q&PS Academy**

**Date of meeting:**     Wednesday 24th April 2024

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |
| The Academy did not identify any items to escalate to the Board. |
| **Advise:** |
| 1. The Quality and Patient Safety dashboard is being redesigned and the full dashboard was not available prior to the meeting. The Academy were however of the view that the partial presentation suggested the new dashboard would offer improved insight and be better able to support the work of the Academy. It was accepted there was a gap in assurance due to the reduced data available at the meeting. The Execs were therefore asked to advise of any significant changes in data in the reporting period that needed further discussion. The Academy were assured that no such changes had occurred.<br><br>2. In the Academy report for March, the Board were advised of possible medication incidents in Maternity and Neonatal services. This issue has been investigated by the matron for Neonatal Services and no incidents have occurred. The action is therefore closed.<br><br>3. High level risk register: Risk 607 (risk of harm to patients and the organisation from delays in processing histopathology samples, with potential of having an impact on delayed diagnosis and pathways) has increased in score from 16 to 20. A Histopathology improvement programme has started, with the CMO as Lead Director. The programme aims to deliver sustainable improvement over time due to the multiple factors (external & internal) impacting on the service including the difficulties of recruiting amid a national shortage of histopathologists. |
| **Assure:** |

The Quality & Patient Safety Academy Annual Report 2023/24 was signed off by those present as accurately reflecting the Academy's business over the past 12 months.

High level risks

Two new risks have been added.

- 2549: A risk that the current NSO (non-surgical oncology) workforce within BTHFT and WYAAT cannot continue to support the model of care within the region, which will delay cancer treatment causing harm to patients (Score 16, also with the People Academy
- 2566: Delayed discharges to Adult Social Care (Score 16, also with F&P Academy)

448: a risk that staff are not following or being able to follow the correct process for recording activity or patient pathway steps on EPR which results in incorrect or missing information has been closed as the risk no longer reflects the current context (note Digital Report in Assure section). A new risk assessment to be completed (also with F&P Academy)

Three risks have changed, only one specific to the QPSA as highlighted in the Advise section (607 Histopathology).

The Academy confirmed there was sufficient assurance that all relevant key risks have been identified, reported to the Academy and are being managed appropriately.

Quality Oversight and Assurance Profile
Serious Incident Report (PSII and Legacy SIs)

Three safety events have been reported to the Safety Escalation Group this month.
- Several glaucoma patients lost to follow-up.
- Use of single-use/single-patient insulin pens on multiple patients
- The ongoing review of a Colorectal cancer patient follow-up following SI.

Updates on external reporting were provided and learning from an internal MNSI reported. Details of claims and inquests were included in the monthly report.

There are a total of 8 on-going investigations: 4 are legacy Serious Incident, 2 HSIB/MNSI investigations, and 2 Trust PSIIs (under PSIRF (Patient Safety Incident Response Framework)). All 4 legacy Trust serious incident investigations have approved extensions in place beyond the 60-day deadline. Both HSIB/MNSI investigations are beyond the 120-day deadline with extensions agreed by Bradford District and Craven Health and Care Partnership.

No Never Events have been identified during the reporting period. Two patient safety investigations were concluded in this period.

The Academy confirmed that there is sufficient assurance that BTHFT has processes in

place to identify, investigate, and learn from patient safety investigations.

Maternity and neonatal services

From the report the Academy noted the position for March 2024

- 0 stillbirths
- 0 cases of HEI (Hypoxic-ischemic Encephalopathy)
- 2 neonatal deaths (1 associated with congenital abnormality, 1 extreme prematurity)
- 1 late maternal death (7 months post-partum, case not yet reviewed)
- 0 new neonatal SIs or ongoing neonatal SIs.
- 6 ongoing maternity SIs/Level 1 investigations, 3 Maternity and Neonatal Safety Investigations (MNSI) and 3 Trust level (same as for February 2024, 0 completed investigations this month)
- 0 MNSI reportable case and 0 reportable Serious Incidents (SI) declared.
- There was 1 occasion in the period (66 hours) where the unit was assessed as needing to divert women to other organisations: 2 women were diverted.

- Safe staffing in Maternity stays a priority:
  - Staffing gaps are closely monitored using the amber risk assessment and escalation processes as needed. A daily system-wide safety huddle is in place to assess the need for mutual aid and support across the 6 West Yorkshire and Harrogate Local Maternity and Neonatal System.
  - 1:1 care in labour continues to be just below the locally accepted 90% mark.
  - There are significant areas of extra strain on the obstetric consultant body summarised on the local risk register with mitigation activities in place.
  - Two positive open days for newly qualified midwives in March were reported.

- Neonatal staffing:
  - Junior medical staffing a challenge due to various rota gaps with plans to employ more trust grade doctors.
  - Update on nursing staffing including specialist training completion, a good level of promotions including 3 BAME colleagues appointed to senior positions.

The Perinatal Mortality Review Tool Quarterly report confirms that the required standard with Safety Action 1 of the MIS has either been met or is on a trajectory to meet the standard in the timeframes required. An action plan related to learning and improvement (improved recording of previous pregnancies at booking, and lack of carbon monoxide screening) is with relevant teams.

It was noted that the number of homebirths has declined significantly since Covid and there are plans to promote to appropriate women.

The Academy noted the reports and confirmed that they were receiving information related to perinatal quality and safety issues and associated learning and improvement activity in good time to provide assurance.

Digital Report

The Academy noted the report provided to offer oversight and assurance on the Informatics function as discussed at the Digital and Data Transformation Committee (DDTC), and to provide broader digital updates.

An update on in-depth work to understand the Trust's SHMI data (second 'worst' nationally) was provided. SHMI data is at odds with our standardised mortality ratio analysis and wider assurance and improvement activities as part of the learning from deaths programme, which confirms a high quality of care is provided.

Issues associated with accuracy, depth and consistency of coding have been found. SHMI data are showing signs of improvement, but it will be some months before changes in the rolling figures become evident. These data continue to be reported to the Academy as part of the standard dashboard, enabling oversight. An update on EPR optimisation work was provided along with information on an enhanced governance and assurance model.

The Academy confirmed they were assured by the Digital report in terms of the investigation around SHMI data and ongoing work to continue improvement in the digital performance of the Trust.

The Academy recognised the significant work of the Digital team and thanked them.

The Chair noted the documents for information appended to the Academy papers and drew attention to the Internal Audit Reports relevant to the Academy.

**Report completed by:**

Louise Bryant
Academy Chair and Non-Executive Director

29 April 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 11 July 2024 | Agenda item | Bo.7.24.5 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Quality and Patient Safety Academy (QPSA)**

**Date of meeting: 22nd May 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |
| New HLR (Risk 2542, score16). A Haemonetics Blood Track Kiosk in Maternity linked to the blood fridges is broken and cannot be repaired or replaced. The kiosk requires patient details to be scanned prior to fridge opening to obtain the correct patient's blood. Mitigating actions are in place. The entire system will require replacement, a software upgrade and a change required as to how the Trust's blood products are managed. Further details have been required and any replacement will be high cost. |
| **Advise:** |
| <u>Infected Blood Inquiry.</u> It was believed no enquiries or concerns in relation to infected blood had been received since the publication of the report.<br><br><u>CQC Inspection to Maternity and Neonates</u> (full inspection for Neonates and a Safety and Well-led inspection for Maternity) on 15/16 May 2024. No urgent escalations were received at the time |
| **Assure:** *ensure that any relevant learning/improvements are highlighted in this section* |
| <u>Serious Incident Report and Patient Safety Incident Response Framework (PSIRF)</u><br>No Never Events or Patient Safety incidents (PSII) required reporting. One maternal (Maternity and Newborn Safety Investigation) was declared. There are 2 legacy serious incidents (SIs) with approved extensions in place beyond the 60-day deadline. Two HSIB/MNSI (Maternity and Neonatal Safety Investigations) investigations are beyond the 120-day deadline with extensions agreed by Bradford District and Craven Health and Care Partnership. The team are focussed on concluding all these incidents.<br><br>Four patient safety investigations were concluded and learning highlighted. In one, the investigation found no opportunity where staff could have prevented the patient's death. Most Trust led SIs were concluded outside the Health and Care Partnership timelines but with agreed extensions. Under PSIRF (Patient Safety Incident Response Framework), it is expected that no investigation should take more than 6 months and it is envisaged that the new approach will reduce responding time and improve conclusion times. There is a programme of training planned for 2024/25 to support PSIRF implementation and compliance with Patient Safety Incident Response Standards.<br><br>The Academy noted the current position and future steps and confirmed that there is sufficient assurance that BTHFT has processes in place to identify, investigate, and learn from patient safety investigations. |

![NHS Bradford Teaching Hospitals NHS Foundation Trust]

| Meeting Title | **Board of Directors** | | |
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Maternity and neonatal services

From the report the Academy noted the position for April 2024
- 4 stillbirths. Any learning identified has been shared with staff
- 1 case of Hypoxic-ischemic Encephalopathy MNSI reportable
- 0 maternal deaths
- 6 ongoing maternity SIs/Level 1 investigations, 3 M (MNSI) and 3 Trust level (same as for March, 0 completed investigations this month or learning reported
- 0 occasions where the unit assessed as needing to divert women to other trusts.
- 3 neonatal deaths, all anticipated due to prematurity/congenital anomalies
- No new or ongoing neonatal SIs

The Academy was assured members were receiving information related to maternal perinatal quality and safety issues and associated learning in a timely manner.

The Academy received a verbal update on concerns the Maternity & Neonatal Voices Partnership raised with the CQC (Care Quality Commission). The FTSU (Freedom to Speak Up) Guardian is meeting staff to consider Black, Asian and Minority Ethnic staff progression. Following safety concerns raised around the birth centre & labour ward staffing it was reported that staff are satisfied to carry on with the current staffing model with continued support. The Academy was assured that concerns raised are being taken very seriously and followed up.

Infection prevention and control quarterly report
The Trust exceeded current targets for E coli bacteraemia (by 8 cases) and Klebsiella bacteraemia by (12 cases). Bacteraemia reduction measures were noted.

The Trust's position re. National and Regional data for MSSA, E coli, pseudomonas and Klebsiella was reported. Targets were discussed with comparisons made to 2022/23. C difficile and E coli cases were below the 2022/23 target. MSSA and Klebsiella cases were slightly increased on 2022/23. Cases are being scrutinised for consideration of interventions for improvement. A comprehensive improvement plan updated regularly with immediate review of cases for quick learning and triangulation of cases using PSIRF was presented.

The Trust is fully compliant with 52 of the 54 IPC (Infection Prevention and Control) BAF (Board Assurance Framework) standards and two standards are partially compliant: mitigation and appropriate actions have been taken. Standard 2.4: the Water Safety plan should be approved at the next Water Safety group meeting. Patients with airborne isolation are prioritised in negative pressure rooms and a plan is in place for more negative pressure side rooms in Ward 1. Standard 3.6: a business case has been written for another Pharmacist with antimicrobial stewardship responsibilities.

The QPSA was assured by the Quarter 4 report noting monitoring of the activity by IPC and the annual work programme. The recommendations in the report were approved.

High level risks relating to the Academy (in addition to Risk 2542 in Alerts section)

- No other HLRs have been added to the register and no risks have been closed
- Risk 3660 (maternity staffing) and Risk 3404 (Pressure on paediatric services) are expected to remain on the list for some time as they are not easy to resolve.

The Academy confirmed there was sufficient assurance that all relevant key risks had been identified and reported and are being managed appropriately.

Patient Experience Bi-annual Report
Highlights of Patient Experience work was presented. The *Patient Experience and Engagement Strategy 2023-2028 Kindness at every step. No decision about you without you* has been well received. National and local awards have been received for some of our patient experience work. The Trust has an 87% score for the Friends and Family Test (FFT) rating the service good/very good and above the national average.

Future improvement work was noted:
- A shared learning repository for complaints is under consideration.
- Implementation of new Health Service Ombudsman standards around early resolution.
- A patient experience dashboard providing an easy update of work is underway.

QPSA were assured by the report and commitment to patient experience improvement.

Getting it Right First Time (GIRFT) update
The main priority for 2024/2025, is the 'Further Faster' programme that brings together clinicians and operational teams to transform pathways using GIRFT methodology to rapidly adopt best practice across a range of clinical pathways. Further Faster focuses on 16 specialties and there are plans for this to extend into additional specialties that have not already been covered.

An ongoing Pancreatic Cancer Review focuses on improvement at Network level to achieve excellent clinical outcomes for patients with pancreatic ductal adenocarcinoma. However, these goals were discussed in relation to Risk 2549 (Workforce constraints within Non-Surgical Oncology) currently scoring 16, where the principal risk is failure to maintain the quality of patient services at BTHFT and WYAAT. A meeting on 24 May 2024 is scheduled with Professor Tim Briggs, Chair of the national GIRFT (Getting It Right First Time) programme to consider concerns raised from the pancreatic peer review.

Update on Health Inequalities (HI)
The Trust Lead for HI presented the NHS Providers guidance, 'What Good Looks Like', informed by NHSE's policy and publications describing some of the best practice observed.  The guidance includes a self-assessment tool to assess maturity across four domains (five levels: not started, emerging, developing, maturing and thriving) can be assessed. For BTHFT:
1. *Building public health capacity and capability* concerns understanding the needs of the local population, availability of HI training and support provided to operational clinical teams around inequalities. Rated as **Emerging**

2. *Data, insight, evidence and evaluation*, concerns data engagement and research, performance and business intelligence. Rated as **Maturing.**
3. *Strategic leadership and accountability* concerns leadership, existing reporting arrangements, commitment and CORE20PLUS5. Rated as **Developing.**
4. *System Partnership* concerns Place level work. Rated as **Maturing.**

Areas for improvement include HI training for the Board of Directors and staff, the use of population health data and focusing on outcomes and equality of experiences.

The QPSA were assured on the work underway and intended actions.

Hospital at Night Huddle Update

The night Safety Huddle meeting has taken place daily since November 2023 in the Command Centre. It is attended by outreach, critical care, medicine, and Command Centre colleagues. Attendance was reported as very good.  The Huddle enables discussion of in-patients of concern and at risk of deterioration overnight.  The night Huddle links in with the morning Trust Safety Huddle and operational meetings to ensure continuous risk oversight.

In over half of huddles, a patient at risk of deterioration who the group was not previously aware was detected, ensuring appropriate care and escalation, as necessary. Ward visits avoid patient deterioration ceilings of care and resuscitation orders put in place thus avoiding inappropriate cardiac arrest calls for patients for who this is inappropriate due to palliation. There has been a reduction in the number of Crash calls for cardiac arrests per month since the inception of the Huddle.

Evaluation suggests the Huddles have improved staff confidence through knowing the colleagues on shift including the Crash team, improved communication and function during emergencies, better role allocation, identifying learning needs for junior staff, allowing leadership development and educational skills during the situation, and improving confidence of junior doctors in escalating to their seniors, to ICU or to the outreach nurses. Average length of stay for all unplanned ICU admissions from 1 January 2023 to 30 April 2024 has decreased from seven to five days. Other harder to measure outcomes may include the wellbeing of junior doctors and the building of effective working relationships.

The Academy noted this positive and important piece of quality improvement work and the QPSA were assured by the findings.

The Chair noted the documents for information appended to the Academy papers and drew attention to the Internal Audit Reports relevant to the Academy: BH/39/2024 VTE (Venous Thromboembolism) Assessment – 15 April 2024. BH/40/2024 Risk Management Framework and Strategy.

**Report completed by:**

Louise Bryant
Academy Chair and Non-Executive Director

30th June 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | | Agenda item | |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Quality and Patient Safety Academy/Committee**

**Date of meeting: 2nd July 2024**

| **Key escalation and discussion points from the meeting** |
|---|
| **Alert:** |
| Nothing to escalate to the Board and nothing to share with other Academies. |
| **Advise:** |
| The Academy was updated on the current round of industrial action by Junior Doctors. The Trust now has very good processes in place to deal with this but despite this, there was some cancellation of non-urgent activity. The Monday of the strike period saw the 2nd highest ever numbers of ED attendances, but high Trust performance in ED was maintained. The cost associated with consultants covering Junior Doctor activity was noted.<br><br>Our crude mortality rate continues an overall pattern of reduction and we continue to have the lowest crude mortality rate in West Yorkshire. SHMI is still high at 117.5, but collaboration between the Learning from Deaths Team and Business Intelligence has seen SHMI reduce by over 4 points since last month. Work continues on coding issues which will continue to reduce our SHMI moving forward.<br><br>The new QPSA dashboard is still work in progress and in some cases statistical representation and insight could be improved. New presentation of data, for example in relation to increased pressure ulcers on Ward 26, gave better insight associated with quality improvement actions were noted as being much improved and the kind of presentation the dashboard could provide. |
| **Assure:** *ensure that any relevant learning/improvements are highlighted in this section* |
| Quality Oversight and Assurance Profile & Serious Incident Report and Patient Safety Incident Response Framework (PSIRF)<br><br>The Academy report provided oversight of Safety Incidents (internal and external) and Safety Events. Escalations to SEG and QuOC are currently being monitored within the CSU/relevant team: Five emerging themes were identified.<br>1. Increase in pressure ulcers as noted above with improvement work noted<br>2. Re-admission of patients >65 (silver traumas) with injuries not identified at first ED visit (under review)<br>3. Delays in breast histopathology results from outsourced services. A risk assessment has been completed |

4. Increased incidents relating to delays in Speech and Language Therapy (under review, with known capacity issues within team).
5. Delayed referrals from AED to stroke services. MDT approach and learning identified

Two emerging risks were identified:
1. Timely completion of clinical reviews. A watching brief is being maintained
2. Management of Estates and Facilities alerts. A process adopted by Estates and Facilities to alert SEG and/or QuOC of any such alerts

*Central Alerting System*
All alerts were shared with the Academy

*Claims and Inquests*
14 claims were referred to NHS Resolution; 4 claims formally settled for a combined total of £73,000. Alleged negligence surrounding Caesarean Section - settled for £40,000. Updates on inquests attended and forthcoming were provided.

*Patient safety investigations:*
All legacy investigations have been completed (final 2 this period) and learning shared with staff and the Academy in the report
No PSIIs agreed for StEIS reporting between 1st April and 31st May 2024.No Never Events have been identified as occurring between 1st and 31st May 2024

The Trust continues to meet the Duty of Candour requirements and no breaches have occurred since August 2016. However, in relation to one death, the coroner identified where candour could have been improved. More work will be done with clinicians to improve understanding of the legislation and how this is applied in terms of openness and transparency with patients and families and how it is recorded in the EPR.

The Quality Oversight System reviews all SIs and triangulate themes and learning with other sources of intelligence/insight. Next steps are to (1) provide further staff training to improve knowledge, confidence and expertise to effectively respond to PSIs under PSIRF. (2) Further develop the assurance report for the QPSA and Board to reflect the new PSIRF process highlighting learning as well as providing assurance on the effectiveness of actions taken in response to safety events.

The Academy noted the current position, emerging themes, risks, work to mitigate and noted the next steps. It confirmed that there is sufficient assurance that BTHFT has processes in place to identify, investigate, and learn from patient safety investigations

Insights Report (formerly Complaints Litigation Incidents & Patient Experience (CLIP) Quarters 3 & 4 plus annual report 2023/24

The Insights report reflects changes in processes and investigation processes namely PSIRF and the new IRIS system. It aims to provide richer insights into the quality of care the Trust provides, demonstrate how learning informs improvement work and share examples of good and excellent practice.

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The report detailed *Incidents, Complaints and PALS, Litigation and claims* including costs awarded*, inquests* and *CQC enquiries*. In order to monitor and learn from CQC enquiries a thematic review of all enquiries from January 2023 to date was conducted. The key themes related to Patient Safety e.g. falls and medication errors, Safeguarding issues involving children and vulnerable adults, Staff concerns e.g. behaviour, Patient Experience e.g. environment in ED, and Estate and Facilities, e.g. fire safety.

The Academy approved the changes to the reporting approach and confirmed the quarterly reporting period. Academy reported they were assured on the management and monitoring of safety incidents, complaints, claims and litigation and external enquiries from key regulatory bodies.

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High level risks relating to the Academy

Two risks reduced in score from 16 to 12.Two risks are past their target mitigation dates and scores have been increased so they now appear as new HLRs this month.

- 605: risk to haemoglobinopathy services. National problems with recruiting to this speciality were highlighted and that score increase is as a result of an inspection by the British Haematological Society, a non-statutory body (score 16).
- 2509: Average waiting time for Autism and ADHD assessment is currently 42 weeks with the longest wait 110 weeks with a risk that delays in diagnosis may impact on long term development (score 16).

One additional new risk was added to the HLRR, which is also an existing risk that has increased in score

- There is a risk to the provision of a consistent Stroke Service due to a number of underlying issues (score 16) including vacancies, staff sickness,and provision of therapy services.

Two further new risks were added to the HLRR during June 2024 but will be combined with Risk 2542 (The Haemonetics Blood Track kiosks at BTHFT are now 'end of life') reported in last QPSA and already on the HLRR:

- Risk 810: risk of patient harm caused by administration of the wrong blood/blood component
- Risk 1280: risk that patients requiring blood transfusion might receive blood with the wrong blood group as a result of the wrong patients' blood being in the tube sent for G&S/cross match tests.

The Academy confirmed there was sufficient assurance that all relevant key risks had been identified and reported and are being managed appropriately.

Safeguarding Adults Annual Report & Safeguarding Children's Annual Report

*Adult safeguarding*
Attendances by patients requiring detention under the Mental Health Act (MHA) has increased. Closer work with the police is taking place to ensure that section 136 detentions are applied appropriately. Specialist advisors on domestic and sexual

violence have joined the team. Ther have been significant increase in request for information in relation to domestic homicide and adult safeguarding reviews, stretching the limited specialist resource. Safeguarding adult training compliance is over 95% (levels 1 & 2). Current compliance with Prevent basic training is 94% (NHS England minimum is 85%).

Further work including additional training, development and support for staff working in crisis situations is in progress. The Additional Needs Care Navigator has evaluated well, with feedback from families and carers of the impact and difference this role has made. This is being considered as a permanent role

*Child safeguarding*
BTHFT is the top performer of Trusts who responded to a RCPCH national audit of 'Good Practice Service Delivery Standards for the Management of Children Referred for Child Protection Medical Assessments' achieving 99 of the 103 standards. Improvements were noted included working with ED colleagues to introduce a template into EPR to record the mobility of babies attending with an injury and assure that the West Yorkshire Procedures to Safeguard Children are being followed. There is increased & increasing recognition of child behind the adult as evidenced by the number of Paediatric Liaison Forms from the ED.
The Academy were asked to note:
1. The main risk remains children/young people with poor mental health or in crisis. Improvements are required to achieve better outcomes for these children and reduce their length of stay on an acute ward. BTHFT does not employ a children's specialist MH professional and this was identified as a priority.
2. Trust EPR and paper records hamper safeguarding assurance as systems cannot automatically communicate with each other and information cannot easily be shared or found. The team are working with IT to mitigate this risk and with Cerner to explore how best to make safeguarding documentation more visible in-patient records.

The Academy confirmed there was sufficient assurance that both adult and children's safeguarding processes and services are being managed appropriately and that learning and improvement are shared appropriately.

Maternity and neonatal services

From the report the Academy noted the position for May 2024
• 1 stillbirth (Butterfly baby)
• 0 cases of Hypoxic-ischemic Encephalopathy
• 0 maternal deaths
• 0 MNSI referrals or internal SIs
• 5 ongoing maternity SIs/Level 1 investigations: 3 MNSI and 2 Trust level
• 3 completed investigations this month with learning and action taken reported
• 1 occasions where the unit was assessed as needing to divert women to other trusts; 4 women diverted.
• 2 neonatal deaths, both anticipated due to extreme prematurity/congenital anomalies
• 0 new or ongoing neonatal Sis

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The Chief Nurse and Director of Midwifery had a concern raised regarding safety in the Birth Centre from 1 staff member around staffing, and women not being offered the Centre as a choice of place of birth. They met with colleague, listened to concerns and suggestions for improvements. Since then there has been an improved position in the Centre during May. Initiatives to actively promote the Centre as a choice for women are ongoing. Predicted newly qualified midwife numbers, due to start in October, will also provide a more robust and sustainable staffing model to be consistently applied.

Training compliance showed 37/47 training compliances are within target, 3 areas where compliance is between 75-85% and 7 with compliance below 75%. Explanation and actions for competencies below target were provided.

Key points from CQC inspection reported:
1. Exemplary neonatal service
2. Operational improvements identified: temperature of rooms where drugs stored higher than optimal, management of outpatient prescription pads could be improved, corridors/fire door blocked by equipment. Mitigating actions were shared.
3. Some staff were unable to articulate learning from MNS. Actions to improve include find additional ways to share learning, develop a digital platform to share learning, release more staff to governance meetings where learning is discussed (when staffing levels improved)
4. More detail requested about management of delayed inductions. Improvement work in progress was shared.

The Academy were assured they were receiving information related to maternal perinatal quality and safety issues and associated learning in a timely manner.

**Report completed by:**

Louise Bryant
Academy Chair and Non-Executive Director

7th July 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 14 March 2024 | Agenda item | Bo3.24.9 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Finance and Performance Academy**

**Date of meeting: 31st January 2024**

| **Key escalation and discussion points from the meeting** |
|---|
| **Alert:** |
| **Monthly Finance Report –** There continues to be a risk to delivering the 2023/24 financial plan. As at month 9 the Trust is £1.1m in deficit but is forecasting a full year break- even position. This position masks the underlying financial deficit that is being carried into 2024/25. <br> **Financial Plan** - The Academy discussed the significant underlying financial position; the actions being taken to minimise this risk and the significant deficit being carried into next financial year. At this stage in the planning process there is more than £40m of risk that will need to be managed to deliver a break-even plan.  The Executive team have had a time out to discuss how we manage this risk and a good discussion took place in the Academy about how we might best address this deficit and over what period financial recovery could take place. |
| **Advise:** |
| **Cancer and Diagnostic Improvement Plan –** The Academy was updated on key cancer performance indicators, national and cancer alliance targets for 24/25 and plans to improve cancer performance. We had a great presentation on the HISTO programme that will focus on improving and transforming services in histopathology. Progress on the HISTO programme will be monitored through further updates on the Cancer and Diagnostic Improvement Plan. <br> **Performance Highlight Report** – The Academy received and reviewed the monthly comprehensive report. Our performance remains strong in comparison with our West Yorkshire (WY) peers. The Academy noted the great performance in Urgent Care recognising that it was still below the 95% standard (79.1%) and how we were being asked to share our practices at national level to help other Trusts. Referral to treatment performance continues to be impacted by industrial action and performance decreased in December to 64.6% but remains within the upper quartile compared to other Acute Trusts. <br> **WYATT/ICS Programme Quarterly –** The Academy agreed that to avoid duplication these updates would no longer be shared at our meetings but continue to be shared through the updates that are already presented to Board. <br> **Capital Update –** We have spent £20m of the £58m capital budget but are forecasting to spend the full budget by the end of the financial year. |
| **Assure:** |

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**EPRR Governance Proposal** – the Academy agreed that they will receive an update on EPRR progress against core standards three times a year in addition to signing of the final report annually. This will be added into the Academy work plan.

**High Level Risks Relevant to the Academy -** The Academy raised one risk at the end of the meeting which may need to be included on the risk register, this was about local authority cuts and the impact on our long stays and resulting performance targets.

Challenge in the meeting was good and there was good participation across the range of attendees in the meeting, due to the high number of papers in the finance section of the agenda we needed to take a number of items as read in order to prioritise the areas we felt we needed a discussion.

**Report completed by:**

Julie Lawreniuk
Academy Chair and Non-Executive Director
February 7th, 2023

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 14.3.24 | Agenda item | Bo.3.24.9 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Finance and Performance Academy**

**Date of meeting: 28th February 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |
| **Financial Plan Update** - At this stage in the planning process there is £54.6m of financial risk in 2024/25, a waste reduction target of £25.3m has been agreed that will leave a residual deficit of £29.3m.  Work is ongoing to agree plans to deliver the £25.3m waste reduction plan. <br> There will need to be a balance in decision making between finance and performance in addressing this challenge. <br> **Intermediate Care** – The Urgent Care Improvement presentation included an update on the impact that the challenges in the local authority are having on our admitted pathway. The Trust is working closely with our health and social care partners to reduce delays and mitigate the impact of the financial pressures. |
| **Advise:** |
| **Monthly Finance Report** – There continues to be a risk to delivering the 2023/24 financial plans but the Trust is forecasting a full year break- even position. This position masks the underlying financial deficit that is being carried into 2024/25. <br> **Urgent and Emergency Care Improvement Plan** – We are currently ranked 3rd best in region and 7th best nationally in delivery of the Urgent Care Target. The Academy noted the continued work ongoing to sustain/improve this performance further. <br> **Performance Highlight Report** – The Academy received and reviewed the monthly comprehensive performance report. Our performance remains strong in comparison with our West Yorkshire (WY) peers but continues to be impacted by industrial action. The new Community Diagnostic Centre is now open and is supporting a new sustainable service offer resulting in improvements in our diagnostic performance. The new Day Case Unit once opened next year will further improve our performance against targets. <br> The Academy noted their continued appreciation of the evaluation and understanding of our data and performance reports. <br> **Health Inequalities and Waiting List Analysis** – The Academy received a verbal update on the work continuing to reduce health equalities, this is focusing on three main areas, access, patient experience and outcomes. A further written report detailing progress will be shared with the Academy later in the year. <br> **Capital Update** – We have spent £26m of the £57m forecast spend against the capital plan. Although there is a risk given the amount still to be spent, the team are confident that the plan will be delivered. |

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 14.3.24 | **Agenda item** | Bo.3.24.9 |

**Assure:**

**High Level Risks Relevant to the Academy -** The Academy were assured that all relevant risks had been identified, reported to the academy and were being appropriately managed.

**Internal Audit Plan** – The process for pulling together the internal audit plan was shared with the Academy, and they were asked to flag anything they felt needed including within the plan.

Challenge in the meeting was good and there was good participation across the range of attendees in the meeting.

**Report completed by:**

Julie Lawreniuk
Academy Chair and Non-Executive Director
March 6th, 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 9 May 2024 | Agenda item | Bo.5.24.12 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Finance and Performance Academy**

**Date of meeting: 27th March 2024**

<table>
<tr><td colspan="2" align="center"><b>Key escalation and discussion points from the meeting</b></td></tr>
<tr><td colspan="2"><b>Alert:</b></td></tr>
<tr><td colspan="2">

**Financial Plan Update** -. At this stage in the planning process there is a deficit forecast for 2024/25 before delivery of waste reduction plans of £54.6m. A waste reduction plan of £26.3m has been agreed which will reduce the net deficit to £28.3m.
The Academy was assured that the governance arrangements for the management of waste reduction are being strengthened and asked for consideration of how we strengthen reporting through the Academy going forward.

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<tr><td colspan="2"><b>Advise:</b></td></tr>
<tr><td colspan="2">

**Monthly Finance Report –** The Trust is forecasting to deliver a £4.4m surplus for 2023/24, this is higher than last month's breakeven forecast due to two non-recurrent allocations that have been received from the West Yorkshire (WY) Integrated Care Board.
**RTT Operational Improvement Plan –** The Deputy Director of Planned Operations took the Academy through the continuing actions being taken to maintain and improve referral to treatment performance. It was pleasing to listen to her feedback on the communications across teams within the Trust that support delivery of these improvements.
**Performance Highlight Report** – The Academy received and reviewed the monthly comprehensive performance report. Our performance remains strong in comparison with our WY peers.
**Health inequalities and Waiting List Analysis –** The Academy received a report on actions being taken within the Trust to reduce health inequalities, improve access, outcomes and experience.
**Clinical Service Unit (CSU) to Academy Engagement Event** – The Academy received the slides from the CSU to Academy event that took place in March.
**Procurement Update** – The Academy received an update on work undertaken, noting the savings that have been delivered in this area.

</td></tr>
<tr><td colspan="2"><b>Assure:</b></td></tr>
<tr><td colspan="2">

**High Level Risks Relevant to the Academy -** The Academy was assured that all relevant risks had been identified, reported to the academy and were being appropriately managed. No new Finance and Performance Academy risks had been included on the risk register, none had changed in score, and none had been closed.
**Internal Audit Plan** – The 2024/25 internal audit plan was shared with the Academy.
**Emergency preparedness Resilience and Response Update** – the Academy reviewed the progress made on the work plan for 2023/24 and the work plan for 2024/25 and

</td></tr>
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approved a number of supporting documents. The Trusts compliance rating will now increase to 50%. The Academy was assured on the work that has been undertaken. Challenge in the meeting was good and there was good participation across the range of attendees in the meeting

**Report completed by:**

Julie Lawreniuk
Academy Chair and Non-Executive Director
April 4th, 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 9 May 2024 | Agenda item | Bo.5.24.12 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Finance and Performance Academy**

**Date of meeting: 24th April 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |
| **Financial Plan Update** -The Academy reviewed the current operational and financial plan submission for 24/25 following on from the board development session the previous week. The net deficit in the plan has improved to £22.6m but is reliant on delivering a waste reduction plan of £32.3m.<br><br>The Academy was assured that the governance arrangements for the management of waste reduction are being strengthened and that the new Director of Strategy and Transformation will be attending future meetings to update on progress and delivery of the 'Closing the Gap' programme.<br><br>The plan is still subject to the NHSE assurance process. |
| **Advise:** |
| **Monthly Finance Report –** The Trust is forecasting to deliver a £4.6m surplus for 2023/24 (subject to external audit). The Academy congratulated the finance team and organisation on delivering the surplus.<br><br>**Capital Report** – The Trust has delivered its capital plan for 23/24 spending £55m on capital projects, another pleasing result.<br><br>**Cancer and Diagnostic Operational Improvement Plan –** The Academy were pleased to see the work underway to improve performance across cancer and diagnostics. The three-month trend data for cancer performance shows improved performance across 4 of the 5 cancer targets. The presentation included an update on the histopathology service and work underway to improve turnaround times.<br><br>**Performance Highlight Report** – The Academy received and reviewed the monthly comprehensive performance report. Our performance remains strong in comparison with our West Yorkshire (WY) and national peers. Urgent Care performance was 82.67% in March, this performance is in the upper decile of Acute Trusts in England.<br><br>**Finance team** – The Academy was delighted that the finance team has been reported as being the most improved finance team in the country in the national staff survey. |

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 9 May 2024 | Agenda item | Bo.5.24.12 |

**Assure:**

**High Level Risks Relevant to the Academy -** The Academy was assured that all relevant risks had been identified, reported to the academy and were being appropriately managed.  A new risk on delayed discharges to care has been included on the risk register, this has been discussed through the Academy on several occasions. No risks had changed in score but the risk about missing or incorrect data on EPR has been closed and incorporated into a new data quality risk.

**F and P Academy Annual Report** – The annual report that summarised the business of the Academy over the last 12 months was approved by members.

**Report completed by:**

Julie Lawreniuk
Academy Chair and Non-Executive Director
April 29th, 2024

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Finance and Performance Academy**

**Date of meeting: 22nd May 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |
| **Financial Report Month 1** – the Trust is reporting a £708k adverse variance to plan at month 1, in the main due to savings not being delivered through the closing the gap programme. |
| **Advise:** |
| **Urgent and Emergency Care Operational Improvement Plan –** The Academy were pleased to see the work underway to improve performance across urgent and emergency care. Performance remains strong in Urgent and Emergency Care but may dip over the next few months as a consequence of the continued financial challenge across health and social care.<br><br>**Treasury Management –** The Academy were advised on the latest treasury management position and forecasts. As the financial position becomes more challenging, this impacts on the cash position. The Academy agreed to see the treasury management report quarterly going forward in order to more closely review the position.<br><br>**Pathology Joint Venture –** it was pleasing to see that both joint ventures had delivered surpluses in 2023/24. The Academy asked to see the performance metrics in addition to the finance numbers going forward for these services going forward.<br><br>**Service Development Post Implementation Reviews –** The Academy received the latest set of service development reviews. The investment in the Procurement team has delivered a substantial return on investment, this will be counted as part of the waste delivery plan.<br><br>**Performance Highlight –** The Academy received and reviewed the monthly comprehensive performance report. Performance across the Trust remains strong in comparison to our peers. Work continues with the local authority to mitigate the impact of local authority savings plans on our length of stay position. |
| **Assure:** |
| **Closing the Gap –** the Director of Strategy and Integration took the Academy through the process through which the Trust will deliver the savings required to close the financial gap. An 8 week cycle of meetings has been established to govern the approach. The Academy approved the vision the programme has agreed and were assured by the process that is |

now in place. The first report that will show progress against the programme will be shared at next month's Finance and Performance Academy.

**Budget Setting Process –** A paper was received that described how budgets and efficiency targets for 2024/25 have been allocated across the Trust's Clinical Support Units and other operational and corporate departments. A number of decisions have been made by the Executive Management Team to support this process.

**High Level Risks -** The Academy was assured that all relevant risks had been identified, reported to the academy and were being appropriately managed. No risks had been added, closed or changed in score.

**Report completed by:**

Julie Lawreniuk
Academy Chair and Non-Executive Director
May 12th, 2024

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Finance and Performance Committee**

**Date of meeting:**      4th July  2024

| Key escalation and discussion points from the meeting |
| --- |
| **Alert:** |
| **Monthly Finance Report** – the Academy were not assured that the 2024/25 financial plan would be delivered but were assured about the work that is underway to mitigate this risk. A number of forecast scenarios were shared with the Academy showing a best case deficit of £15.1m and a worst case deficit position of £28.6m, compared to our planned deficit of £14.1m. These scenarios were based on the position at Month 2, which is too early in the financial year to draw any concrete conclusions from.  It is anticipated that more clarity will be derived from the Month 3 position once this is available.  The Academy also noted the associated risk to the Trusts liquidity and cash position should the financial plan not be delivered. |
| **Advise:** |
| **Act as One Programme Update –** A number of schemes continue to be delivered through our Act as One system programme approach. The Academy received a presentation highlighting the work underway across all of the programmes.

**Closing the Gap Update –** the Academy were pleased to see the first closing the gap dashboard showing progress and delivery across all schemes. 206 schemes have been identified to date and £22.9m of potential savings identified against the £38.9m required. It was pleasing to see the amount of work underway across the Trust to close this gap but the risk to not delivering the required level of savings is high. The Academy discussed the rounded approach to reporting on the closing the gap programme across Academies and through the Board.

**Operational Highlight Report** – Performance across the Trust remains strong. Attendance through Emergency Care has been high with some of the busiest days on record occurring over the last week. Improvements in occupancy and flow through the hospital are resulting in improved length of stay (LoS) performance and discharges figures. The Home First pilot will start in Bradford on the 21st July. Airedale piloted this earlier this year and have seen some good results. Ambulance handovers are being reported at 17 minutes, which is better than the 18 minutes plan target, our performance is the best in the West Yorkshire Association of Acute Trust.
Throughout the highlight report it was pleasing to see our approach to improving through learning from others.

**2024/25 Capital Plan** – the Academy approved the 24/25 capital plan for £42.8m noting that a few of the numbers may need to be updated as the plan develops. |

**Assure:**

**Revised Academy Terms of Reference and Workplan –** the Academy approved the changes to our TOR noting that in the next set we need to include the Trust Improvement Strategy and reflect the change from Finance and Performance Academy to Finance and Performance Committee. The work plan has been updated to include Estates and Facilities and Sustainability.

**High Level Risks Relevant to the Academy -** The Academy was assured that all relevant risks had been identified, reported to the academy and were being appropriately managed.  No risks had been added, closed or changed in score.

**Operational Improvement Plan Referral to treatment (RTT) –** A presentation was shared with the Academy highlighting the work underway on our RTT improvement plan. A number of the transformational projects in this area are attempting to go further on plans in order to contribute towards the closing the gap programme. There has been a collaborative approach to implementing a new Data Quality  app that gives services a real time view of which patients are on their lists.

**Emergency Preparedness Resilience and Response (EPRR) update –** The Academy were confident that the necessary work is being done in this area and were further assured by the internal audit report that has given significant assurance in this area.

**Report completed by:**

Julie Lawreniuk
Academy Chair and Non-Executive Director

4th July 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 14 March 2024 | Agenda item | Bo3.24.15 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: People Academy**

**Date of meeting: 31 January 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |

**Absence of NED Champions –** through the Health and Safety (H&S) update, a concern was raised that with Jon Prasher's tenure coming to an end, there was no Non-Executive Director (NED) Champion for Health and Safety and therefore no NED Champion at the H&S Committee meeting. Jon was also the Maternity Champion and the absence of a NED Champion for this area was also raised. The Trust Chair is currently working on filling those vacancies.

**Violence Prevention and Reduction** – the Violence Prevention and Reduction Standard was introduced in 2021 and the Trust is required to assess itself against the standard twice a year. The standard focuses on three areas 1) Clinically related challenging behaviour 2) Visitors and Public related non-patient related behaviour and 3) staff on staff behaviours, supported by education and training, and data and validation. A different executive lead has been allocated to each of these areas. There are 43 indicators and the Trust has been non-compliant against the standard for the last two years. 533 incidents were recorded last year. Attendance at the VPR meetings is low. The Academy agreed that more scrutiny and engagement, with one named Executive lead, was required and the risk should be escalated to the Board.

**Industrial Action** – Faeem Lal updated the Academy on the latest news. The offer put to Consultants was declined by a 1% margin, significantly weakening the position and there is no further planned action at this stage. Junior Doctors are currently balloting for further strike action, with the ballot closing on 20 March and there is no further insight on how this will progress.

| **Advise:** |
|---|

**Workforce Civility** – Faeem updated the Academy on how the Trust is embedding Civility in the Workplace with the latest Programme Board focused on triangulating data and consistency of approach, recognising that in an organisation of the Trust's size, there will inevitably be disagreements and relationship issues. There is a need for line managers to be skilled in nipping issues in the bud as soon as they arise. Civility in the Workplace training has commenced for all staff with an ambition to train everyone over the next 12-18 months, following a successful pilot in the Pharmacy team. Training is two hours long and includes discussing video scenarios of incivility and the options for addressing this. Trainees are also given access to the many resources available to help them, such as the Civility Toolkit, People Charter, Staff Advocacy service and wellbeing

information. There is a desire to triangulate data covering Freedom to Speak Up (FTSU) referrals, National Educational Training survey (NETs) and General Medical Council (GMC) surveys with disciplinary data and annual people survey data to identify patterns or themes that can then be addressed.

**Assure:**

**Outstanding Theatre Services** – following two years of intense work to transform Theatre Services through the Outstanding Theatres programme, this was the last day of the initiative and the reins have been handed over to the Theatres team to continue to transform the service. The team have devised a brand 'Bradford Theatres – Moving to Outstanding' and a continuation plan along the lines of the CQC categories of well-led, safe, effective, caring and responsive. The safe pathway covers how civility saves lives and the well-led pathway includes targeted staff progression, mentors and preceptors, integration of Band 5s and leadership development. The Academy congratulated the team on the amazing progress over the last 2 years to change the culture, create meaningful change and take ownership.

**Dashboard** – we reviewed the dashboard and it was great to see turnover at 9.73% at the end of December 23. Turnover has reduced month on month since June 22. The absence rate as at the end of December was 5.78%, down from 5.9% in November 23; a brilliant achievement against increased winter pressures. Recruitment is strong, vacancies are lower and combined with the increased retention rate, this has allowed the Trust to reduce the Nursing and Midwifery staffing risk from 20 to 16.

**Disciplinary policy and procedure** – Faeem and Samia Hussain sought approval for the revised policy aligned to principles to ensure potential disciplinary cases are dealt with at an early stage, with a view to resolving cases quickly and seeking improved behaviours and conduct. The review has taken some time and follows the 'Just' culture aspirations, with early fact finds, training for investigating managers and support for the individual accused as well as the accuser. We heard from Ammy (Staff Side) who acknowledged that the policy was a complete shift in attitude and culture and the time taken was to ensure the policy was right. He credited Faeem for his pragmatism on this.

Overall, a more realistic agenda meant that we got to cover all items. Once again, there was an absence of NEDs with only the NED Chair present. They highlighted the need for other attendees to challenge Academy content. The Execs, and other attendees, did a great job of challenging and questioning.

**Report completed by:**

Karen Walker
Academy Chair and Non-Executive Director

31 January 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 14.3.24 | Agenda item | Bo.24.15 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: People Academy**

**Date of meeting: 28 February 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |
| **Nursing Recruitment and Retention** – Ray fairly challenged recruitment to the 16 bed Intensive Care Unit (ICU) where only 7 beds are currently open due to lack of staff.  He feels the time to hire is too long, especially when specialist nurse turnaround takes longer, and that the legacy impacts of Covid on those working in ICU has left scars and it's now difficult to attract people.  He believes it's needs a 'hearts and minds' approach.  Karen Dawber agreed to work with him to give this the focused attention it needs.<br><br>**Non-medical appraisal rate** - the non-medical appraisal rate has dropped from 79.07% to 78.25%. Whilst increases were seen in Corporate Services and Planned Services, decreases were seen in all other areas. An area the Academy agreed to escalate to the Board. |
| **Advise:** |
| **Freedom to Speak Up (FTSU)** – 31 concerns were raised in Q3, the highest number since reporting began.  October was speak up month and the Lucy Letby findings were released – it's possible there's correlation between awareness and concerns raised.  12 of the concerns were raised anonymously.  BTHFT has a FTSU app that allows staff to raise concerns anonymously whereas across the North East and Yorkshire region, 43% of FTSU Guardians have no official route for anonymous concerns to be raised.  14 of the 31 concerns related to inappropriate attitudes and behaviours, 9 had an element of worker safety or wellbeing, 5 related to patient safety/quality and 5 had an element of bullying and harassment. The National Guardian's Office (NGO) have seen an increase in concerns raised nationally. BTHFT is one of 3 organisations chosen by the NGO to participate in a short film about the role of the NED/Trustee in supporting FTSU.  I had the privilege of representing the Trust in London on 4th March to share my experience of FTSU and the strength of the relationship with the Guardian, Sue Franklin, who does such a fantastic job with FTSU on BTHFT's behalf. |
| **Assure:** |
| **Dashboard** – turnover has decreased again, from 9.73% in December to 9.48% in January. Whilst absence decreased from 5.77% in December to 5.78% in January, this is a strong performance against a backdrop of winter illnesses. Short term 'on the day' absence in Nursing and Midwifery is challenging.  The absence policy and the way in which absence is recorded using the Bradford Score will be reviewed, with Human Resources (HR) working with the networks and staff side on the revised policy. |

**Staffing** – average fill rates over the last 3 months have improved to above 80%. Registered Nurse vacancies have reduced from 20.5% in April 23 to 12.6% in December 23, with an aim to reduce below 10% by the end of March 24. The number of leavers has reduced, too although the Trust is still reporting 160 healthcare assistant vacancies across wards.  The current pipeline of new starters will help to close the gap.

**Recruitment Process Improvements** – the recruitment process has been reviewed to address the slow nature of the process leading to the loss of good candidates, poor quality communications with candidates, the complexity of the process (particularly for internal vacancies) and low confidence in the TRAC system.  The Recruitment team have made several improvements including a simplification of the TRAC approval process, TRAC training, a TRAC intranet page, improved communications, and a reorganisation of the recruitment team with recruitment up to required headcount. The changes have significantly reduced email traffic between HR and those recruiting and it is now 57% quicker to review/approve vacancies. The stages within the Recruitment teams' control have improved significantly but there is much work to do to see improvements from those areas outside of the Recruitment team's control, such as recruitment manager shortlisting, delays in paperwork, induction, Occupational Health referrals and reporting. There are further system improvements to come and there will be a big focus on improving the onboarding experience next.  Initiatives to broaden the talent pool with entry level requirements, apprenticeships, refugee support and volunteer to career are in plan, as well as improved advertising through social media.


**Report completed by:**

Karen Walker
Academy Chair and Non-Executive Director

28 February 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 9 May 2024 | Agenda item | Bo.5.24.10 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: People Academy**

**Date of meeting: 27 March 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |
| **Dashboard** – following a sustained month on month drop in turnover since June 22, February saw a very slight increase to 9.55% from 9.48% in January.  Absence also saw a slight increase from 5.77% in January to 5.79% in February.  Not significant but metrics to keep an eye on.<br><br>**Gender Pay Gap (GPG)** – of the 6869 Trust employees, 76.4% are female.  Whilst there has been progress made in both the mean and median pay gaps, women continue to earn less than men and are under-represented at more senior levels, with over-representation in supervisory and middle management roles.  Men are significantly under-represented in Nursing and Midwifery roles and other typically female roles. The mean GPG has reduced from 26.1% to 24.4% and the median GPG has reduced from 7.7% to 5.2%.  The Gender Equality Reference Group will be chaired by the new Chief People and Purpose Officer and will create a refreshed action plan, aligned to the overall Equality, Diversity and Inclusion plan, to ensure progress is made in reducing the gap and improving representation of females into senior roles and men into Nursing and Midwifery roles. |
| **Advise:** |
| **Staff Story** – Faeem shared a recent example of a mum about to return from maternity leave who needed to attend training at the Trust.  The Trust weren't supportive of her need to breastfeed her baby or express milk which made it difficult for the mum to attend.  As a result of her feedback, Faeem has now established a working group to ensure people understand that the Trust is supportive of breastfeeding, that managers understand this and speak to pregnant team members ahead of them taking their maternity leave to ensure they feel welcome and valued on their return and that the right facilities are available for breastfeeding staff. |
| **Assure:** |
| **NHS Staff Survey Results** – against a backdrop of sustained industrial action and media attention following the previous Chair's resignation at the time the survey was open, the Trust increased their response rate to 43% and have improved across most categories of the survey, achieving above the national average on all 9 of the People Promise questions.  Notably, compassion and inclusion at 7.37 and engagement at 7.02 are nearing some of the best results nationally.  Diversity and equality scores 8.26 and inclusion scores 7, people experiencing discrimination at work has dropped and advocacy has increased. People feeling safe in raising concerns has increased but there |

has been a slight drop in confidence that their concern would be addressed. Burnout and work related stress have improved but still need further work. Overall, a very promising set of results that the Trust should be proud of with some clear work ons to be addressed through the survey action plan which will be presented at a future academy.

**Outstanding Pharmacy Services** – a year into the 2-year programme, the Pharmacy team returned to update the Academy on progress, with a new Programme Manager and 6 very active workstreams. They shared their highlights around culture and engagement, process mapping and the increase on their wellbeing score, up from 1.8 in February 23 when the programme started, to 3.1 in Feb 24 on a scale of 1 to 5. They are drafting a patient voice survey and piloting stay interviews. The team shared a fantastic initiative they've implemented following a complaint from a patient's wife that has improved the delivery of time critical Parkinson's medication to patients. A collaborative effort between the patient and his wife, a specialist Parkinson's nurse, Assessment Medical Unit, Emergency Medical Unit and the Pharmacy team. Another great example of how the programme empowers people to improve their experience of work and the patient experience.

**Staff progression** – Karen Dawber shared the Staff Progression report charting the progress of the work done to support and attract local employment. The turnover rate has reduced and whilst there is still work to do to grow the workforce, retain talent and attract the best candidates to BTHFT, the data from 2017 to date shows a strong improvement in the number of ethnic background staff in the medical workforce (now 46%) and across each grade in the admin and clerical workforce. There is still work to do to further improve ethnic background representation in Band 6 and above in the admin and clerical workforce and the Trust is focused on positive action to develop the pipeline they have built over the last 7 years.

A good meeting with a crammed agenda that meant some items were pushed for time. Those who contributed challenged and supported in good measure but it would be great to see contributions from more attendees.

**Report completed by:**

Karen Walker
Academy Chair and Non-Executive Director

27 March 2024

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: People Academy**

**Date of meeting: 24 April 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |

**Sexual Safety Charter** – The Assistant Chief Nurse for Vulnerable Adults, Safeguarding Team presented the 10 standards that Trust has signed up to and shared her plan to implement these across the Trust by July 24. The Trust reports lower than average in the NHS Staff Survey on unwanted behaviour of a sexual nature from patients, service users, their families, the public or their colleagues with 93 cases reported. It is suspected this is under-reported. Support is offered through Thrive, FTSU, OH, Safeguarding and HR and the Trust are raising awareness of reporting, support and resources available to encourage people to come forward.

**High Level Risk** – The Director of HR shared a new risk relevant to the Academy; 2549, the risk that the current Non-Surgical Oncology workforce in BTFHT and WYAAT can't continue to support the model of care required, delaying treatment and causing harm to patients.

| **Advise:** |
|---|

**Dashboard** – a draft new version dashboard was presented that shows staff turnover at 9.81%, a slight increase from February's 9.73%. Absence is at 5.88% and work is underway to explore how local health inequalities impact BTHFT staff and breakdown the staff groups to better understand where the issues are. It was suggested that the Trust could do more to promote Thrive wellbeing initiatives. The non-medical appraisal completion rate at 76.31% vs 85% target has been reducing since the start of the year, following an upward trajectory from August 23, and was discussed in detail. The Partnership Lead (Unison) shared his observations that people perceive appraisals are no longer meaningful and the Chief People and Purpose Officer shared her plan to review how the Trust makes them worthwhile through focusing on the wellbeing, support, development and enabling of people.

**National Education and Training Survey** – the 2023 results were shared, with 308 responses received representing a diverse range of students and trainees, an increase of 40% on last year. 7 of the 9 indicators have improved year on year and the 4 quality domains (Learning Environment and Culture, Educational Governance and Leadership, Supporting and Empowering Learners, Delivering Curricula and Assessments) exceed the national average and those of neighbouring Trusts. Theatres is a positive outlier in

teaching and Learning, likely driven by the Outstanding Theatres project. The lower scores in Surgery and, Obstetrics and Gynaecology are being explored. Staffing levels continue to be called out and the cost of living is impacting the retention of learners.

## Assure:

**Education Service Annual Report** – the Head of Education shared the highlights of her team's performance over the last 12 months. They have won external recognition for the Apprenticeship team, the quality mark for Preceptorship and the Clinical Teaching Excellence Award from Leeds Teaching Hospital. There has been an expansion of the team in mandatory and statutory training roles, a locally employed Doctor tutor and more Clinical Fellows in response to the changing needs of the workforce. Student training placements have increased and feedback is positive which could lead to future recruitment but there are challenges in the capacity and state of the estate, budget cuts and a high workload that need to be overcome.

**People Academy Annual Report** – I shared a brief summary of the Academy's work in learning and improvement evidenced by staff telling their stories of the positive impact of the outstanding programmes, how the Trust is looking after our people, the impressive improvements in the various survey results, the growth of FTSU, EDI and the kindness and civility work. The hard work on recruitment and retention has paid off with turnover now below 10%. We've taken assurance from the dashboard, workforce reporting and planning, delivery of the NHS People Plan and Civility In The Workplace initiatives, and the Guardian of Safe Working Hours and Medical Appraisals and Revalidation reports. We've learned and grown as a team, the challenge between attendees has been constructive and valuable. Everyone around the Academy table has made a difference to our people and our patients, and I called out two particular people who have made a significant difference over this last twelve months – the Director of HR for his leadership in the absence of the Chief People and Purpose Officer and the Partnership Lead (Unison) for his support, contribution and fair challenge.

**Report completed by:**

**Karen Walker**
**Academy Chair and Non-Executive Director**

**24 April 2024**

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 11 July 2024 | Agenda item | Bo.7.24.9 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: People Academy**

**Date of meeting: 22 May 2024**

| Key escalation and discussion points from the meeting |
|---|
| Alert: |
| **Annual Statement of Fire Safety 2023 –** the Deputy Director of Estates and Facilities and the Fire Safety Manager attended to provide assurance that risks arising from fire are managed safely. There is a programme of activity to replace the existing fire alarm systems, upgrade the emergency lighting system and improve fire and smoke compartmentation and fire-stopping.  There were five fires in 2023, up from two in 2022. Four  of these were smoking/lighter related and 1 related to a charger. The Trust is working with the Fire Service on actions to take to prevent smoking related fires when there is a Trust-wide no smoking policy, and a task and finish group has been created to help address this. The Chief Nurse highlighted the issue of verbal abuse from individuals who Trust staff approach when seen smoking on Trust premises. |
| Advise: |
| **Equality update Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) –** the Equality, Diversity and Inclusion (EDI) team presented the Trust's 23/24 WRES and WDES data, showing improvements in ethnic minority staff represented in overall workforce to 40.5%, and in senior leaders to 18.7%, albeit under-represented at bands 8a+.  Ethnic minority applicants are now more likely to be appointed from shortlisting, and are less likely to enter the disciplinary process and experience bullying, harassment and discrimination. More ethnic minority staff believe the Trust provides equal opportunities in career progression and promotion. There is still work to do on ethnic minority representation at senior levels, improving the staff experience and embedding the EDI strategy.  For disabled staff, there is an increase in overall representation to 4.9%, a slight reduction in appointment from shortlisting, a reduction in disabled staff experiencing bullying and harassment (but a slight reduction in those reporting it) and other improvements such as feeling valued, provision of reasonable adjustments and overall engagement.  Work planned includes improving disability declarations, recruitment processes, provision of reasonable adjustments and the staff experience. The 24/25 action plans are being finalised for approval and the Academy will be regularly updated.<br><br>**Freedom to Speak Up (FTSU) –** the Trust's FTSU Guardian shared the Annual report 23/24.  There were 101 concerns raised, the most reported since records began.  The Trust has an anonymous route for raising concerns via the FTSU app which has been further developed to allow for feedback to be shared with the anonymous person who raised the concern – less than 25% of concerns were raised anonymously. The highest category of concerns relates to inappropriate attitudes and behaviours and the highest |

number of concerns are raised by the Nursing and Midwifery teams, mirroring the national trend. The majority of concerns are resolved by leadership teams, some are referred on for Human Resources (HR) advice and support but few result in HR investigations. The Trust saw improvements across the Staff Survey People Promise elements of raising concerns.

## Assure:

**The Thrive Hive –** the Organisational Development team attended the Academy to share their plans to create a sense of belonging through this new initiative that will positively impact the staff experience of coming to work, engagement, productivity, job satisfaction and wellbeing.  They are creating a colleague led interactive calendar of events via the existing Thrive portal to cover a diverse set of activities such as music, dance, sport, fitness, gardening, hobbies, arts and crafts. They will measure the initiative's success by attendance and engagement, focus groups and the staff survey results.

**Dashboard –** sickness absence has started to reduce again, from 5.88% in March to 5.63% in April. Monthly turnover has also reduced, from 9.81% in March to 9.77% in April.

**Report completed by:**

Karen Walker
Academy Chair and Non-Executive Director

22 May 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 11 July 24 | Agenda item | Bo.7.24.9 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: People Academy**

**Date of meeting: 03 July 24**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |

**Industrial action** – the Junior Doctors took strike action from 27 June to 2 July, with 76% of the Trust's Junior Doctors participating. The public are becoming immune to the strikes and the messages nudging them towards other healthcare routes, with Monday seeing a record 507 attendances in A&E. The Trust, though, has learned from the strikes over the last year and is much better at mitigating the effects.

**Closing the Gap** – the Academy received an update on how the programme was mitigating impacts on the Trust's people, including the expected reactions to change, the value of listening and understanding, and that the values were built into the programme. We Care covers communications and transparency, workload and quality and patient care. We Are One Team covers engagement and involvement, and morale. We Value People covers training and development, fairness, and continuous education. The Academy were assured that the people impacts of the programme were understood and being mitigated and invited further regular updates to the Academy throughout the programme.

| **Advise:** |
|---|

**Nursing and Midwifery Staffing** – there is a reduction in the number of vacancies, an improvement in recruitment and a reduction in agency use. There are gaps in Healthcare Support Worker staffing, being addressed through the monthly recruitment bootcamps albeit this is not moving as quickly as the Trust would like. Harms data is consistent even though recruitment is up and red flags are down, and the consistency links to the issue of lack of time. The Trust is conducting a review of how it supports its nursing and midwifery staff to develop the right skills and ensuring it has the right people, with the right skills, in the right place. The Partnership Lead asked that the Trust survey its international nurses and the Academy was updated on the international nurse listening events they've been doing over the last couple of weeks. The key themes are a more cohesive approach to living in the UK and in Bradford (a Yorkshire slang glossary would be helpful), understanding what isn't taught in the UK or their native country that they should/need to know, and progression. There are several quick actions, such as buddies and the recruitment of a potential relocation officer that would help. The biannual establishment review has taken place and 9 areas asked for a staffing uplift. Two of these have been progressed and the others need more information before a decision is made. The Emergency team needs a review. The Trust uses the Safer Nursing Care tool to guide the required staffing numbers based on acuity and it was explained that whilst the tool is useful, local context is also needed. On harms, the output is measured but it's often the process that falls down, therefore the Trust is reviewing processes to reduce harms. A previous question on ICU recruitment and retention was addressed.

Attrition in the ICU (Intensive Care Unit) impacts the number of bed closures, and the department has lost 20 nurses over the last few years due to the burnout from Covid, an ageing workforce, and challenging patient behaviour. There has been a significant amount of work done to overcome the challenges, with 5 Staff nurses awaiting start dates, and current vacancies standing at 3 wte (whole time equivalent).

**Assure:**

**Dashboard** – the Academy celebrated the improvement in the number of bullying and harassment cases.  Sickness absence has reduced to 5.36% and continues to fall, and turnover is the lowest in 2 years at 8.99%, a fall from 11% in April 23.

**NHS Staff Survey Results Action Plan** – the Academy reviewed the final 2023 results action plan, covering 17 actions across 6 key areas.  The plan highlights the ask for customer service type training to help people reduce negative experiences, increased support for managers, reward and recognition, having a voice, Thrive Live and the need for healthy foods around the clock. The Partnership Lead asked that the scope for personal development plans be considered, and it was confirmed that personal development was on the Organisational Development team's agenda.

**Karen Walker**
People Academy Chair and Non-Executive Director

03 July 24

| Meeting Title | **Board of Directors** | | |
|---|---|---|---|
| **Date** | **14 March 2024** | **Agenda item** | **Bo.3.24.21** |

# AUDIT COMMITTEE REPORT TO BOARD

| | |
|---|---|
| **Presented by** | Bryan Machin, Non-Executive Director and Audit Committee Chair |
| **Author** | Bryan Machin, Non-Executive Director and Audit Committee Chair |
| **Lead Director** | Matthew Horner, Director of Finance |
| **Purpose of the paper** | To provide an update to Board regarding matters covered in and relating to the Audit Committee meeting held on **21 February 2024** |
| **Key control** | |
| **Action required** | For assurance |
| **Previously discussed at/ informed by** | |

| **Previously approved at:** | | **Date** |
|---|---|---|
| | | |
| | | |

| **Key Options, Issues and Risks** |
|---|
| See attached report |

| **Analysis** |
|---|
| See attached report |

| **Recommendation** |
|---|
| The Board is asked to note and derive assurance from this report. |

1

| 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 | | |
| *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.* | **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? | ☐ | ☒ | ☐ |
| Is there any other national benchmarking data relevant to the content of this paper? | ☐ | ☒ | ☐ |
| Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper? | ☐ | ☐ | ☒ |

| Risk Implications (see section 5 for details) | **Yes** | **No** |
|---|---|---|
| High Level Risk Register and / or Board Assurance Framework Amendments | ☐ | ☐ |
| Quality implications | ☐ | ☐ |
| Resource implications | ☐ | ☐ |
| Legal/regulatory implications | ☐ | ☐ |
| Equality Diversity and Inclusion implications | ☐ | ☐ |
| Performance Implications | ☐ | ☐ |

| Regulation, Legislation and Compliance relevance |
|---|
| **NHS England: (please tick those that are relevant)** |
| ☐Risk Assessment Framework ☐Quality Governance Framework |
| ☒Code of Governance ☒Annual Reporting Manual |
| **Care Quality Commission Domain: Well Led** |
| **Care Quality Commission Fundamental Standard: Good Governance** |
| **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) |
| ☒ | ☒ | ☒ | ☐ |

2

# AUDIT COMMITTEE REPORT TO BOARD

| **1** | **PURPOSE/ AIM** |
|---|---|

To provide an update to Board regarding key matters covered in and relating to the Audit Committee meeting held on 21 February 2024.

| **2** | **BACKGROUND/CONTEXT** |
|---|---|

The agenda of the meeting was driven by and derived from the 2023/24 Audit Committee Annual Workplan.

| **3** | **RECOMMENDATIONS** |
|---|---|

The Board is invited to note and derive assurance from this report.

| **4** | **Appendices** |
|---|---|

See the attached report.

**Audit Committee Report to the Board, 21 November 2023**

## 1. Introduction

The purpose of this paper is to provide the Board of Directors with a summary of the key matters discussed and considered, in accordance with the Audit Committee's 2023/24 workplan, during and in relation to the Committee meeting held on 21 February 2024.

## 2. Key Matters discussed

- **External Audit Annual Plan**
  The Committee noted that there were no concerns at this stage of planning for the external audit work.

- **Charitable Funds Accounts and Report Submission**
  The Committee received the Charitable Fund 2022/23 Annual Accounts and Report for the Bradford Hospitals Charity and the associated ISA260 audit report and letter of representation. The previous review history through the Audit Committee and Charitable Fund Committee and approvals post audit obtained from those committees and the Board prior to submission was noted.

- **Internal Audit progress report**
  Internal Audit reported that good progress was being made in executing the 2023/24 Audit Plan and that there was no risk to obtaining a Head of Internal Audit Opinion due to insufficient audit coverage.

  Audit Yorkshire reported that management had requested five amendments to the previously agreed audit plan. After considerable discussion of the rationale for these amendments, the Committee approved the changes with audits carried forward into the 2023/24 plan where it was only timing that was the reason for the amendment.

  Internal Audit reported that 8 audit reviews had been completed since the Audit Committee meeting in November:

    - 1 High Assurance
    - 6 Significant Assurance
    - 1 Limited Assurance

  The limited assurance rating was given to an IT Systems and Software Management Follow Up Report. The Chief Digital and Information Officer was in attendance to explain the reasons for the limited assurance, namely that insufficient progress had been made on a couple of recommendations, one being a major priority concerning management of contracts. The Committee heard that whilst some success had been had in sourcing the detail of some of the contracts there remained further work to do on some longstanding contracts. The Chief Digital and Information Officer advised the Committee that a new Chief Technology officer was now in post and making a positive impact in progressing the outstanding work and providing the assurances required. The Committee requested a further update at its meeting on 21 May 2024.

- **Follow up on Internal Audit Recommendations**
  The Audit Committee had a detailed discussion on this issue.

  The Committee remains concerned about the lack of action and or responses from management on progress on actioning agreed internal audit recommendations. The Director of Finance said that discussions on this did take place with each Executive Director and at Executive team meetings. He undertook to express the Committee's concern with Directors whose teams, on this occasion, had not given the actions or the responses the priority that the Audit Committee would expect.

  The Committee then went on to discuss the process of signing off completion of agreed internal audit actions and the extent of assurance that the Committee, on behalf of the Board could take. The Committee could not, based on the discussion in the meeting, take full assurance from the current process. After the meeting, Committee members discussed their concerns about the evidencing of the current process and a possible lack of clarity of the roles of management and internal audit in evidencing completion of actions. The Director of Finance and Internal Audit manager have been asked to clarify the process and the assurances that can be taken at the next meeting of the Audit Committee.

- **Annual Salary Overpayments benchmarking report**
  The Committee noted the Trust performed well compared to other Trusts in the report but with room for further improvement. A payroll audit is current underway which will provide further information on assurance levels in this area.

- **Internal Audit effectiveness review**
  The Committee noted the generally positive views of Audit Yorkshire as the Trust's internal audit provider as expressed in a recent survey of Trust Executive Directors.

- **Counter Fraud progress report**
  Counter Fraud provided a report on progress since the last Audit Committee meeting which the Committee noted.

- **Financial Governance**
  The Committee received reports on high value expenditure approvals under the scheme of delegation, the schedule of losses and special payments and single source tenders. All were noted and assurance taken over the associated controls.

- **Assurance regarding compliance with the Risk Management Strategy**
  The Associate Director of Corporate Governance/Board Secretary and the Associate Director of Quality provided background and information to support the Committee's bi-annual review of compliance with the Risk Management Strategy. Positive information was provided about the introduction of the new Integrated reporting, learning and Improvement System (IRIS). Whilst it was good to hear of the level of maturity of some CSUs in their governance discussions this was not embedded consistently across all CSUs and work would continue to develop their approaches.

In assessing the assurance that could be taken the Committee noted the high assurance rating given to the internal audit in 2022/23 and the good work described at the meeting. Further assurance was taken from the work some CSUs were undertaking.

The specific review results will be shared with authors of each of the policies reviewed, and general trends/shortfalls will be shared with all policy owners.

- **Audit Committee Annual Self-Assessment**
  The Committee had previously agreed to continue to wait for the publication by the HFMA of the fifth edition of the NHS Audit Committee Handbook that will include revised self-assessment questionnaires designed to reflect the requirements and implications of the Health and Care Act 2022. The Associate Director of Corporate Governance/Board Secretary said that she was now in possession of a draft of the new handbook. It was agreed that the Chair and the Associate Director of Corporate Governance/Board Secretary would consider how to take this forward, considering the approach taken by the academies to self-assessment.

## 3. Other matters

### 3.1 Matters to share with other Academies/Committees

None.

### 3.2 Matters raised in the meeting to escalate to Corporate Risk Register

None.

### 3.3 Other matters to escalate to the Board of Directors

None.

## 4. Recommendation

The Board of Directors is asked to note this report and the assurance and reassurance that it provides.


Bryan Machin
Audit Committee Chair

7 March 2024

| Meeting Title | **Board of Directors** | | |
|---|---|---|---|
| **Date** | **9 May 2024** | **Agenda item** | **Bo.5.24.14** |

# REPORT FROM THE CHAIR OF THE AUDIT COMMITTEE
# FEBRUARY 2024

| | |
|---|---|
| **Presented by** | Bryan Machin, Non-Executive Director and Audit Committee Chair |
| **Author** | Bryan Machin, Non-Executive Director and Audit Committee Chair |
| **Lead Director** | Matthew Horner, Director of Finance |
| **Purpose of the paper** | To provide an update to Board regarding matters covered in and relating to the Audit Committee meeting held on 22 April 2024 |
| **Key control** | |
| **Action required** | For assurance |
| **Previously discussed at/ informed by** | |

| **Previously approved at:** | | **Date** |
|---|---|---|
| | | |
| | | |

| **Key Options, Issues and Risks** |
|---|
| See attached report |

| **Analysis** |
|---|
| See attached report |

| **Recommendation** |
|---|
| The Board is asked to note and derive assurance from this report. |

1

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 9 May 2024 | Agenda item | Bo.5.24.14 |

### 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 | |
| *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.* | **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? | ☐ | ☒ | ☐ |
| Is there any other national benchmarking data relevant to the content of this paper? | ☐ | ☒ | ☐ |
| Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper? | ☐ | ☐ | ☒ |

| Risk Implications (see section 5 for details) | Yes | No |
|---|---|---|
| High Level Risk Register and / or Board Assurance Framework Amendments | ☐ | ☐ |
| Quality implications | ☐ | ☐ |
| Resource implications | ☐ | ☐ |
| Legal/regulatory implications | ☐ | ☐ |
| Equality Diversity and Inclusion implications | ☐ | ☐ |
| Performance Implications | ☐ | ☐ |

### Regulation, Legislation and Compliance relevance

**NHS England: (please tick those that are relevant)**

☐Risk Assessment Framework      ☐Quality Governance Framework

☐Code of Governance      ☐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) |
| ☒ | ☒ | ☒ | ☐ |

2

# REPORT FROM THE CHAIR OF THE AUDIT COMMITTEE
# FEBRUARY 2024

| 1 | PURPOSE/ AIM |
|---|---|

To provide an update to Board regarding key matters covered in and relating to the Audit Committee meeting held on 22 April February 2024.

| 2 | BACKGROUND/CONTEXT |
|---|---|

The agenda of the meeting was driven by and derived from the Audit Committee Workplan.

| 3 | RECOMMENDATIONS |
|---|---|

The Board is invited to note and derive assurance from this report.

| 4 | Appendices |
|---|---|

See the attached report.

# REPORT FROM THE CHAIR OF THE AUDIT COMMITTEE
# FEBRUARY 2024

## 1. Introduction

The purpose of this paper is to provide the Board of Directors with a summary of the key matters discussed and considered, in accordance with the Audit Committee's 2023/24 workplan, during and in relation to the Committee meeting held on 22 April 2024.

## 2. Key Matters discussed

- **External Audit Annual Plan**
  The Committee received and noted a report from Deloitte on their planning for the year end audit.  The auditors advised of the "significant" risks for the Accounts that they would be paying particular attention to accounting for capital spend, the vesting of assets, and the management of financial journals.  The auditors informed the Committee of the materiality thresholds they would be applying to their audit.

  The audit plan also included the approach to the value for money opinion in which particular attention would be paid to financial sustainability/efficiency planning and any governance risks from reduced stability of Board membership during 2023/24.  The Committee felt the auditor's planning document was not wholly accurate on this matter and the Senior Independent Director agreed to follow that up with Deloitte outside the meeting.

- **Internal Audit progress report**
  Internal Audit reported that continued good progress was being made in executing the 2023/24 Audit Plan with 13 reports having been received since the last meeting.

  Internal Audit reported that 8 audit reviews had been completed since the Audit Committee meeting in November:
    - 2 High Assurance
    - 10 Significant Assurance
    - 1 Low Assurance

  The low assurance rating was given to a report on 'Medical Records – Deletion and Destruction of Electronic Patient Records'.  The auditors recommended that the Trust needs to do more to meet the requirements of the NHS England Records Management Code of Practice. The report also recommended greater clarity on the governance of medical records and improvements in the coverage of required policy documents.

  The Chief Digital and Information Officer said that because of the length of time EPR has been in place it doesn't fall under the responsibilities that a strict interpretation of GDPR would require us to apply. He said there were general issues across the country in terms of how to deal with digital footprints and the scrutiny of the preservation of data beyond a particular timeframe.  He said he would work with internal audit and colleagues in other organisations on areas of good practice in response to the recommendations in the report.

- **Follow up on Internal Audit Recommendations**
  The Audit Committee had expressed concern at the previous meeting about whether sufficient assurance could be taken about the follow up of internal audit recommendations. Having considered a paper from the Director of Finance on revised arrangements the Committee was assured about the proposed future process.

- **Draft Internal Audit Plan 2024/25**
  The Audit Committee received the draft plan and noted the consultative process that had informed its preparation. The Committee requested more information at its next meeting on the last 3 years' audits to ensure there was no gap in audit coverage. The Committee agreed progress can commence on the plan whilst aiming for final approval at the May meeting.

- **Counter Fraud progress report**
  Counter Fraud provided a report on progress since the last Audit Committee meeting which the Committee noted. The Trust should receive a green overall assurance rating on the functional standards. Standard 3 is currently the only amber score that we will return across the 12 different standards which relates to fraud risk descriptors and fraud assessments. Proactive work will take place throughout the year with the aim of achieving the green standard for Standard 3.

- **Financial Governance**
  The Committee received reports on high value expenditure approvals under the scheme of delegation, the schedule of losses and special payments and single source tenders. All were noted and assurance taken over the associated controls. The Committee noted that the majority of losses related to write offs of overseas visitors. Whilst being advised that the Trust's approach to the issue was in line with good practice, the Committee will invite the Senior Healthcare Contracts and Overseas Manager to its meeting in September.

- **Annual Accounts 2023/24 Update**
  The Committee received an update on progress against the timetable and liaison with the external auditors. The Committee noted the assurance provided.

- **Policies and procedures for ensuring acceptable data quality for all key Trust data**
  The Chief Digital and Information Officer provided an overview and confirmed that the Trust has a series of steps, mechanisms and processes in place to ensure data quality across the Trust. It was felt, from the detail contained within the paper, that there was general positivity around data quality and processes within the Trust. As the CQC had raised the issue of Summary Hospital-level Mortality Indicator (SHMI) data the Committee sought to understand how the general positivity contrasted with this example. The Chief Digital and Information Officer confirmed that a separate piece of work is ongoing, through the Board, relating to the collection of SHMI data specifically around coding accuracy and the steps being taken to remedy those. He confirmed that an EPR optimisation programme, relating to the quality of data being captured, is being planned primarily for clinical care and also coding. This will ensure further assurance in relation to the quality of coding as data will be captured more accurately at the start of the process.

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- **Compliance with NHS provider licence and, code of governance**
  <u>Provider Licence and, Good Governance and Collaboration</u>
  The Associate Director of Corporate Governance reported that a revised provider licence was published by NHS England in March 2023 in line with the publication of the Health and Care Act.  The licence now includes an assessment of the Trust's compliance with the guidance on good governance and collaboration which was published last year.  The Trust has no areas of non-compliance, so the proposal is to declare full compliance against the provider licence.

  <u>Code of Governance for NHS Provider Trusts</u>
  The Associate Director of Corporate Governance noted that given the resignation of the Chair, part way through the year, has led to more partially compliant areas this year than normal.  She confirmed that the Trust is required to either 'comply' or 'explain' with the requirements of the code of governance.  The Committee felt assured with the explanations provided for the areas of partial compliance.  A final position paper will be presented to the May Board.

- **Deficit Financial Plan**
  The Director of Finance advised that if the Trust posted a deficit plan the Audit Committee (or the Chair on its behalf) would need to review a template identifying a number of rapid actions and governance actions.

## 3.  Other matters

### 3.1  Matters to share with other Academies/Committees

None.

### 3.2  Matters raised in the meeting to escalate to Corporate Risk Register

None.

### 3.3  Other matters to escalate to the Board of Directors

None.

## 4.  Recommendation

The Board of Directors is asked to note this report and the assurance and reassurance that it provides.

Bryan Machin
Audit Committee Chair

29 April 2024

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 11 July 2024 | Agenda item | Bo.7.24.15 |

# Committee/Academy Escalation and Assurance Report (AAA)

**Report from the: Audit Committee**

**Date of meeting: 21 May 2024**

| Key escalation and discussion points from the meeting |
|---|
| **Alert:** |
| **Limited assurance internal audit reports –** the Committee received two limited assurance reports, E-Job Planning and Consultant and SAS Doctors job planning and were grateful for the attendance of the Director of Human Resources and the Chief Medical Officer respectively to respond to the report, provide context and explain the management response.  The issues raised by both reports were similar regarding the need to update job plans.  The Committee agreed with management's proposal to focus on specialties which were a priority for review by the Trust.  *The Committee requested the People Academy to accept responsibility for monitoring progress on improvement in the rate of updated job plans throughout 2024/25* |
| **Advise:** |
| **Review of Terms of Reference** – following a review of the recently published and updated Audit Committee Handbook, the Committee was advised that the Committee Chair and colleagues in Corporate Governance had reviewed the Audit Committee's Terms of Reference and was proposing some amendments to the scope of responsibility of the Committee where there appeared to be duplication with the responsibilities of Academies.  These proposals will be brought to the Board for approval with the recommendation of the Audit Committee.  Clarification will be sought at forthcoming Board events about responsibility for oversight of cyber security. |
| **Assure:** |
| **Annual Governance Statement –** The Chief Executive presented the draft Annual Governance Statement for 2023/24. Mindful of the conclusions of the Board at its meeting on 9 May 2024, the Committee approved the wording concerning compliance with the provider license and, with minor amendments to the rest of the draft Statement, is recommending approval of the Annual Governance Statement when it is presented to the Board.

**Head of Internal Audit Opinion** – the Head of Internal Audit Opinion is a key element of the Annual Governance Statement, and the Audit Committee received a draft Opinion giving "significant assurance" that "there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and the controls are generally being applied consistently".  The Committee was advised by the |

| Meeting Title | Board of Directors | | |
|---|---|---|---|
| Date | 11 July 2024 | Agenda item | Bo.7.24.15 |

Head of Internal Audit that although there were a small number of audits to be finalised, there were no findings in those audits that would lead to a change in this opinion.

**Counter Fraud –** the Committee received a suite of reports and was assured of the arrangements that were in place. The Trust is rated green against the national Counter Fraud Functional Standards Return (self-review tool). There is one of the national standards that the Trust is not fully compliant with, but the Counter Fraud Officer advised that full compliance should be achieved next year in line with the NHS Counter Fraud Authority's timescales.

**Year-end reports** – the Committee reviewed the annual reports of the three academies and the Charitable Fund Committee and concluded, as far as the members were able, that they had met their terms of reference during the year. The Committee thanked those involved for the completion of those reports. The Audit Committee approved its own annual report for submission to the Board. It also reviewed its own processes against the good practice checklist in the Audit Committee Handbook and will make improvements in the very few areas where current processes were not fully in line with best practice. The Committee was unable to assess its effectiveness in terms of how the Committee operates as the two current members able to attend this meeting had only been in place for two months of the year. The Committee will use the good practice checklist to guide its approach during 2024/25 and will, as a minimum, review itself against good practice in order to inform 2024/25 year-end governance reports.

**Business Continuity and EPRR –** in accordance with current Terms of Reference the Committee received an informative report on the Trusts current arrangements, compliance with the NHS Northern and Yorkshire requirements and plans for 2024/25. The Board is aware of the current level of compliance from previous reports and the context for this. Ongoing oversight is provided by the Finance and Performance Academy.

**Cyber Security** - the Committee received a report on the current cyber security position in the Trust and the ongoing improvement plan. The Committee took assurance from the improvements that had taken place during the year, the audited self-assessment against the Data Protection and Security Toolkit, and externally awarded accreditations. The Trust noted and agreed with the current high-level risk for cyber security.

**Report completed by:**

Bryan Machin
Committee Chair and Non-Executive Director
22 May 2024

| Board of Directors | | | |
|---|---|---|---|
| Date | **14 March 2024** | Agenda item: | **Bo.3.24.22** |

# Report from the Chair of the Charitable Funds Committee

| | |
|---|---|
| **Presented by** | Altaf Sadique, Deputy Chair of the Charitable Funds Committee |
| **Author** | Jacqui Maurice, Head of Corporate Governance |
| **Lead Director** | Sajid Azeb, Chief Operating Officer (Executive Lead) |
| **Purpose of the paper** | To provide a summary of the discussions and outcomes from the Charitable Funds Committee meeting held on 7 March 2024. |
| **Meeting attendees** | Members:<br>• Altaf Sadique, Non-Executive Director (meeting Chair)<br>• Sarah Jones, BTHFT Chair<br>• Julie Lawreniuk, Non-Executive Director<br>• Karen Walker, Non-Executive Director<br>• Sajid Azeb, Executive Lead for Charitable Funds<br>In attendance:<br>• Michael Quinlan, Deputy Director of Finance<br>• Laura Parsons, Associate Director of Corporate Governance/Board Secretary<br>• Sharon Milner, Charity Director<br>• Jacqui Maurice, Head of Corporate Governance<br>Apologies were received from:<br>• Mel Pickup, Chief Executive<br>• Mohammed Hussain, Non-Executive Director |
| **Action required** | For assurance |
| **Previously discussed at/ informed by** | *N/A* |
| **Previously approved at:** | *N/A* | | **Date** |
| | | | |

| **Key Matters Discussed** |
|---|

The Committee last met on 7 March 2024.  Summaries of the key items discussed are presented below. The next meeting is scheduled for 30 April 2024.

**Summary of key items discussed.**

**1.  2023/24 Finance report**

The budget received was initially approved in March 2022 and it was noted that an updated budget paper will be provided in April.  From this report, income was low in comparison to previous years however, it was noted that this had been an exceptional year in terms of change.  The  NNU appeal had been scrutinised and a great deal of work had been undertaken on revising the initial costs.   The focus of the last year had also been on infrastructure rebuilding, rebranding, and the implementation of a new database. The Charity Team had also been subject to delays in progressing recruitment as well as other internal staffing disruptions resulting from sickness in the team – the impact of this had been significant. The greatest challenge at present however seemed to be the time scales in making progress and the impact on the Charity of the wider competing priorities of the wider Trust.   Despite all this the team had done great work in laying the foundations and building the case for Independence and, there was a high level of confidence amongst the Committee, based on the experience of other

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Trusts who had moved to independence, that there would be more positive outcomes in the future.

## 2. (Rathbones) Investment report

The last three months, up to 31 January, saw growth of 3.6% against benchmarking of 3.2%. Since the inception of the investment portfolio in January 2020 the fund grew by 20.6% compared to the predicted 8.5% and so overall it is performing reasonably well. However, the Committee will review this against performance of another smaller fund which was doing quite well - in line with a recommendation made in the ISA 260 for 2022/23.

## 3. Bradford Hospitals Charity Annual Report & Accounts/ISA 260

The annual report and accounts were approved by the Committee and subsequently the Board in early January (via email). In the interests of good governance, the Committee received at its meeting the final reports. It was good to note that they had been submitted to the Charities Commission as required by the end of January 2024. The timing of the appointment of the External Auditor was the key factor in the later then planned submission of the annual report and accounts.

## 4. Case for Independence

The Committee had a full discussion on the case for independence which was also referred to under other items discussed at this meeting. The Committee agreed to recommend the case for approval by the Board and it is presented under item Bo.3.24.23 on today's agenda.

## 5. NNU Parental Accommodation Business Case

The Committee was unanimously supportive of the business case which covered the provision of living accommodation for parents with babies on the NNU. The proposal was for the creation of five rooms in purpose built accommodation on the BRI site. Provision of this accommodation would help to alleviate additional financial burdens on parents, help address health inequalities and, bring the Trust in line with practice in place nationally. Initial funding plans had been reviewed and were now down to £3m which makes for a more manageable fundraising campaign, with the ability to develop a more defined and realistic strategy for potential funders. This also provides the opportunity to access £1.5m from the Sick Children's Trust.

The Committee approved the business case and noted that this is the main fundraising project which will launched as part of Bradford Hospitals Charity strategy.

## 6. Charity Operational Committee report

A great deal of assurance and reassurance was derived from this summary report on the activities of the work covered by the Operational Committee. In particular the Committee noted the positive outcomes from the recent '100 club' event providing the ability for donors to see first-hand the workings of the Da Vinci Robot which had been set up on the concourse at BRI. Four surgical specialties were present to share what this investment has meant in providing improved outcomes for patients. The event was hugely successful, and the Charity team will be seeking to schedule in more activities such as this.

**7. Charity Operational Committee Terms of Reference**

The Charitable Funds Committee reviewed the minor amends presented and approved the Terms of Reference for the Operational Committee.

**8. Charitable Funds Committee Work Plan**

This would be kept under review considering the planned 'move to independence' and the approval of outcomes from NNU business case.

**9. Committee effectiveness review**

Committee members participated in the on-line real time survey; the results of which would be presented back at the next Committee meeting.

**10. Any other business**

The Committee noted that the Charity Director would shortly be leaving the Trust and a replacement will be recruited. The Committee placed on record that it was highly appreciative of the substantial body of work delivered by Sharon Milner during her time as the Charity Director to prepare the Charity for its move to independence.

**Matters escalated to the Board**

There were no matters to escalate to the Board of Directors.

**New/emerging risks**

There were no new or emerging risks identified.

**Recommendation**

The Board of Directors is requested to note the discussions and outcomes from the Charitable Funds Committee meeting held on 7 March 2024.

| Board of Directors | | | |
|---|---|---|---|
| Date | 9 May 2024 | Agenda item: | Bo.5.24.15 |

# Report from the Chair of the Charitable Funds Committee

| Presented by | Altaf Sadique, Deputy Chair of the Charitable Funds Committee |
|---|---|
| Author | Jacqui Maurice, Head of Corporate Governance |
| Lead Director | Sajid Azeb, Chief Operating Officer (Executive Lead) |
| Purpose of the paper | To provide a summary of the discussions and outcomes from the Charitable Funds Committee meeting held on 7 March 2024. |
| Meeting attendees | Members:<br>• Altaf Sadique, Non-Executive Director (meeting Chair)<br>• Julie Lawreniuk, Non-Executive Director<br>• Karen Walker, Non-Executive Director<br>• Sajid Azeb, Executive Lead for Charitable Funds<br>• Mel Pickup, Chief Executive<br>• Matthew Horner, Director of Finance<br>In attendance:<br>• Michael Quinlan, Deputy Director of Finance<br>• Jacqui Maurice, Head of Corporate Governance<br>Apologies were received from:<br>• Sarah Jones, BTHFT Chair<br>• Mohammed Hussain, Non-Executive Director<br>• Sharon Milner, Charity Director<br>• Laura Parsons, Associate Director of Corporate Governance/Board Secretary |
| Observers | • Bryan Machin, Non-ExecutiveDirector/Audit Committee Chair<br>• Raquel Licas, Staff Governor |
| Action required | For assurance |
| Previously discussed at/ informed by | *N/A* | |
| Previously approved at: | *N/A* | **Date** |
| | | |

| Key Matters Discussed |
|---|

The Committee last met on 30 April 2024.  High-level summaries of the key items discussed are presented below. The next meeting is scheduled for 2 July 2024.

**High-level summary of key items discussed.**

## 1   2023/24 Finance Summary
The Committee noted the year end position (subject to confirmation following the final external audit).  Income was reduced by £922k against plan, of which £895k related to the Neo Natal Unit (NNU) appeal. The Committee noted that there has been a delay in fundraising for the NNU as this has been subject to a detailed re-review in year. Other areas impacting on the year end position are the increase in pay costs and the 57% rate of return which has resulted from the investments made in-year for the future benefits of the charity.

## 2   Investment report
The fund performance benchmarked well against other charities with a similar profile to our Trust.  Year to date the fund was up by 3.5% and since inception there had been overall strong performance with a return of 24.9% against benchmarking of 11.2%.

| **Board of Directors** | | | |
|---|---|---|---|
| Date | **9 May 2024** | Agenda item: | **Bo.5.24.15** |

**3 Five Year Plan (2024/25 – 2029/30)**

Key points to note from the plan which was approved by the Committee.

- The increase in staffing in the lead up to and following independence (expected in 2025/26).
- The need to liquidate some shares to reimburse the Trust for the costs of the DaVinci Robot.
- The expected rate of return-on-investment set at approximately 35% in the next year (2024/25) and 45% in the year following (2025/26). Improved rates of return were expected following the long-term improvements in fundraising.

The key significant risk noted by the Committee was around 'people'. The Director of the Charity would be leaving the Trust shortly which meant that there was a risk to the delivery of the plan in terms of fundraising, the appointment of new team members and, the work required for the move to independence. A new Charity Director was being sought.
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**4 Supplemental Trust Deed**

This was approved by the Committee. It is presented for the Board's subsequent approval at agenda item Bo.5.24.20.

**5 Charitable Funds Committee annual report**

The report was approved and will now be presented to the Audit Committee for review prior to its submission to the Board in July so that the Board is sighted on the activities of submission to the Board for approval.

**6 Committee Effectiveness Review – feedback & review of terms of reference**

The Committee noted the positive outcomes from the review of its effectiveness. The Committee has reviewed the Committees Terms of reference and there are no changes resulting from the effectiveness review; there are some other minor amendments proposed which the Board is asked to approve.

- Under <u>section 7 Membership and attendance at the Charitable Fund Committee</u> and relate to a change from '*up to four NED members*' to say, '*three Non-Executive Directors, one of whom will be appointed as Chair of the Committee*'.
- Under <u>section 10 Chair</u>; where the change indicates that, '*General meetings shall be chaired by the Non-Executive Director appointed as Chair of the Committee*'.

The Terms of Reference which are attached for review by the Board at Appendix 1 (with track changes). The changes are on page 4 of the document.

**7 Operational Committee report**

Committee received a comprehensive report from the operational committee and noted in particular the progression towards the recruitment of a new Chairty Director and, the work undertaken, with the support of estates colleagues, to bring the costs of the new Neo Natal Unit down to approximately £3m of which the Sick Children's Trust will fund £1.5m. New members of the 100 club had been confirmed and a number of existing members had renewed their membership which was good news.

**8 Charitable Funds Committee Work plan**

One change was agreed to the workplan related to the Charitable Annual Accounts. The draft accounts would be ready and presented to the Committee in July however the ISA 260 would not be received until November 2024 because of staffing changes within the finance team which meant that more time was required to work with the external auditor.

**Matters escalated to the Board**

There were no matters to escalate to the Board of Directors.

| **New/emerging risks** | 3 |
|---|---|

The Committee asks the Board to note the discussion around the five-year plan and the identification of the significant risk identified regarding 'People' and the expansion of the fundraising team which poses a risk to the Charity should the planned income generation not be achieved in the longer term.  The Board is asked to note that to safeguard against a potential loss of funds due to loss of income, the Charity has a reserves policy that ensures at least 1 year of running costs are always held back.

| **Recommendations** |
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- The Board of Directors is requested to note the discussions and outcomes from the Charitable Funds Committee meeting held on 30 April 2024.

- **The Board is asked to approve these changes to the  Charitable Funds Committee Terms of Reference.**

## REFERENCES

📕 CGo.7.24.5c - Section A -  Report from the Chief Executive.pdf

📕 CGo.7.24.5c - Section A - Appendix 1 - PRN01288_i_Urgent and emergency care recovery plan year 2 - Building on learning from 2023-24_160524.pdf

📕 CGo.7.24.5c - Section A - Appendix 2 - PRN01417 Patient safety and quality of care in pressurised services.pdf

| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | 18 July 2024 | Agenda item | CGo.7.24.5c |

# Report from the Chief Executive

| Presented by | Professor Mel Pickup, Chief Executive | |
|---|---|---|
| Authors | Katie Shepherd, Corporate Governance Manager | |
| Lead Director | Professor Mel Pickup, Chief Executive | |
| Purpose of the paper | The report provides the Board with a summary position with regard to our Patients, People, Place and Partners since the last report to the Board in May 2024. | |
| Key control | N/A | |
| Action required | To note | |
| Previously discussed at/ informed by | Board of Directors – 11th July 2024 | |
| Previously approved at: | **Committee/Group** | **Date** |
| | | |
| | | |

| **Situation** |
|---|

## 1. Patients

**Performance**

BTHFT continues to benchmark positively against the Emergency Care Standard (ECS) at a West Yorkshire Association of Acute Trusts (WYAAT), Regional and National level. Our current position is in the upper decile of Acute Trusts in England.  Considerable progress has been made to expedite care for patients with conditions that do not require admission treated via our Urgent Care Centre and Ambulatory Emergency Care Unit (AECU). This has impacted positively on a range of UEC metrics.

A system approach to reducing the pressure on social care is being explored but the availability of care packages and Intermediate Care (IMC) capacity will present a challenge for discharge delays until resolved. With strong internal processes continuing or being refined we have seen discharge and occupancy metrics improve despite these challenges.

Collaborative work is ongoing with Yorkshire Ambulance Service (YAS). Mapping the ambulance handover process has now been completed with issues identified and owners allocated. A new handover process, approved and communicated to the teams by YAS and BTHFT is due to start on 26th June. Work also continues to improve the accuracy of handover data recorded by YAS and used for external oversight of relevant metrics. Performance has seen improvements during June and will improve further as actions from process and assessment area reviews are delivered.

Outpatient and elective transformation schemes are being supported by GIRFT further faster. This is a clinically led approach to understanding opportunities presented by variation in data compared to peers. Specific deliverables are also being identified for targeted work under the Closing The Gap (CTG) programme with dedicated senior operational leadership and allocated improvement resource. The St Luke's Hospital (SLH) Day Case Unit, the new Endoscopy unit, and the Community Diagnostic Centre (CDC) will also increase the amount of elective activity being delivered by BTHFT.

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Work to reduce elective waiting times continues and whilst almost all services have delivered against the target to have no waits over 65 weeks, there will be some in T&O and ENT. Both areas are being intensively supported to recover the position as quickly as possible. Confidence in the RTT waiting list, as expressed nationally via the Luna Dashboard, remains high at 99.5% in May 2024. Validation is now better coordinated between teams and the themes from corrections are being fed into preventative work. Web-based waiting list management tools will be implemented across the CSUs in July which is expected to improve oversight of pathways.

In response to the histopathology delays impacting on our cancer pathways an improvement programme is in place which will address the underlying issues of concern. The first step has been to complete a detailed demand and capacity exercise leading to the funding of additional consultant histopathologist to increase reporting capacity. The continued commitment to prioritising outpatient and theatre capacity for cancer pathways will also help recover the position. The Trust benchmarks well for cancer performance and is focussed on further pathway improvements, working with system partners on earlier diagnosis and implementing optimal pathways when cancer is suspected. One stop neck lump and Dermatology hubs are two recent improvements making a positive difference. Improvement plans will also look to address the increasing demand patterns for cancer referrals so that performance is sustainable.

**Urgent and emergency care recovery plan year 2: Building on learning from 2023/24.**

A letter issued by NHSE (see Appendix 1) on 16th May acknowledged the work hospitals had undertaken to support the delivery for recovering urgent and emergency care and outlined the additional actions required to maintain progress towards achieving the level of ambition set out in the annual planning guidance:
  * improve A&E performance with 78% of patients being admitted, transferred or discharged within 4 hours by March 2025
  * improve Category 2 ambulance response times relative to 2023/24, to an average of 30 minutes across 2024/25

The planning guidance asked systems to focus on 3 specific areas:
  1. maintaining the capacity expansion delivered through 2023/24
  2. increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes
  3. continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance and hospital discharge

Progress would be measured by the following support metrics:
  * reducing ambulance handover delays
  * reducing admitted and non-admitted time in EDs, with an intention of reducing long waits, particularly for mental health patients

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- maintaining average G&A core capacity across the year at the level achieved in the last quarter of 2023/24, equivalent to at least 99,500 beds nationally, allowing for seasonality
- improving length of stay for all admitted patients (specifically emergency admissions with a length of stay of 1+ day)
- reducing average delays post discharge ready date (combining the two published metrics (a) the percentage of patients discharged on their discharge-ready date and (b) the average delays for patients not discharged on their DRD)
- improving length of stay in NHS commissioned community beds

In addition to last years schemes, there will be up to £150 million of capital allocated within NHS operational capital budgets in 2025/26, to incentivise both highest performance and greatest improvement in performance since 2023/24.

The progress against the year 2 plan will be monitored internally by BTHFT and also by local Urgent Care Boards.

**Patient Safety and Quality of Care in Pressurised Services**

Whilst our own performance against the UEC standards remain strong, a recent broadcast by channel 4 Dispatches aired on 24th June highlighted the experiences of patients attending the emergency department at Royal Shrewsbury Hospital in the Midlands and served to highlight the need for health and care systems, however busy and pressured, to provide care and treatment delivered with kindness, dignity, and respect.

In a letter (appendix 2) received from Sarah-Jane Marsh , National Director for Integrated Urgent and Emegency Care and Deputy Chief Operating Officer at NHS England, and colleagues Dr Emily Lawson, Professor Stephen Powis and Dame Ruth May, we are asked as a Board to assure ourselves that as well as delivering the expectations contained within the UEC recovery plan, that the actions be routinely undertaken to ensure patients treated here at BTHFT receive safe, effective, kind, compassionate and respectful care. I have asked our CNO, CMO and COO to work together to ensure our appropriate response to this letter and oversight to be provided by the Quality Committee.

**St Luke's Day Case Unit (SLH DCU)**

The development of SLH DCU is progressing, however the target for handover has now shifted further handover is expected on the 31 August 2024 in comparison to the original date of mid-April 2024. This is due to the contractors ability to procure the cladding for the building.  We continue to work with the Darwin Group to try and ensure no further slippage of practical completion date. The facility will provide much needed ringfenced capacity for our day case patients.

The programme is being managed through a dedicated Programme Board chaired by Sajid Azeb, Chief Operating Officer & Deputy Chief Executive reporting into the Capital Strategy Group.

**Endoscopy Unit (BRI)**

The Trust was successful in securing £24.8m capital funding for a new 8 room Endoscopy unit. A Programme Board has been established chaired by Sajid Azeb and responsible for coordinating the work to ensure delivery of the scheme which is due to complete towards the end of 2025. We are expecting information on a Guaranteed Maximum Price by the end of July 2024 which will then be presented to Board for a formal decision on next steps.

## 2. People

### PRIDE Month 2024

June marks PRIDE Month, an annual celebration dedicated to recognising and supporting LGBTQ+ identities and communities. Our LGBTQ+ Staff Equality Network has been active in promoting this cause. To highlight key messages, we developed a screensaver which has been displayed across the Trust. Additionally, a celebratory event is scheduled for 26 June in the main concourse at BRI. This event aims to raise the profile of LGBTQ+ equality and to encourage staff participation in the Trust's LGBTQ+ network.

### Sharing Good Practice in Equality, Diversity, and Inclusion (EDI)

On 13 June Kez Hayat, Head of EDI, participated in an online event hosted by AUDIT Yorkshire and 360 Assurance. This event provided an opportunity to share insights from our recent accolade, the Nursing Times Workforce Award for "Best Employer for Diversity & Inclusion." Supported by Ruth Haigh, EDI Manager, Kez joined a panel of inspiring speakers to present to over 50 senior NHS managers and board members from across Yorkshire, Humber, and the Midlands. The presentation, which highlighted our EDI initiatives, progress, and the importance of the staff voice, was very well-received and garnered positive feedback from the attendees.

### Healthy Living Week

We celebrated Healthy Living Week from 10-15 June. In collaboration with external partners and charities, we distributed over 150 bags of healthy snacks to wards and departments, including all satellite community sites. To further promote healthy living, we launched a dedicated page on Thrive, and hosted pop-up stalls where colleagues could sample nutritious food provided by Compass. These initiatives were designed to encourage healthy eating habits across the Trust.

### Thrive Live Sessions

We have revitalised our Thrive Live events, now scheduled from July 2024 through to March 2025. These sessions are designed to facilitate open dialogue between colleagues and the Executive Management Team. They offer a platform to discuss what is working well within the Trust and areas for improvement. Each session will be hosted by members of the Executive Team and senior

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managers relevant to the specific service area being visited. The first session is set to take place at the end of July in the Education Services department.

## 3. National Updates

**National updates**

**Information sharing advice for practitioners providing safeguarding services**

The government has published updated information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers. The advice outlines the importance of sharing information about children, young people and their families in order to safeguard children. It should be read alongside the statutory guidance Working together to safeguard children 2023.

The guidance has been reviewed by the Children's safeguarding team to assess the impact for the Trust. They are taking actions to ensure that our practice is in line with this guidance where this is not already the case, in particular strengthening education and ensuring that it is embedded in everyday practice.

**NHS England appoints first medical director for mental health and neurodiversity**

Dr Adrian James has been appointed by NHS England to a new role supporting the transformation of services for people with mental health needs, autism, a learning disability and those who are neurodiverse.

**Death certification reform and the introduction of medical examiners**

On 9 September 2024, the statutory Medical Examiner system will be implemented in England and Wales - please see Death certification reform and the introduction of medical examiners - GOV.UK (www.gov.uk). Following that date all deaths, whether in secondary care or in the community, will need to be considered by a Medical Examiner. We have scrutinised 100% of all in-hospital deaths for the past 2 years, and are already scrutinising the vast majority of community deaths.

As part of the reforms, a new MCCD form to be used. This will mean the current MCCD form cannot be used from 9 September and separate guidance will be published on how to complete and send the new MCCD. The new MCCD will require sign-off by the Medical Examiner unless the death is being referred to the coroner.

The change in regulations will mean the Department for Health and Social Care (DHSC) will take over responsibility from Local Registration Services (LRS) for printing and distributing the new MCCD from 9 September 2024 with new MCCD forms being printed and distributed in advance of 9 September. Later this year or next year it is anticipated that the MCCD paper forms will be replaced by an electronic MCCD.

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During the week beginning 24 June, DHSC has published guidance on gov.uk regarding distribution and the replenishment solution as well as a list of organisations (and their postcode) to whom DHSC is intending to distribute MCCD booklets. The National Medical Examiner Office will be alerting medical practices, hospitals and hospices that new MCCD booklets will be arriving next month and the actions they need to complete to be fully ready for 9 September when the new regulations take effect and to ensure they read the published guidance when it is published.

In week commencing 1/7/24, BTHFT held its latest recruitment process for Medical Examiners, and we are now fully recruited (13 MEs in total) Our MEs are a mixture of hospital clinicians and GPs. This additional recruitment was following additional funding to allow a 7 day per week service including Bank Holidays, which will facilitate early release of the deceased and make the process of registration as smooth as possible for bereaved families.

## 4. Regional updates

### Our ICB advocating for primary care
Our NHS West Yorkshire ICB continues to act as strong advocates for primary care and are working with colleagues from across the system to ensure that there is a 'blueprint' for the future way in which the service is delivered. This work, under the leadership of the 'Fuller Board', sits alongside the Primary Care Access and Recovery Programme.

### Thanks to Richard Barker, Regional Director for NHS England

I'd like to say thank you to Richard Barker, the Regional Director for NHS England for the North East and Yorkshire, who retired at the end of June following a 40-year career in the NHS. The messages of support and thanks to Richard from across the system are a testament to his commitment to the people we work with and the people we provide services for. I will keep the board updated on the appointment of our new regional director, once the recruitment process has concluded. Robert Cornall, Regional Director of Commissioning and Transformation has been appointed as Interim Regional Director for NEY Region.

### Tom Riordan to leave post as Leeds City Council Chief Executive

Leeds City Council's Chief Executive Tom Riordan has announced his intention to leave at the end of the year to explore new opportunities. After 14 years at the helm of the second-biggest local authority in the country, Tom has decided the time is right to try fresh challenges. I'd like to wish Tom all the best and thank him for the support he has given to our integrated care system.

## 5. Place updates

### Formal Partnership Board Meeting – 17th May

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The formal Partnership Board meeting took place on 17<sup>th</sup> May and the papers can be found [here](). The system is responding to the wider financial pressures which in turn is helping to develop our own response to our financial challenges in a consistent way. The meeting also gave an opportunity to review governance arrangements both for the Partnership Board and the sub-committees that report into the Board. This means going forwards, we are reducing the frequency of the Partnership Board to bring it in line with the NHS West Yorkshire ICB meetings and therefore it will now be quarterly.

**Take the Mic night**

This event gave young people from across our place an opportunity to use their creative talents to share their experience of mental health. The success of the night has resulted in plans for a follow up event later this year. This was covered in [one of my recent weekly messages](), where I also focused on the wider work we are doing across our place under the healthy mind priority.

**Community marathon helps develop links between care homes and communities in Keighley**

Residential and nursing homes from across the Keighley district came together for their first community marathon event on Sunday 21 April. Over 120 residents from across 13 residential and nursing homes in the Keighley district ran, walked or were pushed in wheelchairs to complete laps across Keighley Green. They covered a total distance of 26.2 miles, the equivalent of 4½ marathons! The event was part of a wider project that is taking place as part of our Bradford District and Craven Health and Care Partnership's Integrated Health & Care workstream, in collaboration with the Voluntary and Community Sector Alliance (VCSA) to improve links between care homes and communities.

**Bradford's biggest sensory room opened in The Broadway**

A new space for those with sensory processing needs was officially opened in The Broadway on Wednesday 22 May. The room in is a calm space for neurodivergent visitors to retreat to if they feel overwhelmed. Sensory rooms allow users to calm down and relieve any stress as well as improve focus by allowing exploration in a safe engaging environment.

**Winners announced at Bradford Sports Awards**

The eighth Bradford Sports Awards took place on Friday 17 May, with over 350 people coming along to recognise those who are motivating others to lead more active and healthy lifestyles. A [full list of winners and those who were highly commended]() can be found on the Bradford Sports Awards website.

**Bradford Council now has a WhatsApp channel**

A new WhatsApp channel has been launched by Bradford Council. By signing up to the channel Bradford district residents can receive important news and information from across the district. [Sign up today]()

**Winners announced for New Voices Bradford**

A BBC talent search to find the next voices of Bradford to report on the UK City of Culture has announced the three winners. Zumba instructor Irene Kaali, optometrist Humaira Bham and car sales advisor Olivia Wright were chosen from hundreds of hopefuls who applied. The New Voices Bradford winners, will get the opportunity to join the BBC team to help report upon the year of culture across TV, radio, digital and online.

**Two Bradford projects receive King's Award for Voluntary Service**

Bangladeshi Youth Organisation (BYO) and Bradford4Better have both been recognised for the work they've been doing with local communities as they picked up the King's Award for Voluntary Service (KAVS). The KAVS celebrates the outstanding work of local volunteer groups across the UK. Equivalent to an MBE, KAVS is the highest Award given to local voluntary groups in the UK, and they are awarded for life.

## 6. Partners

- **WYAAT Programme Executive, 4th June and 2nd July**

I attended the WYAAT Programme Executive meeting on 4th June where we received updates on non-surgical oncology, specialised commissioning, and LIMS, and received the collaborative report and HCP report with a specific discussion around the aseptics action plan. We also heard the latest update on the cost review and efficiency workstreams, before presentations from two bidders (Deloitte and PWC) for the cost review.

I was on annual leave for the meeting on 2nd July but Sajid Azeb, Chief Operating Officer, attended on my behalf. The meeting included updates on the aseptics action plan and LIMS deployment, and the group considered options for collaborative procurement and imaging platforms. There was also discussion on the procurement of electronic chemotherapy system, and the WYAAT Memorandum of Understanding review and annual report was also received.

## 7. National Reports

**Urgent and emergency care recovery plan year 2: Building on learning from 2023/24**

*Please see the update included in section 1 of this report.*

The report can be accessed here: https://www.england.nhs.uk/publication/urgent-and-emergency-care-recovery-plan-year-2-building-on-learning-from-2023-24/

**PRN01359 - Maternity and neonatal services - listening to women and families letter**

*Please see the update included in the report - Bo.7.24.7 – Maternity and Neonatal Services Update.*

The report can be accessed here: https://www.england.nhs.uk/long-read/maternity-and-neonatal-services-listening-to-women-and-families/

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| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | 18 July 2024 | Agenda item | CGo.7.24.5c |

**PRN01368 - Letter: Publication of the infected blood inquiry final report**

The Infected Blood Inquiry published its findings on 20 May 2024, following its establishment in 2017. The Inquiry explored the impact on patients who received infected blood mainly between 1984 - 1998 and the reasons behind the failure to protect them. The majority of those affected had bleeding disorders such as Haemophilia, and the infections were mostly HIV and Hepatitis B and C. It is estimated that in total 3000 deaths in the UK may be attributable to the receipt of infected blood, blood products or tissue. Patients and families of those affected have shared their experiences, and some of those patients were cared for by BTHFT. Following the publication of the Inquiry Report, a joint open statement was issued by Ray Smith as CMO for BTHFT and David Crampsey as MD for Airedale apologising unreservedly for past failings, but stressing the changes in practice and national policy that have been made to ensure that this cannot happen again. The letter outlines the support available for those affected, and the next steps that will be taken.

The letter can be accessed here: https://www.england.nhs.uk/long-read/publication-of-the-infected-blood-inquiry-final-report/

**Revised Oversight and Assessment Framework letter**

The letter can be accessed here: https://www.england.nhs.uk/long-read/revised-oversight-and-assessment-framework/

**Respiratory syncytial virus (RSV) Vaccination Programme**

The letter can be accessed here: https://www.gov.uk/government/collections/respiratory-syncytial-virus-rsv-vaccination-programme

**Patient Safety and Quality of Care in Pressurised Services (Referenced in section one)**

The letter can be accessed at appendix 2.

| Recommendation |
|---|
| The Council of Governors is asked to note this report. |

9

| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | 18 July 2024 | Agenda item | CGo.7.24.5c |

| **Risk assessment** | | | | | | |
|---|---|---|---|---|---|---|
| **Strategic Objective** | **Appetite (G)** | | | | | |
| | **Avoid** | **Minimal** | **Cautious** | **Open** | **Seek** | **Mature** |
| To provide outstanding care for patients | | | | g | | |
| To deliver our financial plan and key performance targets | | | | g | | |
| To be in the top 20% of NHS employers | | | | | g | |
| To be a continually learning organisation | | | | g | | |
| To collaborate effectively with local and regional partners | | | | | g | |
| 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. | **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? | ☒ | ☐ | ☐ |
| Is there any other national benchmarking data relevant to the content of this paper? | ☒ | ☐ | ☐ |
| Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper? | ☐ | ☒ | ☐ |

| **Risk Implications (see section 5 for details)** | **Yes** | **No** |
|---|---|---|
| Corporate Risk register and/or Board Assurance Framework Amendments | ☒ | ☐ |
| Quality implications | ☒ | ☐ |
| Resource implications | ☒ | ☐ |
| Legal/regulatory implications | ☒ | ☐ |
| Diversity and Inclusion implications | ☒ | ☐ |
| Performance Implications | ☒ | ☐ |

**Regulation, Legislation and Compliance relevance**

**NHS Improvement:** (please tick those that are relevant)

☒Risk Assessment Framework          ☒Quality Governance Framework

☒Code of Governance          ☒Annual Reporting Manual

**Care Quality Commission Domain: Well Led**

**Care Quality Commission Fundamental Standard: Good Governance**

**NHS Improvement 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 | |
| ☒ | ☒ | ☒ | |

10

**NHS England**

To:

- All ICB and Trust:
  - chief executives
  - medical directors
  - chief nurses
  - directors of finance
  - chief people officers
  - chief operating officers
  - regional directors of operations

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

16 May 2024

Cc:
- ICB and trust chairs
- Regional:
  - directors
  - directors of commissioning
  - directors of system transformation

Dear colleague,

## Urgent and emergency care recovery plan year 2: Building on learning from 2023/24

Thank you to you and your teams for the progress made over 2023/24 in delivering the actions set out in the Delivery plan for recovering urgent and emergency care (UECRP). Despite significant headwinds in the form of unprecedented industrial action and higher than anticipated demand, the hard work of NHS and social care colleagues across the country has seen marked year-on-year improvement in the headline ambitions set out in the plan.

2023/24 was the first non-pandemic year since 2009/10 that A&E 4-hour performance was better than the previous year, with over 2.5 million more people completing their A&E treatment within 4 hours compared to 2022/23. Response times for Category 2 ambulance calls also improved; over the year, the average response time was 14 minutes faster compared to the previous year.

Other benefits for patients included:

- tens of thousands more people received the care they needed to return home quickly and safely thanks to the expansion of same day emergency care (SDEC) services

- on average, around 500 fewer patients a day had to spend the night in hospital because of a discharge delay, and 13% more patients received a short-term package of health or social care to help them continue their recovery after discharge

- urgent community response teams provided 720,000 people with an alternative to going to hospital between April and January

- virtual wards have supported more than 240,000 people to get the hospital-level care and monitoring they needed in the comfort of their own home

**Maintaining progress**

The UECRP is a 2-year plan. The level of ambition for 2024/25 was recently set out in the NHS priorities and operational planning guidance:

- improve A&E performance with 78% of patients being admitted, transferred or discharged within 4 hours by March 2025

- improve Category 2 ambulance response times relative to 2023/24, to an average of 30 minutes across 2024/25

This operational planning guidance asked systems to focus on 3 areas to deliver these ambitions:

1. maintaining the capacity expansion delivered through 2023/24

2. increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes

3. continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance and hospital discharge

This letter and its supporting annexes aim to help systems and providers as they plan and prioritise over the coming weeks, in order to make progress over the summer and improve resilience ahead of winter, by bringing together in one place what we know works in support of the key requirements set out in planning guidance.

**Evidence-based actions to support delivery**

Over the last year we have learned a significant amount from systems and providers – both through engagement as well as the early findings of formal evaluation – about how best to deliver for patients and for staff in the context of a challenging financial environment.

Annex 1 summarises the actions that work, and maps these against the requirements set out in planning guidance. Annex 2 provides further detailed information on those evidence-based delivery actions that we know will make a difference, as well as providing the supporting evidence and case studies.

This document is focused on acute and community services, and the needs of people with mental health issues in those services. It does not specifically address mental health settings; however, many of the principles and delivery actions will apply, such as working jointly with local government and social care partners to make effective use of the Better Care Fund for mental health pathways.

**Working with local government, adult social care and the voluntary sector**

The effectiveness of UEC services relies on the NHS, local authorities, providers of health and social care services, and VCSE partners working together across the UEC pathway. Throughout the last year, there have been excellent examples of partnership working to prevent avoidable hospital admissions, speed up discharge and improve outcomes for patients.

During 2024/25, continued partnership working – including with patients, families and carers – will build on and strengthen this joint approach. Annex 3 sets out the shared objectives, and this letter is being sent in conjunction with a letter from the Department of Health and Social Care to local authorities to ensure alignment across systems. This will help sustain a joined-up, collaborative approach to improving UEC services and outcomes for patients.

**Delivery support**

NHS England has also heard from systems and local teams what support offers have been helpful, and the support offer in 2024/25 has been refined as a result.

The UECRP set out an approach to UEC tiering support. Over the last year, this approach has supported improvements for challenged systems and providers, and helped to reduce unwarranted variation. It has been aligned with support for local government through the joint NHS England and DHSC Discharge Support and Oversight Group, which works with challenged systems to support improvements in discharge across all local partners. Annex 4 provides an analysis of the progress made by systems in Tiers 1 and 2, as well as additional learning on success factors.

For 2024/25, NHS England will continue to apply the same tiering approach, providing support to systems that are below target and/or are outliers on key metrics. The support will take account of learning from our review of tiering work to date, in particular by better aligning with NHS England's other tiered offers to systems, the Recovery Support Programme team and cross-government offers such as the BCF support programme, and by ensuring clear agreement of priorities for improvement across national, regional and local teams.

NHS England also offered a Universal Support Offer (USO) to drive improvement and innovation across 10 high impact areas, which included working with the BCF support programme for those areas that require a joined-up approach across health and social care, such as capacity planning for intermediate care and effective implementation of care transfer hubs.

Feedback from participating systems highlighted benefits to working in this way, although other systems reported finding it difficult to engage with. This feedback has been built into our approach to supporting systems in 2024/25, and will also underpin future support packages for local systems to deliver improvement in clinical outcomes and productivity. There will be a continuing focus upon the 10 high impact areas for 2024/25 within the wider holistic approach; these have been incorporated into Annex 1 with additional detail and evidence-based actions to support further improvements within Annex 2.

**Measuring progress**

In addition to the 2 headline ambitions, the planning guidance sets out that systems and regions should focus on reducing the number of over 12-hour waits in emergency departments (EDs), including for mental health patients awaiting admission to a mental health bed.

NHS England will also be regularly considering the following supporting metrics in assessing performance and where additional support may be required:

- reducing ambulance handover delays

- reducing admitted and non-admitted time in EDs, with an intention of reducing long waits, particularly for mental health patients

- maintaining average G&A core capacity across the year at the level achieved in the last quarter of 2023/24, equivalent to at least 99,500 beds nationally, allowing for seasonality

- improving length of stay for all admitted patients (specifically emergency admissions with a length of stay of 1+ day)

- reducing average delays post discharge ready date (combining the two published metrics (a) the percentage of patients discharged on their discharge-ready date and (b) the average delays for patients not discharged on their DRD)

- improving length of stay in NHS commissioned community beds

**Accountability**

Building on the experience from 2023/24, the NHS will continue to ensure the key elements of implementation and delivery support are in place, starting with clear accountability for delivery through the NHS Oversight Framework. The new operating framework will also provide clarity on outcomes and priorities, while providing local flexibility on how to deliver.

The oversight framework sets out the key outcomes expected of integrated care boards (ICBs), and will be supported by regional UEC delivery boards as well as a national programme board that will review any issues occurring across regions.

On a day-to-day basis, a new OPEL framework has supported aligned accountability on operational risk management, managed at integrated care system (ICS) level through our system co-ordination centres. Over winter 2023, this new framework has supported the 24/7 National Co-ordination Centre, and enabled NHS England to provide targeted support when there has been pressure. NHS organisations continue to work routinely with local authorities to manage operational risks that require co-ordinated health and social care action.

The OPEL frameworks for mental health and community services are now being developed. The frameworks will use the same principles as the acute care OPEL 2023/24 (that is, digital, clinically relevant and consistent). NHS 111 OPEL and revised acute care OPEL will be part of a weighted system aggregated score, to increase both the pace and rigour of our response to patient safety within the entirety of the UEC pathway.

**Transparency**

Over the last 12 months the NHS has made strong progress on improving the availability of data to support service improvement and transparency for patients and the public. Key developments included:

- publication of 12-hour waits

- development and publication of a new dataset derived from the discharge ready date (DRD)

For 2024/25, a key priority will be to continue to improve the collection and quality of DRD data and data on reasons for discharge delays, and to improve data collection on community services. This includes ensuring that all relevant trusts are reporting high-quality data on DRD, to enable comparison at trust, local authority and ICS levels. This will help drive effective shared action across the NHS and social care to improve timely discharge. By July 2024, all community providers of NHS commissioned services should be reporting into the Community Services Data Set. These metrics will support better local and national assessment of flow and capacity.

**Capital and incentives**

A total of £250 million of operational capital was provided in 2023/24 to support estate and technology improvement relevant to UEC. A further £150 million of capital was also allocated in 2024/25, as part of a scheme to incentivise higher performance in 2023/24.

This year, £150 million of operational capital is being distributed for improvements that will support front door services and flow through EDs, to support improvements in ED performance. NHS England regional teams are working with systems to progress business cases; further details will be available once these have been agreed.

In addition, there will be up to £150 million of capital allocated within NHS operational capital budgets in 2025/26, to incentivise both highest performance and greatest improvement in performance since 2023/24. An outline of the scheme is set out below:

- improved 4-hour performance (measurement at year end, with a further element to incentivise improvement throughout the year)

- improved Category 2 performance (incentivised throughout the year)

- reduction in 12-hour delays in an ED (incentivised throughout the year)

Schemes will not be mutually exclusive. Capital will be allocated to the ICB for the Category 2 ambulance response performance and improvements, and to individual trusts and their nominated partners (which may include community and mental health trusts) for the A&E schemes.

Thank you again for the incredible work that you and colleagues have done together to improve the timeliness, quality and safety of care for patients requiring urgent and emergency treatment over the first year of the UECRP. We hope this further information is

helpful in the planning you are doing now for the second year, and we look forward to continuing to work with you to support further improvements over the course of 2024/25.

Yours sincerely,

**Sarah-Jane Marsh CBE**
National Director of Urgent and
Emergency Care and Deputy Chief
Operating Officer
NHS England

**Dr Julian Redhead**
National Clinical Director for Integrated
Urgent and Emergency Care
NHS England

# Annex 1: Summary of supporting actions

| Operational planning guidance requirement | Evidence-based actions to support delivery |
|---|---|
| **1. Maintain the capacity expansion delivered through 2023/424** | |
| **1A. Maintain acute G&A beds at the level funded and agreed through operating plans in 2023/24** | • Maintain and monitor the 99,500 core G&A bed capacity over 2024/25. At system level this means maintaining the growth achieved by Q4 2023/24 on average over the course of the year, adjusting for seasonality. |
| **1B. Maintain ambulance capacity and support the development of services that reduce ambulance conveyances to acute hospitals** | • Maintain hours on the road/deployed ambulance staff hours.<br>• Increase clinical assessments of calls in NHS 111 and ambulance control rooms compared to 2023/24.<br>• Maximise opportunities to establish 'call before you convey' best practice models to increase direct referral to alternative services.<br>• Continue the focus on deploying the paramedic workforce, including ambulance support staff, in the most effective way.<br>• Embed culture improvement by implementing the recommendations set out in the Culture review of ambulance trusts. |
| **1C. Focus on reduction in ambulance handover delays to support system flow** | • Reducing handover delays will be a key focus and action for systems to deliver in 2024/25 and will remain a metric to better assess flow across UEC pathways and support improved patient outcomes. The delivery actions and best practice examples to support this are included across other domains above and below. |
| **1D. Expand bedded and non-bedded intermediate care capacity, to support improvements in hospital discharge and enable community step-up care** | • Working jointly across ICBs and local authorities, ensure that commissioned intermediate care capacity meets projected demand, supported by the additional £400 million in the 2024/25 Discharge Fund. Plans should accurately forecast capacity needs, considering the most appropriate balance between different discharge pathways, and identify the workforce capacity and skill mix changes required to deliver sufficient rehabilitation and reablement activity to support discharge. Plans will be assured through the Better Care Fund (BCF) assurance process.<br>• Use the Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge, and the Community rehabilitation and reablement model, to identify how to improve service and workforce models. |
| **1E. Improve access to virtual wards through improvements in utilisation, access from home pathways, and a focus on frailty, acute respiratory infection, heart failure, and children and young people** | • Maintain capacity and improve occupancy of virtual wards, expand access to step-up and step-down capacity, and improve length of stay by pathway, through implementing best practice as set out in the virtual ward framework.<br>• Work together locally, including with social care providers, to increase access to virtual ward services that provide an alternative to hospital attendance or admission ('step up' virtual wards) including increasing the home referrals and directing patients from ED and SDEC following initial assessment where appropriate.<br>• Consider specialty pathways and teams according to local demand, including paediatric virtual ward services and capacity. |

| Operational planning guidance requirement | Evidence-based actions to support delivery |
|---|---|
| **2. Increase the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes** | |
| **2A. Focus on reductions in admitted and non-admitted time in ED** | • Continue to focus on initial assessments, including continuing to increase the proportion received within 15 minutes of arrival, and increase the proportion of patients redirected to alternative services.<br>• Work with providers to improve flow into and through acute beds by reducing excess length of stay and variation in high volume, high bed use pathways.<br>• Review critical interventions along patient pathways in hospital and ensure they are aligned with best flow practice principles.<br>• Review and audit trust internal professional standards, using the ECIST guide as a starting point.<br>• Build on the rollout of psychiatric liaison services to support Type 1 EDs working towards ambition of responses within 1 hour of referral.<br>• Reduce mental health patient time in EDs, including reducing length of stay for patients in acute beds waiting for a mental health bed, and in mental health beds. Systems, including local government, should focus on improving whole mental health pathway patient flow. |
| **2B. Focus on reductions in the number of patients still in hospital beyond their discharge ready date (DRD)** | • Continue to improve in-hospital discharge processes. Ensure early discharge planning, including effective involvement of patients, carers and families, in line with statutory guidance on hospital discharge and community support.<br>• Working across the NHS and social care, maximise the effectiveness and maturity of care transfer hubs to improve quality and timeliness of discharge for patients with complex needs.<br>• Working across the NHS and local authorities, implement trusted assessments to reduce duplication and ensure information is shared through the pathway. |
| **2C. Focus on reductions in length of stay in community beds** | • Increase productivity and capacity of community bed-based services based on maturity self-assessments.<br>• Extend the implementation of best practice flow principles to community beds, including tracking length of stay.<br>• Reduce discharge delays from community bedded units through process improvements, and through timely access to ongoing packages of care supporting transition and continuation of rehabilitation and reablement at home, building on good practice in care transfer hubs in acute settings. |
| **2D. Improve consistency and accuracy of data reporting** | • Ensure all trusts are consistently and accurately recording key metrics including SDEC activity in ECDS, community discharge information on the community SitRep/SUS, DRD, data on reasons for discharge delays, and the Ambulance Data Set.<br>• Ensure system co-ordination centres are fully embedded and made ready for system OPEL.<br>• Consider how to disaggregate data based on age, to understand demand and monitor performance for children and young people. |

| Operational planning guidance requirement | Evidence-based actions to support delivery |
|---|---|
| **3. Continue to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance and hospital discharge** ||
| **3A. Increase referrals to and the capacity of urgent community response (UCR) services** | • Increase UCR referral volumes and number of patients treated.<br>• Explore the use of technologies and point of care testing to optimise existing capacity, and consider referral pathways from technology enabled care (TEC) providers and SDEC. |
| **3B. Ensure all Type 1 providers have an SDEC service in place for at least 12 hours a day, 7 days a week** | • Ensure SDEC compliance of 12 hours a day, 7 days a week.<br>• Increase utilisation by working with partners (including ambulance trusts) to increase the proportion of patients with direct access, direct referrals from outside the ED (NHS 111, 999 and primary care), and reduce variation in the proportion of ED patients who are treated through the SDEC.<br>• Increase productivity by implementing the minimum standards of delivery outlined in the SAMEDAY strategy.<br>• Improve consistency of reporting SDEC into the Emergency Care Data Set (ECDS) by March 2025. |
| **3C. Ensure all Type 1 providers have an acute frailty service in place for at least 10 hours a day, 7 days a week** | • Ensure acute frailty service compliance of 10 hours a day, 7 days a week, implementing a comprehensive geriatric assessment at the front door, and the minimum standards in the FRAIL strategy, to increase patient flow and the proportion of patients over 65 with a Clinical Frailty Score.<br>• Understand and work across systems to reduce numbers and variations in care home referrals to ED. |
| **3D. Provide integrated care co-ordination services** | • Work to understand the total demand for services that provide an alternative to an ED attendance for urgent care needs, complemented by a review of capacity holistically across all relevant services. Work with local authorities to link this to BCF demand and capacity planning for intermediate care.<br>• Establish core operational integrated care co-ordination structures as a minimum by October 2024, with a focus on paramedic access to clinical advice to support alternative pathways to ED.<br>• Ensure surge acute respiratory infection provision, including for children. |

# Annex 2: Further detail on supporting actions

## Learning from the first year of UECRP

The approach to developing this document has been 2-fold. Learning has been drawn from regular conversations with systems across health and social care, which has highlighted the interventions and approaches that have been easier to implement, and what would need to be true to replicate this elsewhere.

Systems that are further ahead with implementation have documented their approach in case studies; examples are given in these annexes.

We have also begun to see emerging learning from the evaluation approach that was set out in the UECRP. This includes some insights from Sheffield University's literature review, alongside emerging findings from qualitative evaluation by the REVAL team at Manchester University. The National Institute for Health and Care Research (NIHR), a partner to NHS England in evaluating the UECRP, along with the case study authors, will make these findings available in due course.

Overall, NHS England has heard and seen that the broad approach set out in the UECRP is the right collection of activities to enable the NHS, working with local authorities, social care providers and VCSE partners, to deliver the ambitions of the plan.

NHS England has also heard from systems and local health and social care teams implementing the UECRP on the ground that they would value the opportunity to continue with their delivery and embedding of changes into Year 2. Teams have also asked for evidence-based, structured products to highlight the key components of the interventions, and to support prioritisation of their delivery.

We have been told – and seen in the data – that some of these interventions have been easier to implement routinely across systems than others. Both standardising the approach to delivering services across health and social care to improve support for frailty, and standardising the approach to inpatient flow and length of stay, have been raised as consistent challenges. Further work is underway with partners and stakeholders across the country to establish and document a more succinct approach to improving these pathways.

To help and support delivery into Year 2 of this plan, NHS England has responded to this learning in 2 ways. The approaches that work have been collated and refined into a set of evidence-based actions for health and social care systems to support delivery of and progress towards the headline ambitions, alongside links to further guidance, evidence and examples of best practice. These actions are set out below, grouped under the 3 UEC priority areas for this year: maintaining UEC capacity, improving the productivity of that capacity, and continuing to shift care out of acute hospitals.

In implementing these actions, working with social care and VCSE partners, systems should include, wherever appropriate, children and young people, patients with mental health needs and dementia, people with learning disabilities, autistic people and those experiencing homelessness within their plans.

In these newer pathways, or those that have been more challenging to implement, evidence of what works is being codified to support wider national learning. Some of this detail is already available, with some further detail to follow shortly.

| Interventions for frameworks that are already available | Care transfer hubs |
| | SAMEDAY framework for same day emergency care |
| | Combined adult and paediatric acute respiratory infection hubs |
| | Discharge ready date guidance (includes DRD definitions) |
| | Discharge guidance (including homelessness checklist) |
| Interventions for frameworks that will be published shortly | Virtual wards |
| | Single point of access/integrated care co-ordination centres |
| Pathways for which work is ongoing with local and regional teams over the coming weeks | Standardisation of services to support older people with frailty |
| | Standardisation of inpatient flow and length of stay |

## Priority 1: Maintaining and increasing the capacity expansion delivered through 2023/24

During 2024/25, systems should continue to ensure that UEC capacity is maintained or, where appropriate, expanded. Alongside the increase in physical capacity, and in line with the NHS Long Term Workforce Plan, systems should continue to take action to support the UEC workforce, including enabling staff to work more flexibly.

### Learning during 2023/24

During 2023/24, the NHS delivered significant capacity expansion, supported by over £1 billion of new revenue and £250 million of new capital investment. The NHS and local authorities also worked together to agree how to deploy the £600 million Discharge Fund, alongside the wider BCF, to improve capacity for supported discharges and reduce discharge delays, delivering a 13% increase in supported discharges in 2023/24 compared to 2022/23 and – despite a 6% increase in emergency admissions over this period – a 4% reduction in the average daily number of acute hospital patients with delayed discharges.

This capacity expansion has had an impact, as evidenced by the improved overall performance in the UECRP's 2 headline ambitions against the previous year. Modelling underpinning the planning guidance highlights the relationship between capacity increases and ED performance, largely driven by bed occupancy. Further modelling highlights the

relationship between handover performance and handover delays, and by extension Category 2 performance.

Evaluation from newer interventions, such as virtual wards, has also begun to build a picture of where and how improvement can have most effect. For example, there is strong evidence that virtual wards are associated with reducing avoidable attendances and admissions to hospital, as well as supporting early discharge and reducing length of stay in acute beds.

- There is growing positive evidence of impact from site evaluations:

  o East Kent's 50-bed step-up frailty virtual ward has seen a reduction in non-elective admissions for older frail cohorts (75+). A South East region-wide evaluation is due to be published demonstrating similar results across the region

  o South and West Hertfordshire Health and Care Partnership experienced a [reduction in hospital bed days from the implementation of a COPD ward](#) hospital at home pathway with an observed reduction in both inpatient length of stay and the number of repeated hospital admissions

  o evaluation of the Mid and South Essex frailty virtual ward found that readmission rates to an acute bed within 30 days of discharge were 26.5% lower than the 30-day readmission rate seen nationally for acute frailty wards.

- Virtual wards also deliver cost savings, as demonstrated in an [economic analysis by NICE](#), which found that in aggregate the services have provided a significant net financial benefit due to avoided hospital activity. Across multiple [evaluations](#), there is also consistent evidence of very positive patient experience of virtual ward services.

Learning from joint ICB/local authority capacity and demand planning for intermediate care through the BCF has reinforced the importance of actively reviewing projected need for different types of intermediate care, including both step-up and step-down care. It has also reinforced the importance of working with community and social care providers to plan services and associated workforce requirements so that they better match projected needs, including a focus on a 'Home First' approach to reablement and recovery. Local areas have also reinforced the importance of understanding the relationship between average length of stay in different types of intermediate care and the capacity available to meet projected demand.

This learning has informed the planning guidance requirements and the supporting delivery actions set out below for 2024/25. Further evidence is set out in case studies and links throughout this section.

**Based on evidence from last year, key supporting actions for 2024/25 include:**

**1A. Maintain acute core G&A beds as a minimum at the level funded and agreed through operating plans in 2023/24**

- Core G&A bed numbers should be maintained through monitoring and maintaining the average of 99,500 beds over 2024/25, adjusted for seasonal trends.

## 1B. Maintain ambulance capacity and support the development of services that reduce ambulance conveyances to acute hospitals where appropriate

- **Ambulance trusts** maintaining the increase in deployed staff hours established in 2023/24, to maintain the peak increase in capacity agreed in operating plans.

- **Systems** increasing clinical assessment in NHS 111 and control centres compared to 2023/24, in line with national implementation principles for Category 2 segmentation. This will ensure that patients who do not need a face-to-face response are transferred to the most appropriate service and supports effective prioritisation for ambulances. This may include increasing access to paediatric expertise through a NHS 111 Paediatric Clinical Assessment Service, where supported by evaluation and business case development.

- **Systems** maximising opportunities to establish 'call before you convey' best practice models to increase direct referral to alternative services, where clinically appropriate. These best practice models include early access to a named senior clinical decision-maker so that patients with the most urgent need are seen sooner.

- **Ambulance trusts** deploying the paramedic workforce, including ambulance support staff, in the most effective way to meet ambulance capacity requirements in line with local need.

- **Ambulance trusts** embedding culture improvement alongside the delivery of operational targets, by implementing the recommendations set out in the Culture review of ambulance trusts.

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**Case study: Moorfields Eye Hospital NHS Foundation Trust – Virtual Eye Pathway**

'The Virtual Eye Pathway' is an integrated virtual consultation pathway between NHS 111 and the Moorfields Eye Hospital within North Central London (NCL) and North East London (NEL) ICBs, which aims to reduce the number of calls related to urgent eye conditions that result in avoidable ED attendances.

With the new pathway, NCL and NEL ICB callers to NHS 111 with urgent eye conditions will be briefly assessed and then transferred to a virtual waiting room, after which they shortly receive a specialist ED virtual ophthalmology assessment provided by a Moorfields clinician. The clinician then streams patients to the most appropriate service (often an opticians, a minor eye condition service or Moorfields itself) or provides advice and guidance to enable self-treatment.

Since the Virtual Eye Pathway launched in March 2023, 30% of patient callers who would previously have resulted in a Type 1 ED attendance have been avoided, with patients directed elsewhere. Those referrals that do result in an A&E attendance have the benefit of being validated by a specialist clinician in advance of attendance. Wider benefits have included reduced patient wait times within NHS 111, especially where specialist ETC ophthalmology assessment is required, and reduced Type 1 ED referrals overall. In addition, access to this service has been expanded via the 111 Online channel so that users of NHS 111 Online can obtain urgent eye care assessment directly through this

online channel. The virtual eye service is also linked to the London 111 natural language pathway development, so that users who declare urgent eye problems will streamline directly to this service via NHS App/111 Online.

## 1C. Reduce ambulance handover delays to support system flow

- Handover delays still present a significant challenge to increasing ambulance service capacity, particularly in certain areas. Due to the impact on patient care, reducing these delays will be a key focus and action for systems to deliver in 2024/25. This will remain a metric to better assess flow across UEC pathways and support improved patient outcomes.

**Case study: Barts Health NHS Trust – REACH service**

The Remote Emergency Access Coordination Hub (REACH) is a UEC collaborative in North East London set up in October 2020. Developed and hosted by Barts Health NHS Trust initially as a response to COVID-19, it aims to co-ordinate and deliver the most appropriate secondary emergency care for patients.

Ambulance service paramedics, urgent community response (UCR) and primary care clinicians on scene with a patient are able to call the REACH service to receive emergency medicine consultant-led clinical advice regarding best options for the patient, including support for appropriate non-conveyance. The REACH service provides collaborative decision-making with the caller, facilitating remote treatment and discharge or direction to alternative care pathways where appropriate, which improves patient experience and optimises utilisation of both community and in-hospital resources such as UCR, SDEC and virtual wards.

In 2023, REACH took 11,600 calls from clinicians in the community (93% of those from London Ambulance Service) and 4,200 referrals from NHS 111, with 10,300 patients managed without in-person ED attendance. This equates to a 29% ambulance conveyance rate, a statistically significant reduction in ambulance arrivals in all boroughs served.

With strongly positive patient and staff feedback, a system-wide saving of over £1.5 million a year and an estimated saving of 156 tonnes of $CO_2$ emissions, REACH has proven to be a safe and effective clinical co-ordination service.

## 1D. Expand bedded and non-bedded intermediate care capacity, to support improvements in hospital discharge and enable community step-up care

- **ICBs and local authorities** will need to review their BCF demand and capacity plans to ensure that commissioned capacity meets forecast need, to support both discharge and step-up care. Systems should ensure accurate estimates of demand from discharges and from community referrals are used to commission the appropriate volumes and types of intermediate care capacity, supported by the increase in the Discharge Fund (from £600 million in 2023/24 to £1 billion in 2024/25). Plans will

include making clear assumptions for average length of stay, and will actively consider the most appropriate balance between Pathway 0, Pathway 1, Pathway 2 and Pathway 3 discharges. They will take account of variations in demand over the course of the year and building potential ability to flex into forecasting models. Further support setting out the joint requirements for the NHS and local government to deliver the objectives of the BCF is included within the [Better Care Fund 2024/25 addendum](#) and associated demand and capacity planning templates. Plans will be assured through the BCF assurance process to ensure they are robust and deliverable.

- When conducting demand and capacity planning, **systems** should work with community and social care providers to ensure there is sufficient workforce capacity with the appropriate skill mix to deliver the required capacity. This 'right sizing' of capacity has been successfully achieved in some systems by making more effective use of both registered and unregistered workforce, and by using other community roles to support rehabilitation and reablement both in people's homes and, where appropriate, in community beds.

- The Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge, and the Community rehabilitation and reablement model, set out the approach to service delivery.

**Case study: Oxfordshire ICB – out of hospital care for people experiencing homelessness**

Through start-up funding from the DHSC Out of Hospital Care Programme, Oxfordshire has implemented an excellent hospital in-reach and step-down service, which is helping transform patient's lives, prevent a return to rough sleeping, and dramatically reduce discharge delays and avoidable readmissions from acute and mental health hospitals.

Under the leadership of a dedicated programme manager, and with support and funding from the ICB, BCF and health and care partners, the programme has appointed experienced housing officers co-located in acute and mental health hospitals. They bring extensive legal knowledge related to housing applications in addition to working knowledge of local housing and homelessness services to support ward staff in planning individual's transition from the hospital.

Oxford has opened 4 step-down houses with 27 beds in the community, which include access to rehabilitation, reablement and recovery services, a social worker, occupational therapist, clinical psychologist and community based mental health workers. This service enables individuals to recover their mental health in the community and develop independent living skills, and facilitates services coming together collaboratively to support the individual.

The service has supported over 250 planned discharges from hospital (50% from mental health wards). Where a discharge has included a stay in a step-down house, there has been a 24% reduction in emergency hospital admissions and a 56% reduction in presentations to EDs. Over the 12-month evaluation period, mental health bed days were

reduced by 89% – saving the NHS £657,000. Patients are no longer 'stranded' in hospital and very rarely return to rough sleeping

## 1E. Improve access to virtual wards through improvements in utilisation, access from home pathways, and a focus on frailty, acute respiratory infection, heart failure and children and young people

- **Systems** maintaining capacity of virtual ward/hospital at home (HaH) beds, and expanding access by ensuring utilisation is consistently above 80%. Guided by feedback from systems, a new virtual wards operational framework will be produced in spring/summer 2024 to help tackle variation, achieve further standardisation and ensure the benefits of virtual wards/HaH can be realised at scale.

- **Systems (including local authorities) and providers** working together locally to increase the proportion of virtual ward beds accessed from home ('step up' virtual wards), including directing patients from EDs and SDEC following initial assessment where appropriate. In doing so, it would be helpful to pay particular attention to improving the coverage of paediatric virtual ward services and capacity.

- A new patient-level dataset for virtual wards (the Virtual Ward Minimum Data Set [VWMDS]) is being developed. When launched, **providers** will be expected to submit to the VWMDS, supporting local systems to have enhanced operational oversight of virtual wards as well as to enable national benchmarking. Further information on rollout will be published in due course.

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**Case study: Cambridge University Hospitals – virtual wards**

In November 2022, CUH developed a virtual ward designed to deliver hospital-level care for patients in their own homes, using remote monitoring technology. The focus was on delivering 45 occupied virtual ward beds by September 2023 that delivered step-down discharge care, to free up capacity in the hospital.

A significant amount of pathway development work was undertaken to make the service available to every specialty in the hospital. Key to this was use of a remote digital monitoring technology, which allowed the team to monitor the vitals of all their patients continuously and spot when a patient was deteriorating. This helped build confidence with clinicians to refer their patients, given assurance as to the level of care and monitoring they would receive.

In just over 1 year of being operational, the CUH virtual ward has onboarded over 1,500 patients from 23 different specialties, including frailty, oncology, surgery, orthopaedics, cardiology and respiratory. It has exceeded its occupancy figure by almost double and the patient experience survey has a 97% satisfaction score. The wider benefits are considerable, with significant length of stay and associated bed day savings. CUH is now developing its model further to start delivering step-up and admissions avoidance care, and eventually include access pathways from primary care and care homes too.

**Virtual Ward Bed Day Savings**

## Priority 2: Increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes

It is important to ensure that UEC and acute capacity is being used as efficiently and productively as possible. This includes the NHS, local government and other system partners working together to improve the timeliness of discharge from hospital and community settings.

### Learning during 2023/24

Actions taken in Year 1 of the UECRP to improve post-pandemic productivity have demonstrated a length of stay reduction in overnight emergency admissions of over 4% in 2023/24.

Health and care systems across the country have driven length of stay reduction through initiatives such as:

- Using the discharge ready date (DRD) metric (first published in November 2023) to understand the proportion of patients not discharged on the same day as they are clinically ready for discharge (that is, no longer meet the criteria to reside), the average length of stay, and the distribution of those delays (that is, the proportion discharged 1 day, 2–3 days, 4–6 days, 7–13 days, 14–20 days and 21+ days after their DRD). These data support systems to understand variation both between trusts and between local authority areas, and to identify where to target improvements.

- Implementing and maturing their care transfer hubs to manage discharges for patients with more complex needs. A Sheffield University NIHR review of reviews – with acknowledged limitations of the evidence base – found evidence in the published literature that care transfer hubs show promise both for patient flow and UEC performance and for quality of patient care, in areas such as reducing all-cause mortality, hospital readmissions and ED visits.

This learning has informed the planning guidance requirements and the supporting delivery actions set out below for 2024/25. Further evidence is set out in case studies and links throughout this section.

**Based on evidence from last year, key supporting actions for 2024/25 include:**

**2A. Reduce admitted and non-admitted patient time in emergency departments**

- **Service providers (in and out of hospital)** working together to continue the focus on initial assessment. Continue to increase the proportion of assessments received within 15 minutes, and to increase the proportion of patients redirected to alternative services such as urgent treatment centres, SDEC and acute frailty services, as well as urgent care response and virtual wards.

- **Trusts** ensuring that their medical model of care for the first 72 hours is optimised to eliminate the longest waits in the ED.

- Building on the evidence that inpatient flow interventions are an effective way to decrease ED wait times, **systems working with providers** to improve flow into and through acute beds by reducing excess length of stay and variation in high volume, high bed use pathways.

- **Trusts** seeking to understand their non-elective length of stay in key medical specialties, particularly respiratory and cardiology, and how they compare to the national mean and best in class via GIRFT model hospital datasets. Where evidence-based, robust clinical pathways exist (for example, fractured neck of femur, stroke, STEMI, AF), trusts can review whether clinical pathways currently meet key time stamps and take steps to monitor current levels of adherence as well as instigate plans to improve this.

- **Trusts** ensuring critical interventions during a patient's in-hospital stay are in place, delivered in a timely way. This includes:
  - a review by a senior decision-maker within the first 12 hours in hospital
  - early planning and conversations around the patient's anticipated discharge needs with full involvement of patients, carers and families in line with statutory guidance on hospital discharge and community support
  - a care plan involving the patient and family/carer, and assessment against patient-centred questions
  - a daily ward and board round (including weekends) on each ward.

- **Trusts** reviewing and auditing their internal professional standards, using the [ECIST guide](#) as a starting point.

- Actions to address the long waits that occur for many mental health service users are also beneficial, including:
  - **systems** building on the successful rollout of psychiatric liaison services to all Type 1 EDs by working towards the ambition of responses within 1 hour of referral

- systems and providers, including local government, reducing mental health patient time in ED by tackling long length of stay of patients in acute beds waiting for transfer to a mental health bed, and the length of stay for those in mental health beds

- systems, including local government, focusing on improving whole pathway patient flow through mental health, including dedicated improvement action on discharge as set out in the 100 day mental health discharge challenge and GIRFT programme.

**Case study: Lincoln County Hospital, United Lincolnshire Hospitals NHS Trust – admitted pathway criteria to admit (CTA) audit tool**

Lincoln County has had long-standing challenges with exit block. Working with ECIST, it developed a pilot to incorporate the criteria to admit audit tool into its standard admission processes, via a designated shift within the consultant rota, 8am to 6pm, 7 days a week.

The CTA consultant reviewed all patients with a plan to admit to an inpatient bed, including those who had been seen by the acute medical or specialty teams. If the patient had improved clinically, or were deemed not to meet the criteria at the time of review, then alternatives to admission were sought.

Early findings from the pilot have shown that this shift reduces admissions by 5–10 a day – approximately 8–16% of total admissions. Findings from an initial CTA audit suggest that over a week this equates to approximately 50 fewer admissions than pre-pilot with a resultant saving of 260 bed days a week. Every admission avoided also results in a decrease in bed wait time for the remaining admitted patients, improving overall performance as well as outcomes for those patients.

**Case study: Norfolk and Norwich University Hospital – non-admitted pathway senior decision-makers**

Norfolk and Norwich University Hospital prioritised a focus on the non-admitted pathway mostly utilised by walk-ins, identifying that ED crowding had a negative impact on efficiency and hypothesising that improvements in this area would yield multiple gains downstream.

Following a review of the ambulatory pathway model it established that placing a senior decision-maker (wherever possible at consultant level) as the first point of contact for the patient would yield the greatest dividends in terms of making better use of ED alternatives, ensuring patients received more guided work-ups, and resulting in more rapid turnarounds for those patients seeking primary care and not UEC.

This team was put in place in November 2022, made up of nursing, medical and healthcare assistants, and has seen a massive step change in the non-admitted pathway, with corresponding change in 4-hour performance.

**ED 4hr Target**
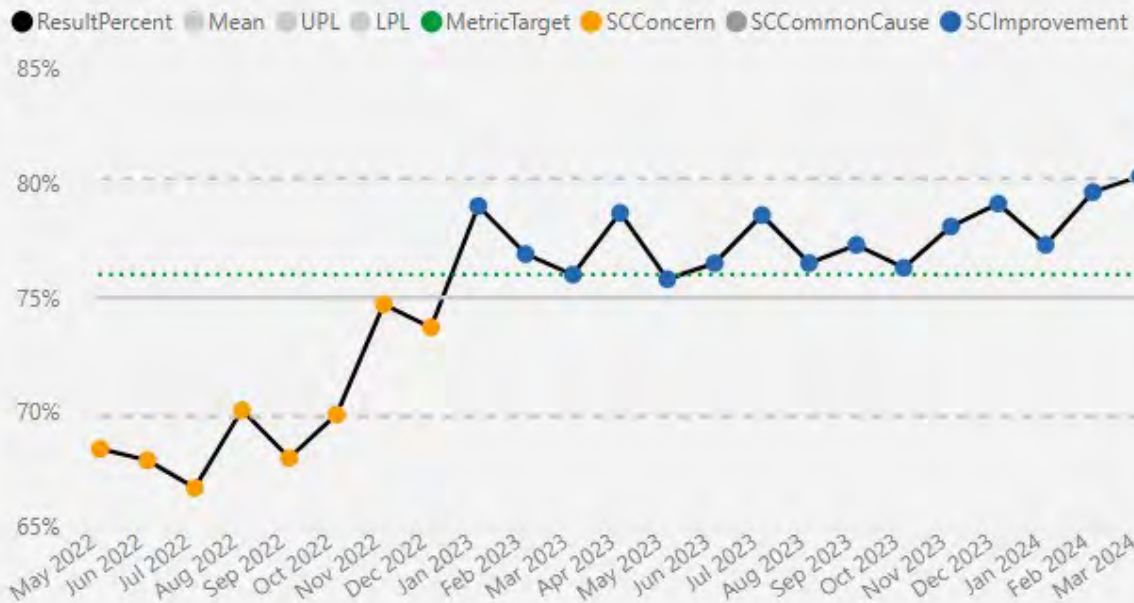


**Average Non-Admitted Patient Time in ED (Monthly)**
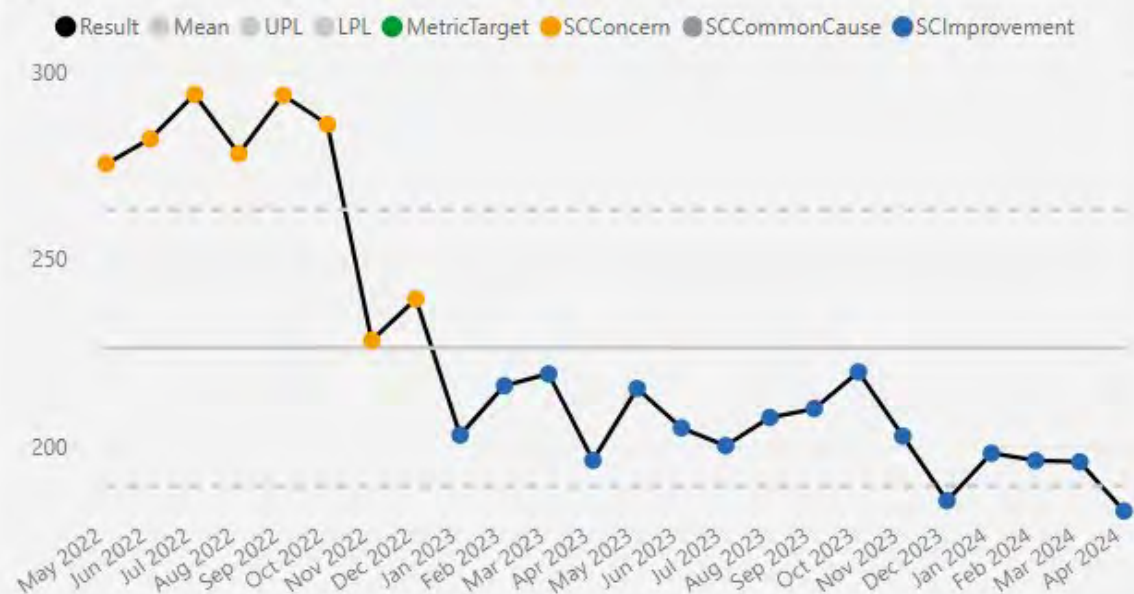


## 2B. Reduce the number of patients still in hospital beyond their discharge ready date (DRD)

- **Acute providers** continuing to improve in-hospital processes to improve timeliness of discharge, including early discharge planning from the point of admission and early involvement of care transfer hubs where patients are likely to have more complex discharge needs.

- **ICBs and local authorities, working with acute trusts and community/social care providers** maximising the effectiveness of their care transfer hubs, and ensuring their care transfer hubs become increasingly mature over the course of the year. This includes extending the scope of care transfer hubs to [discharge from community beds where practical](#) and ensuring effective governance for care transfer hubs, including a senior responsible officer across the NHS and local authority, clear escalation routes and reporting, underpinned by high-quality, shared data. This includes ensuring the right mix of nursing, therapy and social work professionals are available to work directly with patients, families and carers to plan timely and effective discharge, with appropriate support for recovery and reablement, and effective arrangements through both ward-based teams and community/social care providers to ensure timely and effective transfers of care. Care transfer hubs should work closely with ward-based teams to ensure a 'Home First' approach to discharge, with a focus on strength-based, person-centred decision-making and full involvement of patients, carers and families.

- **Systems, including both the NHS and local authorities,** implementing trusted assessments to reduce duplication and ensure information is shared appropriately through the pathway. Care transfer hubs work best when they have the authority, knowledge of the local care landscape, processes and staffing mix to make effective decisions that provide the right support to go home, based on patient need and agreed by health and social care providers, supported by clear processes for case management from the point of admission until discharge, and escalation of challenges. Consideration may be given to holding a waiting list for each discharge pathway, so that if a discharge fails, the next person who could take up that bed or package of care is identifiable.

- **Systems and providers** ensuring patients no longer meeting the criteria to reside are discharged as early as possible in the day. Actions to deliver this include working with services outside the hospital to co-ordinate an early discharge, and avoiding bedding discharge lounges or, if there is no option, reverse boarding them with patients due for discharge the next day, reducing acuity (and therefore risk) within the discharge lounge.

- **ICBs and local authorities, working with acute trusts and community/social care providers**, using the new discharge metrics (derived from discharge ready date [DRD] data) and data on reasons for delay to identify how to increase the proportion of patients discharged on their DRD (that is, when they no longer meet the criteria to reside) and how to reduce the average length of discharge delays. This includes tackling the longest delays that are likely to be associated with poorer outcomes for patients.

**Case study: South & West Hertfordshire – single point of contact**

The Single Point of Contact (SPOC), South and West Hertfordshire's 'care transfer hub', merges health and social care discharge functions into one place to facilitate people to be discharged from hospital rapidly, safely and appropriately.

Operating since 2020, professionals from Hertfordshire County Council's Integrated Discharge Team, Central London Community Healthcare NHS Trust and West Hertfordshire Teaching Hospital NHS Trust work together to support on average 700 discharges a month; the majority of which are via discharge to assess. This is more than double the number of people discharged with support in 2019. The SPOC uses a 'discharge information form' completed by health professionals to fully understand a person's needs and take a strengths-based approach to supporting discharge to the most appropriate place, preferably home.

The SPOC enables:

- cross-organisation, person-centred triage and decision-making of referrals

- the person and their family carer to be involved in their discharge planning from the point of admission

- the person to be discharged with the support most appropriate for them with assessment being undertaken outside the acute hospital, achieving better long-term outcomes

- simplified referral and discharge processes, reducing the amount of time a person spends in hospital when there is not a medical reason to do so

- effective use of SHREWD, a shared data tool, to monitor real-time demand and escalate any issues or challenges, while also feeding in data to the 'DTA dashboard' which is used to inform system-level decision-making on capacity and demand activity

- West Hertfordshire to operate within national guidelines and best practice

The SPOC also works with the Impartial Assessor (Hertfordshire Care Providers Association) which supports timely transition from hospital to care homes by undertaking any assessments on behalf of the home and ensuring communication at every step.

**Case study: Waltham Forest – care transfer hub**

Waltham Forest's care transfer hub has representation from community services, their acute provider and the voluntary sector. It also has local authority input from Waltham Forest (including a dedicated broker and housing representative), Redbridge and West Essex to input into multidisciplinary team (MDT) discussion and provide updates on each patient awaiting discharge.

It has found success from its care transfer hub model for a number of reasons. It has established strong, partnership ways of working, which include twice daily attendance at MDT discussions that are held virtually. Data sharing agreements are also in place to support access to partner's systems and it has effective case management processes. Since introduction of its hub, Waltham Forest has achieved more discharges down Pathway 1 and fewer Pathway 3 discharges.

Waltham Forest also operates an in-house 'bridging service' where support workers and co-ordinators as part of the hub can provide care for Pathway 1 Waltham Forest patients for up to 5 days. This can support people to be discharged more quickly; an assessment of care needs is subsequently taken at home, the patient has quick access to equipment and reablement is provided at each care visit. It has found that as well as reducing length of stay in hospital, this has resulted in better outcomes for the patient.

**Case study: Swindon – care transfer hub**

In January 2023, Swindon launched its care transfer hub with representatives from the ICB, Swindon Borough Council, Great Western Hospitals NHS Foundation Trust, First City Nursing and acute and community therapy leads. The aims of introducing the hub included improving patient experience, streamlining referral processes and applying an MDT approach to triaging referrals and facilitating timely discharge to improve flow.

People who are identified as individuals who may require additional support on discharge are referred electronically to the care transfer hub by wards. This can happen at any time during their admission, from both acute and community hospital wards. Each day, including weekends, the MDT comes together to make a decision for their discharge pathway and relevant referrals are passed onto the appropriate team. The hub also holds daily NCTR calls to discuss discharges due that day and the following day, where actions are set to facilitate discharge and cases can be escalated.

The hub is also underpinned by a strong 'Home First' model. Individuals who are discharged down this pathway will be supported, via a multidisciplinary approach, for ongoing health and social care assessments. Staff make joint visits to minimise duplication and delays and, if required, ongoing care will be arranged for the individual. There is a system response in place under the SOP if there is a risk of readmission to maintain safety.

## 2C. Reduce length of stay in community beds

- **Systems** continuing with the actions identified to increase productivity of community bed-based services following the maturity self-assessment undertaken in July 2023.

- **Systems** extending the implementation of best practice flow principles to community beds.

- **Systems** reducing discharge delays from community bedded units through timely access to ongoing packages of care that support transition and continuation of rehabilitation and reablement at home, reducing days away from home.

- **ICBs and local authorities** exploring ways to track length of stay in intermediate care services locally, helping to improve the use of bedded and non-bedded intermediate care for people whose rehabilitation and reablement needs requires it.

**2D. Improve consistency and accuracy of data reporting**

- **Systems** ensuring all trusts are consistently and accurately recording key metrics, including SDEC activity in the Emergency Care Data Set (ECDS) and the Ambulance Data Set.

- **All NHS-commissioned community bed providers** being registered and submitting regular data to the Community Discharge SitRep, with updates to the dataset in mid-2024.

- **All acute and specialist providers** ensuring that they are submitting high-quality and timely DRD data for monthly publication, and that reasons for discharge delay are captured accurately in SitRep or Faster Data Flow returns.

- **Systems** ensuring system co-ordination centres are fully embedded, including operational standards and digital 'near real-time' footprint.

- **Systems** having arrangements in place to disaggregate data based on age, to understand demand and monitor performance for children and young people.

## Priority 3: Developing services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs

During 2024/25, health and social care systems need to build on work underway to develop services that support a reduction in attendances and admissions to hospital, and to improve access to those services.

ICBs should work with local authorities, social care providers and VCSE partners to ensure an integrated approach to providing health and social care, where necessary, for people with urgent care needs – and to continue to strengthen proactive care for people most at risk of emergency admissions, including care home residents and people receiving domiciliary social care.

Parents and carers should be provided with access to clear, accurate information about common illnesses in children and young people, promoting self-care and access to the right care at the right time.

### Learning during 2023/24

In Year 1 of the UECRP, health and social care systems have been working to build capacity that supports people to have their urgent needs met outside a traditional ED.

Zero-day length of stay (0LoS) has increased year on year since the introduction of a mandate to support SDEC service provision 12 hours a day, 7 days a week.

There has been a 11% growth in 0LoS emergency admissions during 2023/24, attributed in the majority to SDEC growth. Many systems have successfully introduced and matured their SDEC services to reduce both wait times and admission rates for some patients when compared to an ED or acute medical unit.

This learning has informed the planning guidance requirements and the supporting delivery actions set out below for 2024/25. Further evidence is set out in case studies and links throughout this section.

**Based on evidence from last year, key supporting actions for 2024/25 include:**

### 3A. Increase referrals to and the capacity of urgent community response (UCR) services

- Systems increasing referrals to, and number of patients treated in, UCR services, building on the success to date of these services in preventing patient deterioration and reducing pressures on other health services. This work has been most successful where:

  - there has been a focus on referrals from wider system partners including 999, NHS 111 and care homes to improve step-up pathways as forms of both attendance and admission avoidance

  - technologies (including point of care testing) have been implemented to optimise existing capacity

  - referral pathways from technology enabled care (TEC) providers and SDEC have been supported.

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**Case study: Oxford Health NHS Foundation Trust – urgent community response**

The UCR service in Oxford, part of Oxford Health NHS Foundation Trust, delivers crisis response for people who are at risk of a hospital admission in the next 24 hours. It provides assessment, treatment and support in the patient's home to avoid a hospital admission.

To help keep people at home, Oxford's UCR team have developed strong collaborative working between themselves and secondary care. A 'consultant-on-call' service has been introduced where the UCR clinicians have direct access to an Oxford Health consultant geriatrician, which enables a clinical conversation to take place. Together they devise an agreed treatment plan for the person, often resulting in the person remaining at home instead of being conveyed.

Patients are reporting positive experiences of receiving care through UCR with patients saying the service is "amazing", "brilliant", "excellent" and one patient commenting that they were "grateful for remaining at home".

**3B. Ensure all Type 1 providers have an SDEC service in place for at least 12 hours a day, 7 days a week**

- **Systems** continuing to develop access components, and encourage specialist SDEC development (such as frailty or paediatric) according to local demographic need.

- **Systems, including ambulance trusts,** increasing utilisation of SDECs by:
  - increasing the proportion of patients with direct access, increasing direct referrals from outside the ED (NHS 111, 999 and primary care)
  - reducing variation in the proportion of ED patients who are treated through the SDEC
  - implementing the minimum standards of delivery outlined in the SAMEDAY strategy.

- **Providers** working to improve consistency of reporting SDEC into ECDS by March 2025.

**Case study: Imperial College Healthcare NHS Trust – SDEC access improvement project**

Imperial College Healthcare NHS Trust has focused on improving access to SDEC across both its sites, St Mary's Hospital and Charing Cross Hospital. Direct electronic booking was introduced in June 2023, allowing the local NHS 111 provider and the ambulance trust emergency clinical assessment service (ECAS) to book patients directly into a slot at either SDEC unit without the clinician having to telephone the unit first.

Utilisation of this pathway showed a slow but steady rise as clinicians became familiar with the service – supported by a range of engagement efforts – rising from an average of 15 referrals a month to 55 referrals a month, an increase of over 250%. Associated benefits include a reduction in clinical touchpoints, unnecessary triage and multiple handovers of care, as well as alleviating pressures within the ED.

Following the success of the direct electronic booking pathway, St Mary's then introduced a direct access trusted assessor model for the ambulance service, whereby paramedic crews could bypass ED and convey patients direct to the SDEC unit. Direct conveyances have increased from an average of 20 a month at pilot launch to 36 a month in March 2024. Imperial has since gone live with direct access at Charing Cross as well.

**3C. Ensure all Type 1 providers have an acute frailty service in place for at least 10 hours a day, 7 days a week**

- **Acute frailty units** implementing the minimum standards in the FRAIL strategy supported by initiatives to increase patient flow through direct access, front door frailty identification, timely access to diagnostics and access to specialist clinicians where appropriate.

- **All acute trusts** implementing a comprehensive geriatric assessment at the front door, to increase the proportion of patients over 65 with a Clinical Frailty Score.

- **Systems** working to understand and reduce variation in care home residents' attendances at EDs.

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**Case study: Hillingdon Hospital – frailty assessment unit**

Recognising the disproportionate impact that older adults with frailty have on ED performance, admissions and hospital bed days, Hillingdon Hospital used 2022/23 winter funding to develop its Frailty Assessment Unit in order to address these issues.

Following a successful pilot a business case was approved for the unit to continue operating under the new model throughout winter 2022/23 and is now business as usual. Through a combination of avoided admissions and reduced length of stay for patients admitted through the Frailty Assessment Unit, they were able to show a reduction of 127 bed days occupied by inpatients with a Clinical Frailty Score of 5 or more compared to the previous winter.

The frailty team continues to see between 150 and 200 patients a month including 26% of all patients with a Clinical Frailty Score of 6 or more who attend ED and SDEC, and have received good or very good feedback on 100% of the friends and family surveys.

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### 3D. Provide integrated care co-ordination services

- **ICBs and local authorities** working to understand the total demand for services that provide an alternative to an ED attendance for urgent care needs, complemented by a review of capacity across all relevant services, including UCR, community pharmacy and SDEC. Linking this to BCF demand and capacity planning for intermediate care.

- **Systems** working towards having core operational integrated care co-ordination structures as a minimum by October 2024, to help ensure the best response to patient needs, with a focus on paramedic access to clinical advice to support alternative pathways to ED.

- **Systems** ensuring they have plans to surge acute respiratory infection (ARI) capacity as required. For some systems, this may include the provision of ARI hubs, including paediatric ARI hubs for children. Analysis of ARI hub appointments from December 2022 found that ARI hubs can reduce pressure on ED attendance and free up capacity in general practice while improving same day access.

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**Case study: Leeds – Primary Care Access Line (PCAL)**

The PCAL model aims to provide access to a range of services to prevent ambulance conveyance or attendance at ED, specifically for health and care professionals (HCPs), often GPs and ambulance CAS. HCPs are able to have a clinical conversation with PCAL and receive guidance such as direct booking and referrals to SDEC and other secondary care services, as well as pathways to community and out-of-hospital services. The model is nurse-led but the team are drawn from a variety of acute and primary care backgrounds.

The service has grown from 10 calls a day in 2003 to 225 calls a day (over 80,000 calls a year) in 2022/23, with access to over 50 clinical pathways, and Leeds showing lower than average ambulance waits in ED compared to regional peers. The service has particularly high levels of positive feedback from Yorkshire Ambulance Service clinicians and has been nominated by users for national awards.
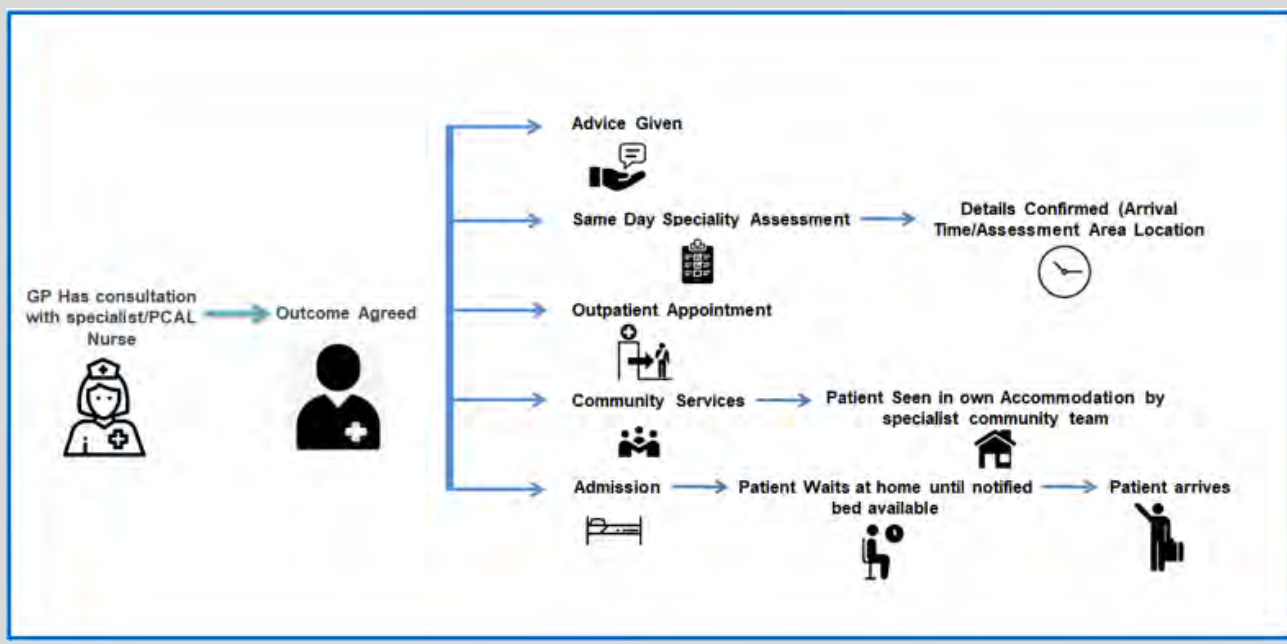
# Annex 3: Joint working between the NHS and local government

The effectiveness of UEC services relies on the NHS, local authorities, and providers of health and care services working together across the UEC pathway. Throughout the last year, there have been excellent examples of ICSs bringing together organisations across health, social care and wider community services to prevent avoidable hospital admissions, improve discharge from hospital, community and mental health settings, and improve outcomes for patients.

During 2024/25, the NHS and local authorities, working with the full range of relevant providers, VCSE organisations and patients, families and carers, will need to build on and strengthen this joint approach, working together with the following goals:

**Build on progress in reducing discharge delays and improving discharge outcomes**

- **Further improvements in demand and capacity plans for intermediate care,** based on reviewing patterns of demand and capacity in Year 1 and Year 2 and ensuring demand and capacity plans link with both NHS planning assumptions for UEC and local authority planning assumptions for adult social care.

- **Further optimisation of care transfer hubs** by implementing the 9 priority areas of focus as set out in the Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge, with a particular focus on cohorts with the most complex needs, including patients experiencing homelessness, complex dementia or mental health conditions.

- **Enhanced focus on improving discharge from community settings,** building on the work done on implementing care transfer hubs in acute settings.

- **Sustained focus on early discharge planning and 7-day discharge arrangements,** working across hospital wards, care transfer hubs, care providers and care homes.

- **Embedding a 'Home First' approach** to support recovery at home.

**A stronger focus on preventing avoidable hospital admissions**

- **Improving proactive care** through collaboration across the NHS, adult social care and related services for people most at risk to prevent people's needs from escalating; for instance, through falls prevention, home adaptations and assistive technology, telecare, and healthcare input into residential and nursing home settings.

- **Providing rapid community-based forms of crisis response** to avoid, where possible, acute hospital stays, including strengthening social care input into virtual wards.

**Joint planning of workforce interventions**

- **Developing the therapy and reablement workforce** needed for high-quality intermediate care.

- Developing the workforce needed to provide **specialist care for people with more complex needs** (for example, dementia nursing).
- Implementing **new workforce models** as set out in the [Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge](#)

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**Case study: Stockport Place, Greater Manchester ICS and Stockport NHS Foundation Trust/Pennine Care NHS Foundation Trust – high intensity use (HIU) service**

Stepping Hill Hospital ED is supported by a HIU service, which identifies the top 250 A&E attenders within a 3-month period for dedicated support. The service is non-punitive, non-medical and is focused on supporting people with 'chaotic' or difficult lives while offering social, emotional and practical support. The impact of HIU services is significant, with a broad estimate of between 300 and 400% ROI, as well as the immeasurable benefits to patients:

James, 47, lived alone and had Crohn's disease and was on a waiting list for a stoma, but his surgery was cancelled. In this time, his mental health rapidly declined, and he attended ED 80 times in 12 months, sometimes twice a day – the majority by ambulance – and resulting in 11 non-elective admissions.

The HIU service adopted an assertive outreach approach, working on meeting his wider social needs including linking into the Crohn's Network for peer support. Furthermore, the HIU lead expeditated the necessary procedure and joined up his care. James' attendances to A&E stopped altogether and his mental wellbeing has improved incredibly. He now feels he can live life to the full and is very grateful for the intervention, saying "I know I can, but I don't want to have to attend A&E ever again."

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To support these objectives:

- **ICBs and local authorities** will already be planning how to make most effective use of the BCF, including the £1 billion Discharge Fund (an increase of £400 million over 2023/24), to provide services that best meet people's needs for community-based care and support and maximise health and independence.

- **NHS England and the Department of Health and Social Care (DHSC)** will continue to work with the NHS and local authorities with the greatest UEC pressures to help develop system-wide improvements, building on the work of the Discharge Support and Oversight Group but with an enhanced focus on admissions avoidance and on flow through intermediate care. This will include further work to spread good practice in capacity and demand planning for intermediate care and in the use of care transfer hubs.

- **NHS England and DHSC**, through the joint Discharge Support and Oversight Group, will use data on discharge delays and reported reasons for discharge delays, alongside other available data, to measure progress across the NHS and local authorities in improving discharge, including improving flow through both bed-based

and home-based intermediate care, whether NHS commissioned, local authority commissioned or jointly commissioned.

- **NHS England and DHSC** will go further to align and improve the universal and targeted support available through NHS England and the BCF support programmes.

# Annex 4: Learning from UEC tiering

Analysis of the UEC tiering approach has shown that Tier 1 and Tier 2 improvement over the last year has been material, particularly in 4-hour performance.

Although all tiers have shown a percentage point increase in key metrics since UEC tiering support commenced. Tier 1 and Tier 2 systems with a Type 1 ED have shown a greater percentage point increase in some of these metrics. As can be seen in the chart below, Tier 1 trusts saw a 3.6 percentage point improvement in 'All Type' 4-hour performance and a 4.9 percentage point improvement in 'Type 1' performance. Tier 2 systems in turn showed a greater improvement than Tier 3 in reduced ambulance handover delays.

**Improvement by percentage point in tiering metrics (original cohort)**
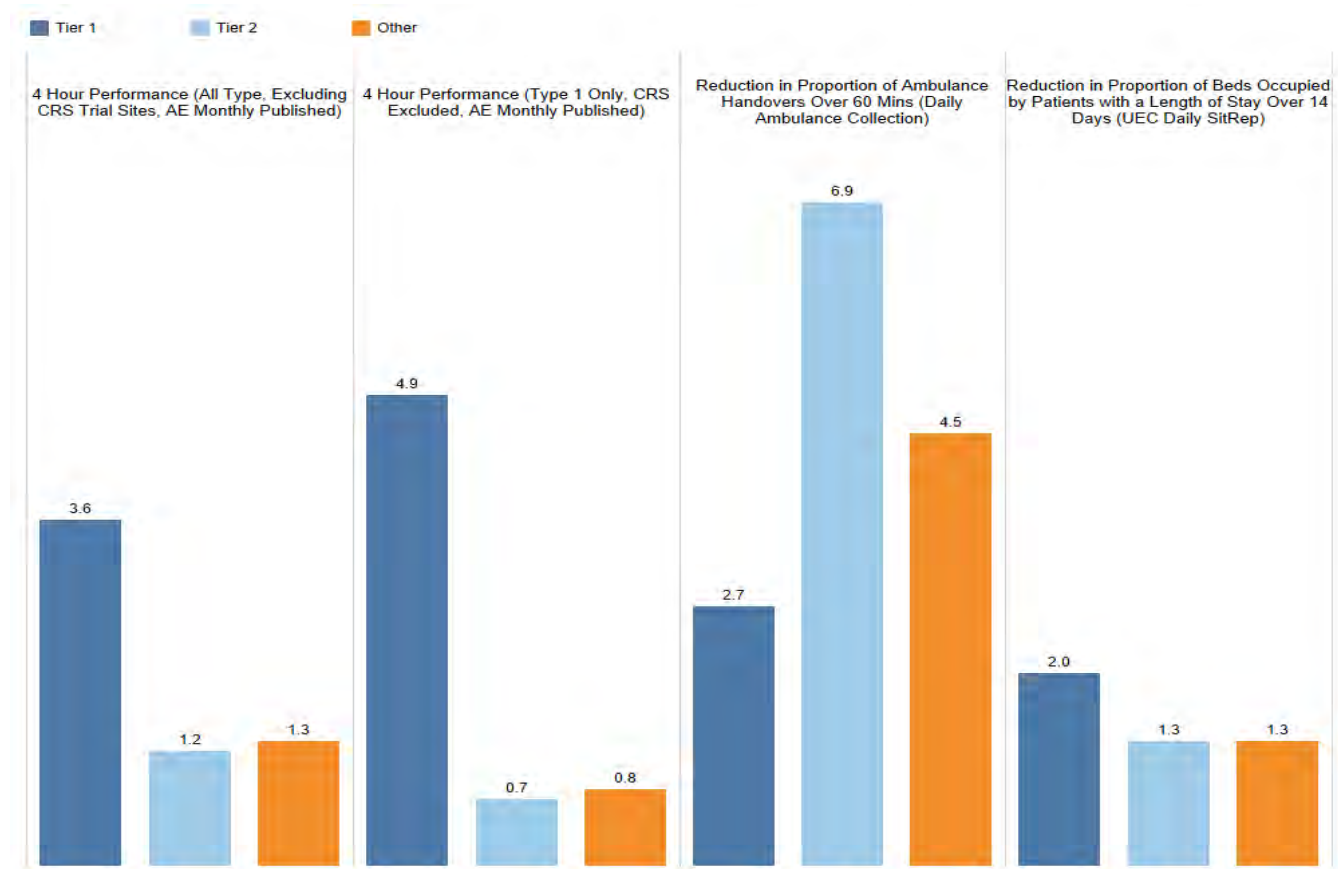


Early findings from reviews of tiering support indicate that this approach works best where:

- strong system leadership provides system accountability and assurance of delivery and long-term, sustainable improvement

- collective, system-wide improvement is delivered through collaboration across the entire UEC pathway, including primary care, community services and mental health

- improvement approaches and performance oversight are supported and driven by data

- prioritisation of improvement opportunities is focused on the interventions that will have the greatest patient impact

**NHS England**

To:
- Integrated care board:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
- Integrated care partnership chairs
- NHS trust:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
- Regional directors

CC:
- Local authority chief executives

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

26 June 2024

Dear colleagues,

**Action required: Maintaining focus and oversight on quality of care and experience in pressurised services**

Thank you for everything that you and your teams continue to do to provide patients, the public and people who use our services with the best possible care during the period of sustained pressure that colleagues in all health and social care services are experiencing.

Despite the hard work of colleagues, and everything they are achieving in the face of these challenges, we would all recognise that on more occasions than we would like, the care and experience patients receive does not meet the high standards that the public have a right to expect, and that we all aspire to provide.

However busy and pressurised health and care systems are, people in our care – as well as their families and carers – deserve at all times to be treated with kindness, dignity and respect. This week's Channel 4 Dispatches documentary, filmed in the Emergency Department at Royal Shrewsbury Hospital, was a stark example of what it means for patients when this is not the case. While Urgent and Emergency Care (UEC) is facing real pressures as a result of increasing demand, lack of flow and gaps in health and social care capacity,

the documentary highlighted examples of how the service some patients are experiencing is not acceptable.

We are therefore asking every Board across the NHS to assure themselves that they are working with system partners to do all they can to:

- provide alternatives to emergency department attendance and admission, especially for those frail older people who are better served with a community response in their usual place of residence
- maximise in-hospital flow with appropriate streaming, senior decision-making and board and ward rounds regularly throughout the day, and timely discharge, regardless of the pathway a patient is leaving hospital or a community bedded facility on

These interventions are clearly set out in the UEC recovery plan year 2 document, and it is evident from the data that those systems with fewer patients spending over 12 hours in an emergency department are doing a combination of all of them, consistently, with direct executive ownership.

In addition, wherever a patient is receiving care, there are fundamental standards of quality which must be adhered to. Corridor care, or care outside of a normal cubical environment, must not be considered the norm – it should only be in periods of escalation and with Board level oversight at trust and system level, based on an assessment of and joined up approach to managing risk to patients across the system (through the OPEL framework). Where it is deemed a necessity – whether in ED, acute wards or other care environments - it must be provided in the safest and most effective manner possible, for the shortest period of time possible, with patient dignity and respect being maintained throughout and clarity for all staff on how to escalate concerns on patient and staff wellbeing.

While these pressures are most visible in EDs and acute services, they are also wider issues which need whole-system responses, including local authorities, social care and primary and community services. There is therefore a shared responsibility to ensure that quality (patient safety, experience, and outcomes) is central to the system-level approach to managing and responding to significant operational pressures.

In achieving this, Board members across ICS partners should individually and jointly assure themselves that:

- their organisations and systems are implementing the actions set out in the UEC Recovery Plan year 2 letter
- basic standards of care, based on the CQC's fundamental standards, are in place in all care settings
- services across the whole system are supporting flow out of ED and out of hospital, including making full and appropriate use of the Better Care Fund
- executive teams and Boards have visibility of the Seven Day Hospital Services audit results, as set out in the relevant Board Assurance Framework guidance
- there is consistent, visible, executive leadership across the UEC pathway and appropriate escalation protocols in place every day of the week at both trust and system level

- regular non-executive director safety walkabouts take place where patients are asked about their experiences in real time and these are relayed back to the Board

In line with the NHS operating framework, regional COOs, chief nurses and chief medical directors will continue working with ICB colleagues across systems (CMO, CNO, COO/CDOs) and trusts to support a planned approach to clinical and operational assessment of system pressures and risks, ensuring an integrated approach to any tactical response and balancing clinical risk across the system. This collaboration should include provider CEOs, system executives, local authority, and third sector partners where applicable.

Where any organisation is challenged we will work with you to use the improvement resources at our disposal, including clinical and operational subject matter expertise from the highest performing organisations, GIRFT, ECIST and Recovery Support. We also have a joint improvement team with the Department for Health and Social Care for complex discharge led by Lesley Watts, CEO of Chelsea and Westminster. If you are unclear how to ask for help in any of these areas, please do so via your regional COO in the first instance.

We recognise that all colleagues across health and social care are working extremely hard in very difficult circumstances, and that UEC is not the only pathway in which this is the case. However, there are interventions and standards that do make a difference and can address much of the variation in quality and waiting times across the country, and it is incumbent on us all to do everything we can to ensure that the poor quality of care we saw on Monday evening is not happening in our own organisations and systems.

Yours sincerely,

**Sarah-Jane Marsh**

National Director of Integrated Urgent and Emergency Care and Deputy Chief

Operating Officer

NHS England

**Dr Emily Lawson DBE**

Chief Operating Officer

NHS England

**Professor Sir Stephen Powis**

National Medical Director

NHS England

**Dame Ruth May**

Chief Nursing Officer

England

## REFERENCES
<span style="float:right">Only PDFs are attached</span>

📄 CGo.7.24.5c Section B - Report from the Chief Executive.pdf

📄 CGo.7.24.5c Section B - Appendix 1 - 2024 02 06 QIG Update letter BTH Final.pdf

📄 CGo.7.24.5c Section B - Appendix 2 - PRN01107 4HS and 76% letter  NEY 250124.pdf

📄 CGo.7.24.5c Section B - Appendix 3 - PRN01161_Letter re Multi-factor authentication_February 2024.pdf

| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | 18 July 2024 | Agenda item | CGo.7.24.5c |

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## Report from the Chief Executive

| Presented by | Professor Mel Pickup, Chief Executive | |
|---|---|---|
| Authors | Katie Shepherd, Corporate Governance Manager | |
| Lead Director | Professor Mel Pickup, Chief Executive | |
| Purpose of the paper | The report provides the Council of Governors with a summary position with regard to our Patients, People, Place and Partners since the last report to the Board in March 2024. | |
| Key control | N/A | |
| Action required | For assurance | |
| Previously discussed at/ informed by | Board of Directors – 14th March 2024 | |
| Previously approved at: | **Committee/Group** | **Date** |
| | | |
| | | |
| **Situation** | | |

### 1. Patients

**Quality Improvement Group Bradford Teaching Hospitals- Neonatal Key Line of Enquiry**

On the 26th January 2024 I attended the BTHFT Quality Improvement Group (QIG) made up of representatives of the NHSE regional office, WY ICB clinical leads, Specialised Commissioning, and the Care Quality Commission (CQC). The QIG process was instigated by our regulators NHSE, in response to the serious allegations made by the former chair upon his resignation from the Trust relating to our neonatal services and concerns about leadership within the trust.

Over a number of months the QIG has been reviewing evidence,(such as Trust Board papers, Quality and Patient Safety Academy papers and our investigatory processes in relation to the  Serious Incidents our undertakings in respect of  the, duty of candour and learnings and actions taken in response to those - the appropriateness and timeliness of those actions. They have been meeting staff and there has,  over that same period,  been formal inspections of our neonatal and maternity services respectively. I am however delighted to report that as you will note from the letter included in this report at appendix 1, that on the matters relating to the care of babies in our neonatal unit, the reporting and learning from incidents, the Board governance and transparency of this, that they have received significant assurance and have closed this line of enquiry. This is welcome news not just for the families of Bradford who rely on those services and whose confidence in them may have been affected by what they read in national and local press, but also for our clinical teams who are passionate and proud of the services they deliver and continue to  strive to improve the safety, effectiveness and user experiences of their unit.

The letter and the findings on which it is based finally gives external validation that the neonatal service is safe and high quality and clearly chronicles that the Board and the Quality and Patient Safety academy were fully sighted throughout on all matters subsequently raised as concerns.

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I'd like to thank the clinical teams on the neonatal unit for their professionalism and cooperation throughout this difficult period, something which was also comment upon by the QIG team.

- **Operational Update**

**Industrial Action**

As at the end of February 2024 the Trust has responded to the following periods of Industrial Action (IA):

| Union | Dates | Duration |
|---|---|---|
| RCN | 20 & 21 Dec 2022 | 24 hours |
| RCN | 6 & 7 Feb 2023 | 24 hours |
| BMA JD | 13 – 17 March 2023 | 72 hours |
| RCN | 30 April – 1 May 2023 | 28 hours |
| BMA JD | 11 – 15 May 2023 | 96 hours |
| BMA JD | 14 – 17 June 2023 | 72 hours |
| BMA JD | 13 – 18 July 2023 | 120 hours |
| BMA Consultants | 20- 22 July 2023 | 48 hours |
| BMA JD | 11- 15 August 2023 | 96 hours |
| BMA Consultants | 24-26 August 2023 | 48 hours |
| BMA Consultants | 19-20 September 2023 | 48 hours |
| BMA JD | 20-22 September 2023 | 72 hours |
| BMA Consultants | 2-5 October 2023 | 72 hours |
| BMA JD | 2-5 October 2023 | 72 hours |
| BMA JD | 20-23 December 2023 | 72 hours |
| BMA JD | 3-9 January 2024 | 144 hours |
| BMA JD | 24-28 February 2024 | 113 hours |

IA continues to impact on elective activity leading to a required reduction in elective surgery and a reduction in outpatient appointments in order to allow sufficient clinical capacity to maintain cover for acute services during the affected days.

The loss of activity associated with the February Junior Doctor (JD) Strike is demonstrated below:

- Outpatients Routine 701 cancelled 15% of total booked
- Outpatients Cancer 255 cancelled 45% of total booked
- Inpatients (excluding colonoscopy's) 25 cancelled 61% of total booked
- Day cases 42 cancelled 48% of total booked.

It is likely that further periods of JD IA will occur and we believe that the BMA is currently out to ballot for continued JD strike action.

Our clinical and operational teams have continued to prioritise clinically urgent patients given the significant non-elective demand expected during this period of the industrial action.

**Planning Guidance 2024/25**

In the absence of formal planning guidance,  we are developing our operational, finance and workforce plans based on the information already available to us and conversations with the West Yorkshire locality team at NHSE. As a system we are working to an agreed set of principles aligned to improving performance and achieving financial balance.  We are committing to meet the expectations set for Urgent & Emergency Care (ECS at 77% and ambulance turnaround <30 mins), Cancer Waiting Times (FDS at 77% and 62 Day FT at 70%), and Referral to Treatment (no 65 week waits by September 2024) whilst also increasing activity and improving diagnostic waiting times. This has been indicated in the returns made at the end of February and will be finalised in the return due at the end of March, before which further triangulation between Finance, Workforce and Operational plans will be undertaken to ensure emerging information from national and regional colleagues has been incorporated. 2024/25 will be a very difficult year, which will likely impact on the priorities we set ourselves and the decisions we make.  Achieving these targets across our balanced scorecard will be a significant ask and will require a stepped change in our coordinated efforts to deliver them and potentially our risk appetite when impact assessing proposals.

- **Performance**

BTHFT continues to benchmark positively against the Emergency Care Standard at a WYAAT, Regional and National level. Considerable progress has been made to expedite care for patients with conditions that do not require admission treated via our Urgent Care Centre and Ambulatory Emergency Care Unit (AECU).

The AECU has resulted in a reduced admission rate which is alleviating some pressure on beds across the Trust. Unfortunately, winter demand and delays for patients requiring intermediate care beds or packages of care has meant occupancy has increased to very high levels. As a result, some patients do continue to have an extended length of stay in the Emergency Department (ED) whilst awaiting a bed. We continue to engage at system level to address this issue.

Having performed strongly with respect to timely ambulance handover and expanded our ambulance assessment in preparation for winter our performance has taken a step back with a change in the YAS ambulance process with the handover clock starting earlier based on GPS and a drift in compliance with the electronic sign out that concludes the process. YAS continue to support recovery with a Hospital Ambulance Liaison Officer (HALO) coordinating YAS crews within the ED.

Work to reduce elective waiting times has continued but industrial action means we are now slightly behind the trajectories set in our annual plan. This is a position shared by all acute Trusts and we continue to benchmark well despite the challenges. Ongoing IA is likely to result in some patients

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remaining over 65 weeks on our RTT incomplete waiting list at year end. This is a position recognised nationally and the expectation is now for clearance by September 2024 which we are confident we will meet. Elective activity will increase in 2024/25 with the opening of the SLH Day Case Unit and diagnostic activity will also increase, in part due to the opening of the Community Diagnostic Centre (CDC). The CDC is an excellent facility at Eccleshill and the project with SRO support provided by our COO/Dep CEO. The official opening event took place on the 27/02/2024 and received local and regional coverage.

Suspected cancer referrals remain significantly higher than previous years and increased further over summer, specifically for skin cancer. Diagnostic turnaround times for imaging and histopathology increased during this same period leading to a deterioration in our cancer performance but we have made inroads that have stabilised and now recovered our position for diagnosis and are working to reduce treatment wait times into Q4. The continued commitment to prioritising outpatient and theatre capacity for cancer pathways will help recover the position. The Trust benchmarks well for cancer performance and is focussed on further pathway improvements, working with system partners on earlier diagnosis and implementing optimal pathways when cancer is suspected.

- **St Luke's Day Case Unit (SLH DCU)**

The development of SLH DCU is progressing, however the target for handover has now shifted to the end of May 2024 as opposed to mid-April 2024. This is due to contractor delays, and we continue to work with the Darwin Group to try and ensure no further slippage of the practical completion date. The facility will provide much needed ringfenced capacity for our day case patients.

The Clinical Pathways and Workforce groups are progressing procurement of equipment and recruitment of colleagues for the Go Live.

The programme is being managed through a dedicated Programme Board chaired by Sajid Azeb, Chief Operating Officer & Deputy Chief Executive reporting into the Capital Strategy Group.

- **Endoscopy Unit (BRI)**

The Trust was successful in securing £24.8m capital funding for a new 8 room Endoscopy unit. A Programme Board has been established, chaired by Sajid Azeb, who are responsible for coordinating the work to ensure delivery of the scheme which is due to complete in 2025.

Work to select a principal contractor has progressed and Robertsons have been awarded the contract to help develop the design to the next stage of completeness and establish the site mobilisation plan. Enabling works are progressing at the current time and will involve the relocation of the green portacabins currently occupying part of the area identified for development. This will involve the relocation of a number of staff from this area to another location on Trust premises. Planning permission for the enabling works and the final scheme have been submitted and we anticipate a decision by the end of March 2024.

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## 2. People

- **NHS Staff Survey 2023**

The NHS Staff Survey was undertaken between Wednesday 20th September 2023 and Friday 24th November 2023. The staff survey is a measure of how we are performing as an employer from the perspective of our staff and provides us with an understanding of where we can learn and improve. The staff survey is planned for discussion on the Trust Board agenda however it is important to highlight that we have had significantly improved results compared to the previous years survey which at the time was a significant improvement. The staff survey improvements have come off the back of a difficult period of time for the NHS and our Trust in particular and during a period of prolonged industrial action. The overall response rate for the survey was 43% which is an increase of 6% on the 2022 staff survey.

- **Financial Wellbeing**

We launched a new option for colleagues who work bank shifts to access their pay more quickly. Flexible workforce colleagues launched the new offer at the BRI concourse with a stall between 10am and 3pm on Thursday, 29th February offering colleagues the opportunity to find out more about this instant pay option, run by Wagestream, which is available to all bank staff.

The new system means that once a bank shift has been worked and finalised for payment, colleagues can access 50% of their pay for the shift, providing greater flexibility to access pay early. Whilst there is a small charge for the service it offers our staff further flexibility on pay.

- **Equality Delivery System Engagement**

At the end of February, we held two important engagements events as part of our annual Equality Delivery System review. We held an event for staff on 29th January and an event for the voluntary and community section of 1st February. Both events provided a great opportunity to showcase the excellent work we are doing as a Trust to advance equality, diversity & inclusion and to gather feedback on area's where we can make improvements. As a Trust we achieved an EDS rating of 'achieving' (indicating we are doing what is required, but there is still some scope for improvement). Outcomes of the EDS review will be published on the Trust website.

- **Race Equality Week and RESIN**

The theme for this year's Race Equality Week, which took place 5th – 11th February 2024 was: '#Listen, Act and Change,' and the Trust's Race Equality Staff Inclusion Network (RESIN) ran an event to raise the profile of race equality on Tuesday 13th February on the main concourse to coincide with celebrations for the Chinese New Year. The event was well received, and the network signed up a further 74 members as a result.

Colleagues from across our partnership were also encouraged to attend a wide range of events and webinars, including the "creating change" series, where Kez Hayat, Head of Equality, Diversity &

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Inclusion at BTHFT was invited as a guest speaker to talk about his own career journey and experiences of making changes in the workplace to tackle racism and inequality.

We also saw the launch of the second stage of the Root out Racism movement, which aims to drive an anti-racist culture change, where staff are confident to challenge unconscious and conscious bias, creating a system where institutional racism that perpetuates inequality, favouritism and unfair outcomes is seen as and dealt with as any other serious incident.

- **Celebrating LGBT⁺ History Month (February 2024)**

At the end of January, the LGBT⁺ staff equality network published an article in Let's Talk to showcase some of the excellent work the network is doing across the Trust and at place level. This was also an opportunity to generate support for the LGBT+ History Month celebrations. The LGBT⁺ staff equality network, along with colleagues from the EDI team came together on 19th February on the main concourse at BRI to raise the profile of LGBT⁺ equality, sharing information about the network and freebies with staff. They also arranged a 'trolley dash' taking refreshments and information about staff equality networks and how staff can support the LGBT⁺ services users by joining the Rainbow Badge scheme.

## 3. Place

- **National context and policy development**

**Arrangements for delegation and joint exercise of statutory functions**

NHS England has published guidance for NHS bodies to help support new collaborative working arrangements that are possible between NHS organisations and local government following implementation of the Health and Care Act 2022. This updated guidance supersedes that previously issued in September 2022. Locally we will continue to use our Bradford District and Craven Health and Care Partnership Board - as a committee of the NHS West Yorkshire ICB - to strengthen the way we work together linking through to our strategic partnership agreement. In addition, we will work at scale across West Yorkshire, including involving the West Yorkshire Combined Authority, where policies can be developed and are suited to a regional level.

**Advanced Pharmacy First service launched**

On 31 January 2024, a new Pharmacy First advanced service was launched, with over 10,000 pharmacies registered nationally to provide support to local communities. The new Pharmacy First Service will enable community pharmacists to complete episodes of care for patients without the need for the patient to visit their general practice. This, alongside expansions to the pharmacy blood pressure checking and contraception services, is designed to reduce pressure felt by GP practices by providing quicker and more convenient care, including the supply of appropriate medicines for minor illness. Information for patients is being shared as part of national, regional and local communications campaign. An easy to follow guide is also available on the gov.uk website.

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**Measles, mumps and rubella**

The United Kingdom Health Security Agency (UKHSA) has declared a national incident following measles outbreaks in London and West Midlands, as well as increasing numbers of cases across the country. Most of the cases have been in children under the age of 10 years with many outbreaks linked to nurseries and schools. They have done this because unless urgent action is taken, we are likely to see the measles virus spreading in areas with low MMR vaccine uptake. UKHSA will coordinate the investigation and response to the rise in measles cases to reduce spread of infection. The NHS have launched a national campaign for missed MMR vaccines – GPs sent letters to parents of all unvaccinated 6-11yrs olds, inviting them to book a vaccine. The current national situation is directly linked to the low levels of MMR vaccination in our district. The measles catch up campaign started in November and the immunisation teams have already identified areas of likely low coverage.

**Health Secretary announces new women's health priorities for 2024**

Speaking at a women's health summit in January 2024, the Rt. Hon Victoria Atkins MP, Secretary of State for Health and Social Care outlined the new women's health priorities for 2024. This builds on the work carried out to date on the Women's Health Strategy which was launched in July 2022. The Secretary of State's update included an ambition to rollout women's health hubs in every local health area.

We are planning for our first women's health hub for Bradford District and Craven. Our model of delivery will see us using our existing wellbeing hubs and health sites to accommodate services you would traditionally find in a women's health hub, giving a connection to each of the localities we serve. We are supporting and coordinating work at place focusing on screening (cervical, STI) and contraception (LARC, emergency contraception, TOP). Additional interventions, including mental health support or signposting will be considered as part of the approach. We are developing a bank of online video resources aimed at providing women with helpful information about various women specific health issues, such as menopause, produced in a number of community languages. We will also be working closely with VCSE partners to provide grants that support community-based services for women.

**Disposable vapes banned to protect children's health**

Following a national consultation on smoking and vaping, the Government has announced that disposable vapes will be banned. Vaping alternatives - such as nicotine pouches - will also be outlawed for children who are increasingly turning to these highly addictive substitutes. The ban forms part of a range of measures being introduced to help achieve a smokefree vision. Smoking remains the single biggest cause of preventable illness and disease in the UK. Locally we have continued our efforts, through public health, to implement our tobacco free vision recognising the significant health impacts smoking has on people's health and our wider health and care system. Locally anyone looking to quit can contact Bradford Stop Smoking Service at StopSmokingService@bradford.gov.uk or call 01274 437700. People in Craven can contact the Living Well Smokefree service for North Yorkshire by using an online form or calling 0300 131 2131.

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**National review into mental health inpatient services**

The Healthcare Services Safety Investigations Body (HSSIB) has published its terms of reference in a bid to help improve patient, staff and community safety. HSSIB and its predecessor, the Healthcare Safety Investigation Branch (HSIB), has worked since June 2023 to determine the scope of the investigation and have been reviewing relevant evidence.

The aims of the investigation include:
- learning from inpatient mental health deaths
- improving patient safety
- helping to provide safe care during transition from children and young people to adults in mental health services
- creating conditions for staff to deliver safe and therapeutic care

HSSIB will engage with patients, families and carers, as well as local and national healthcare organisations, as part of its review. As an ICB and as a place-based partnership we will closely monitor the review, contribute if asked to and learn from the findings and recommendations once the review is completed.

- **West Yorkshire Health and Care Partnership activity and implications for Bradford District and Craven place partnership**

**West Yorkshire ICB operating model review**

We are continuing to provide support for ICB staff following the recent review and publication of the revised operating model staffing structures. This includes individual support and a focus on organisational development (OD) work, to focus on new ways of working, continued wellbeing offers, practical skills and coaching to prepare staff participating in selection or being made redundant. The outcomes of the operating model review will impact on the work we do at place as we will be working with a reduced staffing base. We are working with partners to understand what this means for operational delivery of our place-based partnership functions.

**Response to the BRAP Report 'Too hot to handle'**

'Too hot to handle' is a report that has been published by national charity BRAP, that looks into health service's efforts to tackling racial discrimination. The report argues there is a culture of avoidance, defensiveness, and minimization of racism within NHS trusts. Our West Yorkshire Health and Care Partnership has responded with an open letter recognising the findings of the report and showing how we are already demonstrating that so many elements of the report's recommendations are already being actioned locally. In Bradford District and Craven we are well underway with planning for the second stage of the Root Out Racism movement, taking the lead for West Yorkshire in re-energising the movement at place.

**Thank you letter in response to seasonal pressures**

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A letter of thanks was issued by the NHS West Yorkshire ICB in recognition of the work of all colleagues across all sectors in response to seasonal pressures. This year has seen a number of issues coming together to create an additional level of challenge to our health and care system. The letter, issued both on behalf of the ICB and the West Yorkshire Health and Care Partnership Board, acknowledges the work that colleagues have carried out during one of the busiest periods ever for health and care services.

**People's experiences of end of life care in West Yorkshire**

NHS West Yorkshire Integrated Care Board (WY ICB) approached Healthwatch in West Yorkshire after committing to developing an end of life care vision to ensure residents of West Yorkshire receive the support they need and can die in a place of their choice, with consideration given to what and who matters to them. NHS West Yorkshire Integrated Care Board (WY ICB) commissioned Healthwatch in West Yorkshire to gather the views and experiences of people living in each of the five places who receive end of life care (or have a loved one who does), in relation to the six ambitions set out in the national Ambitions for Palliative and End of Life Care framework. The findings from this project have now been published. Further work will take place through Healthwatch Bradford and District to ensure we capture the views of our culturally and ethnically diverse communities.

**Changes to medical certification of death**

Following campaigning by local communities, MPs, and partners within the ICS including local clinicians as well as others from around the country, the government has published draft regulations to take effect from April 2024 as part of the Death Certification Reforms. This will facilitate faster release of bodies for burial following death, which is important for our communities in enabling religious observance and will improve the experience of bereaved people. We continue to engage with local communities and stakeholders to help people understand how this will affect them and their planning for funerals and burials. There is work ongoing to ensure we have established effective pathways that local clinicians can follow to ensure we follow both the legal process and help people sensitively during a particularly emotional time.

**Find out how you really are**

With the new rugby league season now starting and the cricket season preparing for launch in spring, the NHS in West Yorkshire is working with local clubs to encourage supporters to 'Find out how you really are.' The new initiative encourages people to take steps to understand and reduce their risk of developing diabetes or experiencing a heart attack or stroke. It's estimated that approximately 300,000 people across the region are unaware that they have high blood pressure. Persistent high blood pressure can increase the risk of several serious and potentially life-threatening health conditions, including stroke. Locally we have developed a number of initiatives - including Bradford Beating Diabetes, Bradford Healthy Hearts and Bradford Breathe Better - with the learning from these helping inform campaigns and programmes such as this one.

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- **Bradford District & Craven Partnership progress and issues to note**

**Latest update from closing the gap programme: meeting our financial challenge**

Our [closing the gap programme](#) has been set up to help us - across our Bradford District and Craven Health and Care Partnership - take a collective approach to the incredibly challenging financial situation affecting all of our individual organisations. We are involving all sectors of our partnership in an open and transparent way to close the gap we currently have between the budget available and our current expected spending across all sectors.

Our [latest update](#) (opens in Microsoft Word) describes the current financial position for Bradford District and Craven, with an anticipated deficit of between £80-£90m across our combined NHS budget in place. This is in addition to wider, financial pressures on our key partners. You can read more on the progress we've made in setting up partnership and governance structures to oversee the closing the gap programme.

**Bradford Council's finance position**

The consultation for Bradford Council's budget proposals has closed. We did however submit a response on behalf of our wider partnership, with a specific focus on some of the impacts on health and care, outlining our thoughts on the budget proposal. In our response we recognised the complexities and interdependencies of decisions facing all of us across all sectors across our partnership and very much want to work together to find solutions that mitigate impacts as much as possible within the resources available to us.

**Racism causes poor mental health and prevents people accessing support**

Experiencing racism increases a person's chances of having poor mental health but also makes it harder for them to get the right support, according to a new report from Centre for Mental Health. The report, [Pursing racial justice in mental health report](#), is based on research in Bradford District and Craven on the ways in which voluntary and community organisations locally support people with their mental health. It finds that racism not only causes poor mental health in the first place, it also stops people getting into services, and it impedes their recovery. Research shows that racism, in its many manifestations, can cause psychological trauma, anxiety and depression but it also stops people from getting help when they need it.

Following the findings of the Centre for Mental Health's report and recommendations, a multi-agency project team - representing stakeholders from Bradford Council, NHS, VCSE, people with lived experience and the Bradford District and Craven Health and Care Partnership's Reducing Inequalities Alliance - was brought together to establish a specialist service to meet the needs of ethnically and culturally diverse communities.

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I'd like to acknowledge the work that's taken place that included having challenging and uncomfortable conversations that demonstrate and reaffirm our commitment to tackling racism and any other inequalities head on.

**Healthy Minds Summit**

Over 200 people joined us at this co-produced event which took place at the end of January to come together and share ideas and experiences that will drive the work of our refreshed Healthy Minds strategy. The Healthy Minds strategy drives the work of the Healthy Healthy Minds priority area, with the aim of achieving better lives and improving support we offer to people with mental health, substance use needs, learning disabilities or are neurodiverse so that people can live happy, healthy at home. As well as launching our refreshed Healthy Minds strategy, we also formally launched our revamped Healthy Minds website (www.healthyminds.services). I'd like to say thank you to event hosts Madeyah Khan and Matthew Riley, who shared their lived experience and expertly guided the day.

**Root Out Racism**

During Race Equality Week (5-11 February) we reaffirmed our commitment to the Root Out Racism movement. To do this we have prioritised:
- the maternity journey and experiences of black and south Asian women
- mental health support in the community for ethnically and culturally diverse communities
- supporting young people into employment from ethnically and culturally diverse communities
- addressing educational inequality in minoritised communities.

Action that is being taken as part of these priorities includes mandatory training and development for staff across all sectors, clear representation of ethnically diverse staff across organisations in the district, listening and engaging with ethnically diverse communities and sharing their stories and lived experience of racism.

**Minister praises 'heartening' progress of Bradford District's Family Hubs**

Health Minister Andrea Leadsom, MP and Parliamentary Under Secretary of State, said Bradford District's Family Hubs and Start for Life programme has made 'heartening' progress, at her visit to Farcliffe Family Hub, Bradford, on 2 February.

I'd like to say a thank you to the colleagues from our partnership who were involved in the ministerial visit, showcasing the amazing work we do with our partners to support families across the Bradford District through the Family Hubs and Start for Life programme. Colleagues can access information dedicated to professionals and practitioners on the FYI website. You can also sign up for the monthly Family Hubs and Start for Life newsletter – with information for families and professionals it's a valuable resource for keeping up to date with services and news across the Bradford District.

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**Bradford District and Craven case study in 'Keep it local for better health' report**

A new national report, 'Keep it local for better health: How Integrated Care Systems can unlock the power of community', has been launched by Locality, a national membership network for community organisations.  Keep it Local for Better Health describes an approach for integrated care systems (ICSs) to achieve their priorities by unlocking the power of communities through six Keep it Local principles. The 'Keep it local for better health' report includes a case study (see page 23) on our community partnerships in Bradford District and Craven. Carlton Smith, Chief Executive for Bradford Trident and Clare Dinsdale Head of Community Partnerships and Localities Development for our place-based partnership presented at the launch of report.

**Covid inquiry team visits Bradford**

With thanks to the Bradford Care Association, the views of the independent care sector were shared with members of the Covid inquiry team. This was part of the Covid Inquiry's Every Story Matters activity that is encouraging people to share their experiences of the pandemic and how it affected them. During February the Covid Inquiry team was keen to hear more about the experiences of people working in social care locally. In addition, they held two drop in events at Forster Square Retail Park for wider members of the public to share their own stories. People are still being encouraged to share their story https://covid19.public-inquiry.uk/every-story-matters/

**Congratulations Professor Abbas**

I'd like to congratulate Dr Sohail Abbas on his appointment as Honorary Professor at the University of Bradford within the Faculty of Life Sciences. Dr Sohail Abbas is the Director – Population Health and Inequalities, Bradford District and Craven Health and Care Partnership and Deputy Medical Director - NHS West Yorkshire Integrated Care Board.

## 4. Partners

- **WYAAT Committee in Common (CiC) meeting, 30th January 2024**

I attended the WYAAT CiC meeting on 20th January 2024, where we discussed the financial position, and approved the WYAAT Strategy and 2024/25 Plan. We had a strategy focused session on pharmacy aseptics and NSO,  and received the programme executive and collaborative reports. We also discussed the upcoming WYAAT conference: Innovation through collaboration.

- **WYAAT Programme Executive, 6th February 2024**

I attended the WYAAT Programme Executive on 6th February 2024 where we considered the commercial model for imaging network maturity, reviewed the CiC actions including workforce priorities, the April meeting plan and discussed external invites, and looked at the system financial recovery lessons learned. We also discussed key themes for the upcoming WYAAT all executive event.

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- **WYAAT All Executive Meeting, 5ᵗʰ March 2024**

Myself and other Executives joined the WYAAT All Executive meeting on 5ᵗʰ March 2024 where we had a detailed discussion on the financial position and operating context, and then undertook three separate sessions on opportunity identification, framework for assessment and implementation, and delivery leadership.

- **West Yorkshire Partnership Board Meeting, 5ᵗʰ March 2024**

I joined the West Yorkshire Partnership Board meeting in public in Leeds City Centre on 5ᵗʰ March 2024, at which we received the Fair Work Charter and agreed to issue a call for action for the adoption of this, received an update on progress made to date with the WY Creative Health System, and supported the proposal that the West Yorkshire Health and Care Partnership becomes the first "Keep it Local" Integrated Care System in the country. We also noted the collective action taken to understand and address AMR as a system to date; the challenges faced and support the recommended actions proposed. In relation to climate change, we acknowledged the strategic requirements for addressing climate change as a Partnership and agreed to formally incorporate environmental (and social) sustainability considerations into all future WY Partnership board papers.

## 5. National Reports

### Implementation of first phase of Martha's Rule

Martha's rule is something we are keen to be part of. We were heavily involved with some of the background work to this, namely the 'worries and concerns' pilot which has gone on over the past year. There was one trust represented in each region, and we were it for our region. There was concern that the right to a 'second opinion' would generate more work, but that has not been borne out in practice. It has been well-received by patients, staff and families. We meet the requirements of a first wave Trust (24/7 critical care outreach provision) and would be keen to be part of it. There are no details yet on the expression of interest process. There is money available, but again no detail on that.

The report can be access here: https://www.england.nhs.uk/long-read/implementation-of-first-phase-of-marthas-rule/

### Review of Midwifery Education and Training and Newly Qualified Experience: Thematic Analysis HASKE report

The findings into this report into the experiences of newly qualified midwives will be incorporated into the midwifery preceptorship plans and the nursing and midwifery recruitment and retention plan.

The report can be access here: https://www.england.nhs.uk/publication/review-of-midwifery-education-and-training-and-newly-qualified-experience-thematic-analysis/

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**Safe Learning Environment Charter Launch Letter**

The letter can be access here: https://www.england.nhs.uk/long-read/safe-learning-environment-charter/

**Urgent & Emergency Care (UEC) Recovery Plan**

The letter issued by NHSE colleagues on 25thJanuary 2024 outlines the need for continued focus on the ambition to improve to at least 76% performance against the Emergency Care Standard this year with further improvements planned for next year. In addition there is an ask to ensure delivery of the ambulance response times for category 2 incidents to 30 minutes on average over 2023/24. In specific there is a requirement that all provides achieve the 76% during March and there is an ask to ensure that the following initiatives are fully implemented:
- o Streaming and redirection
- o Rapid Assessment & Treatment
- o Maximising the use of UTCs
- o Improving ambulance handovers
- o Reduce time in department

At BTHFT we have all suggested initiatives in place and are currently compliant with the 76% ambition. We continue to input into the daily ICB performance meetings and have been asked to share the good work undertaken at BTHFT at both the regional and national workshops.

The report can be access at appendix 1.

**Leadership Competency Framework for Board Members**

A new leadership competency framework has now been launched for leaders in the NHS and will apply to all board members across the Trust. The framework was a recommendation of the Kark review in 2019, it sits alongside the Fit and Proper Persons Test for board members. The framework has 6 domains that that require board members to have specific skills, knowledge and behaviours to undertake a board role. The competency framework will be part of the annual appraisal and will require board members to demonstrate proficiency against the framework.

The framework can be accessed here: https://www.england.nhs.uk/publication/nhs-leadership-competency-framework/

**Multi-factor Authentication Letter**

**User Access**
End user devices with VPN (Virtual Private Network) are secured with the addition of user and device security certificates, this is the default configuration of the VPN remote access system. Remote access by other methods such as VDI (Virtual Desktop Infrastructure) is be secured with MFA (Multifactor Authentication) using SMS (Secure Messaging System) or an Authentication app. This is fully implemented.

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| **Meeting Title** | **Council of Governors** | | |
|---|---|---|---|
| **Date** | **18 July 2024** | **Agenda item** | **CGo.7.24.5c** |

**Supplier Access**

Suppliers are being transitioned from legacy RDP (Remote Desktop Protocol) access via HSCN (Health & Social Care Network) to a Privileged Remote Access using MFA. This project is over 50% complete and will be complete by the July deadline.

The letter can be accessed at appendix 2.

| **Recommendation** |
|---|

The Council of Governors is asked to note this report.

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| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | **18 July 2024** | Agenda item | CGo.7.24.5c |

## Risk assessment

| Strategic Objective | Appetite (G) | | | | | |
|---|---|---|---|---|---|---|
| | **Avoid** | **Minimal** | **Cautious** | **Open** | **Seek** | **Mature** |
| To provide outstanding care for patients | | | | g | | |
| To deliver our financial plan and key performance targets | | | | g | | |
| To be in the top 20% of NHS employers | | | | | g | |
| To be a continually learning organisation | | | | g | | |
| To collaborate effectively with local and regional partners | | | | | g | |
| 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. | **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? | ☒ | ☐ | ☐ |
| Is there any other national benchmarking data relevant to the content of this paper? | ☒ | ☐ | ☐ |
| Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper? | ☐ | ☒ | ☐ |

| Risk Implications (see section 5 for details) | Yes | No |
|---|---|---|
| Corporate Risk register and/or Board Assurance Framework Amendments | ☒ | ☐ |
| Quality implications | ☒ | ☐ |
| Resource implications | ☒ | ☐ |
| Legal/regulatory implications | ☒ | ☐ |
| Diversity and Inclusion implications | ☒ | ☐ |
| Performance Implications | ☒ | ☐ |

## Regulation, Legislation and Compliance relevance

**NHS Improvement: (please tick those that are relevant)**

☒Risk Assessment Framework ☒Quality Governance Framework

☒Code of Governance ☒Annual Reporting Manual

**Care Quality Commission Domain: Well Led**

**Care Quality Commission Fundamental Standard: Good Governance**

**NHS Improvement 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 | |
|---|---|---|---|
| ☒ | ☒ | ☒ | |

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Julie Clennell
Joint Regional Chief Nurse (Interim)
North East and Yorkshire
NHS England

Email: julieclennell@nhs.net

Helen Hirst
Interim Chair
Bradford Teaching Hospital NHS FT

Sent by email

6 February 2024

Dear Helen

**Quality Improvement Group – Bradford Teaching Hospital NHS FT**

I'm writing to update you on the discussion at the Bradford Teaching Hospital NHS FT Quality Improvement Group held on 26 January 2024.

In respect of the concerns raised in relation to the timeliness of the conclusion of three serious incidents in the Trusts neonatal service alongside the implementation of lessons learned the Quality Improvement Group has received several sources of assurance in relation to clinical quality governance and safety within the service. This includes a detailed presentation and associated evidence from the Clinical Director of the Neonatal Service, the reports from an ICB led Ockenden Assurance Visit and joint NHSE/ICB Commissioner Assurance Visit to the Neonatal Unit as well as a report from a detailed desk top review of the management of the three serious incidents.  The Quality Improvement Group has therefore concluded that there is a comprehensive body of assurance in support of the issues under consideration and this key line of enquiry is therefore closed.

The Quality Improvement Group noted the updates provided in relation to the action plan developed in response to a range of recommendations in respect of leadership and governance considerations. The group is supportive of the plan to postpone the planned Well Led Review to a later date in Q4 to enable appointments to the Chair, as well as Executive and Non-Executive appointments to be progressed.
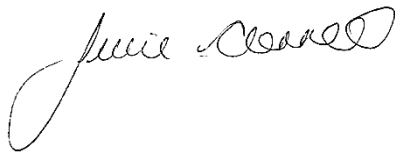
It is recognised that Trust colleagues require the time and opportunity to progress several of the action areas in relation to governance and leadership. In response it was agreed that the Quality Improvement Group scheduled for February 2024 will be rescheduled to March 2024 and will focus on progress made in terms of the leadership and governance priorities.

I would like to take this opportunity to thank you and colleagues throughout the Trust for the significant work undertaken to support this quality assurance and improvement process, and for their open and helpful cooperation with the scheduled reviews.

If you would like to discuss this in any further detail, please don't hesitate to get in touch.

Yours sincerely

**Julie Clennell**
**Joint Regional Chief Nurse (Interim)**
**NHS England**
**North East and Yorkshire**

Copy to:
Professor Mel Pickup, Chief Executive Officer, Bradford Teaching Hospital NHS FT
Richard Barker, Regional Director, North East and Yorkshire, NHS England
Yvette Oade, Regional Medical Director, North East and Yorkshire, NHS England
Rob Webster, Chief Executive, West Yorkshire Integrated Care Board

**NHS England**

To: Chief Executive Officers - all
Integrated Care Boards
All Acute NHS Trusts and
all Type 3 Providers (NHS and
Private Providers)
Chief Executives - all NHS Provider
Trusts
Ambulance Services: Chief
Executives

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

25 January 2024

cc.
- Chief Operating Officers
- Medical Directors / Chief
Medical Officers
- Chief Nurses / Chief Nursing
Officers
- Clinical Directors (Emergency
Department)

Dear colleague,

Thank you for your ongoing work to support front line teams and deliver high quality urgent and emergency care for patients. We are very aware that the winter period has been particularly pressurised and exacerbated by several rounds of industrial action; and would like to thank you and your teams for their outstanding leadership throughout.

We are now almost halfway through delivering the two-Year Urgent and Emergency Care Recovery Plan, published in January 2023, and centred around two key deliverables for 2023/2024.

- Patients being seen more quickly in Emergency Departments (EDs): with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.

PRN01107 NEY

- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

Significant progress has already been made, with four-hour performance better in every month this year compared to the same month last year; and category two ambulance response times in December significantly improved in comparison to last year.

However, there is more to do to ensure that the NHS delivers on these key public commitments by March 2024, and that plans to achieve these standards are implemented in full, as set out in the operational planning reset which took place in November 2023.

The **UEC Recovery Plan** establishes a programme of transformative improvement across the entire urgent and emergency care pathway and this work should continue at pace. In addition, and in the immediate term, it is also essential that every ED operates as effectively as possible to achieve planned performance levels this year, even with the current constraints many are experiencing.

Given this, we are writing today to ask that as a priority, Trusts review their own internal systems and processes to support their ED teams, ensuring that the initiatives described at Appendix A are in place.

We are aware that the best performing trusts and systems follow these approaches routinely and are sharing as a reminder of the (evidenced) ways in which consistent application delivers results. They are also the areas that we will place a particular focus on, in terms of our oversight and support offers, which will include:
- **Access and instructions to optimise Getting it Right First Time (GIRFT) UEC data**, supporting identification of opportunities at system level related to the five initiatives set out above. These resources can be accessed through the Summary Emergency Department Indicator Table (SEDIT).  If you have not already registered to the OKTA/Insight platform, please register at https://apps.model.nhs.uk/register. Once registered, login to your account using this link https://apps.model.nhs.uk/products. Scroll down to the bottom of the "Insight" home page and then press the button to "*request access*" to the SEDIT. Alternatively, please try this link SEDIT: Launch - Tableau Server (england.nhs.uk)   which is bespoke for SEDIT access.

- **National Workshops (multiple locations).** NHS England national and regional teams will be running a series of workshops to expand on the five initiatives, including case studies supporting rapid implementation. Attendance is for an executive sponsor and a representative of the UEC pathway delivery triumvirate (operations, medicine, nursing). The sessions will also provide space for providers to discuss their plans, constraints and support needed, whilst learning from one another. A summary of the events are set out at Appendix B below.

- **Virtual drop-in sessions.** NHS England will facilitate support and connection between colleagues as challenges are worked on together. This will include access to subject matter experts.

- **Improvement support pack.** The support pack at Appendix C includes resources and materials to assist with delivery of the initiatives outlined in this letter. A series of UEC improvement guides have also been designed for providers and systems to consider embedding as good practice to reduce handover delays. Resources include key principles for ED leaders to help create a positive culture and enable change.

In addition to the national support offer above, and building on the success of our "four plus one" collaborative approach this winter, the **North East & Yorkshire Regional team** will:

1. Maintain a performance focus on delivery of 4 hour and Cat 2 trajectories for March, using weekly oversight to rapidly identify exceptions and agree recovery actions with systems and providers.

2. Work with ICBs and providers through the NEY UEC Collaborative to prioritise and deliver the Emergency Department initiatives set out above.

3. Work with ICBs and providers to identify variation, share good practice and ensure robust information is available, aligned with national improvement offers.

We will be separately writing to each ICB, setting out the key financial and performance trajectories that were agreed through the H2 planning process. Colleagues are reminded that providers with a Type 1 Emergency Department who can achieve better performance in the second half of the year are still able to access a share of a £150 million capital fund in 2024/25 to be used for local improvement projects.

We would like to thank you in advance for your ongoing support and will be in touch in due course, with regard to next steps for your system and organisations.

We hope this provides a clear way forward for the remainder of 2023/24, however should you have any further questions on the details included in this letter, or any of the individual components, please contact your NHS England Regional Performance and Improvement Director in the first instance.

We look forward to working with you closely in the coming weeks.

Yours sincerely,

**Sarah-Jane Marsh**
National Director of iUEC
and Deputy Chief Operating Officer
NHS England

**Richard Barker**
Regional Director
– North East and Yorkshire
NHS England

**Appendix A:** Five Priority ED Improvement Initiatives:

1. **Streaming and redirection:** A competently trained member of clinical staff should perform an <u>initial assessment</u> within 15 minutes of a patients arrival and be able to stream and redirect appropriate patients to an alternative service in line with the <u>CQC Patient First  framework</u>. This is a tool providing practical solutions for all ED leaders to support good, efficient, and safe patient care. Planning for discharge from hospital services also should start at the point of initial assessment in ED.

2. **Rapid assessment and treatment (RAT)**: RAT is the most intensive form of initial assessment and incorporates both streaming and triage.  A competently trained member of clinical staff should perform a rapid assessment within 60 minutes of a patients arrival to ED to reduce delay and support immediate referral where appropriate, and / or the initiation of required diagnostics and first line treatment. Where a specialty opinion is required, this must be available in a timely way.

3. **Maximising the use of Urgent Treatment Centres (UTCs**): All UTCs should be compliant with <u>UTC standards and principles</u>  and where possible co-located with EDs and open for 24 hours a day.  UTCs that are not co-located should be open for a minimum of 12 hours per day 7 days a week.

4. **Improving ambulance handovers:** EDs should ensure prompt assessment by a trained clinician as part of the <u>ambulance handover process</u> and perform regular care rounds which include fit to sit assessments.  There should be adequate seated and cubicle capacity to meet the needs of patients, and executive oversight of the ambulance handover position must be in place, with timely escalation and associated actions to resolve delays. There is now clear evidence that timely handover is a whole hospital leadership issue and it must be approached as such<u>. Planning to safely reduce avoidable conveyance</u>: aims to support ambulance services, systems, and commissioners to safely reduce the number of patients conveyed to EDs.  Leaders should familiarise themselves with the objectives and deliverables set out in the guidance and test where there is potential to go further.

5. **Reducing time in department:** We know that having too many patients in an ED is a serious risk to patient safety.  Again, regular executive and senior clinical lead oversight is imperative so that all patients approaching the maximum waiting times are highlighted for escalation. It is also crucial that Same Day Emergency Care (SDEC), acute frailty services and other ambulatory capacity is not used for bedded care otherwise it is not possible to maintain flow. Use of ambulatory facilities also enhances the opportunity to discharge patients either to their usual place of residence or to a specialty bed.

Appendix B: ED Improvement Workshops in February 2024 (further details to follow)

1. Title: **ED Improvement Workshop**

2. What is it?
- Four events will be hosted, focussing on ED performance improvement.
- Events have been grouped by NHS region.
- Please attend the event for your region.
- If you are unable to attend on the preferred date, please consider attending one of the other sessions.

3. Dates, Times, and Venues:

A. For colleagues based in the **Midlands**:
- **Date: 20th February** from 0900-1700.
- **Venue TBC**

B. For colleagues based in **London and East of England:**
- **Date: 27th February** from 0900-1700:
- **Venue:** Mary Ward House (27th), 5-7 Tavistock Place, London, WC1H 9SN

C. For colleagues based in the **South East and South West:**
- **Date: 28th February** from 0900-1700.
- **Venue:** Ambassador Bloomsbury, 12 Upper Woburn Place, Bloomsbury, London, C1H 0HX

D. For colleagues based in the **North East and Yorkshire and North West:**
- **Date: 29th February** from 0900-1700.
- **Venue:** Metropolitan Hotel, King Street, Leeds, Yorkshire, LS1 2HQ

4. Registration:

A **link to register** will be provided, along with the agenda and event details in our follow-up communications. The registration link includes venue, location, timings, dietary and access requests.

5. Who should attend?
- NHS Providers: one executive sponsor and one member of the UEC Pathway triumvirate.
- ICB's: Ideally the accountable individual/s for delivery of the 4 Hour Standard.
- Regional UEC leads
- ECIST regional and national leads
- GIRFT leads
- National UEC leads

## Appendix C: Improvement Tool / Resources

| Intervention area | Metric Focus | Tools or products in existence that will directly help a trust to focus on what to do to improve in this area in 4-6 weeks. *"How" not "why".* |
|---|---|---|
| Streaming & Redirection & Initial Assessment | Time to initial assessment<br><br>% patients streamed<br><br><br>100% 4HS Type 3 | • Maturity Index – streaming<br> Maturity Index – redirection<br> How to do a missed opportunity audit<br>• ECIST Emergency department crowding and patient delays improvement guide<br>• Effective Streaming presentation<br> Case studies from Highest Performing on HHO delays<br>• Case studies - Streaming and redirection |
| Senior Decision Maker & RAT (stationary and roving) | Seen within 60 minutes<br><br>Time in Department admitted<br><br>Time in Department non-admitted | • Case studies from Highest Performing on HHO delays.<br>• Case studies - seen within 60 minutes interventions.<br>• Pre-hospital Navigation and Access – Improvement Guide<br>• ECIST criteria to admit audit tool and podcast<br>• ECIST Emergency department crowding and patient delays improvement guide |
| Maximising the use of UTCs | >% patients attending Type 3<br><br><% patients attending Type 1 | • Maturity Indices: collocated UTC or equivalent (link below)<br> Case studies from UTC programme<br>• Co-located ECIST emergency department crowding and patient delays improvement guide |
| Improving Ambulance Handovers & Direct Access | >% ambulance handover 15 mins<br><br><br><% ambulance handover 30 mins | • Maturity Index - Ambulance Receiving Area<br> AtED audit<br> Futures resource on Direct Access & SPoA Pre-hospital<br>• Navigation and Access, Fit to Sit – Improvement Guide<br> Case studies from Highest Performing on HHO delays<br>• Case studies - Ambulance receiving models |
| Reducing Time in Department - 12 hours & IPS & Escalation | <time in department for non admitted<br><br><time in department for admitted | • Maturity Index - operational comms and escalation<br>• Maturity Index - Site management<br>• Case studies from Highest Performing on HHO delays<br>• Case studies - Operations, Leadership and Escalation<br>• RCEM Best practise guide Nov 21-ECIST emergency department crowding and delays improvement guide |

If you would like access to any of the documents described above, please contact us at
england.universalsupportoffer@nhs.net

To:
- All NHS trusts:
  - chief executive officers
  - chief information officers
  - chairs
- ICB:
  - chief executive officers
  - chief information officers
  - chairs
- Arm's length bodies
  - chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

29 February 2024

Dear colleagues,

## Multi-factor authentication

Ensuring good cyber security is essential to safeguarding health and care services; our Cyber Security Strategy for Health and Social Care looks to build a more cyber secure heath and care service for the future. In an increasingly digitised service, organisational leaders are accountable for managing their own organisational cyber risk, to protect valuable data and build patient and service user trust in our systems.

Multi-factor authentication (MFA) is widely recognised as one of the most effective ways to protect data and accounts from unauthorised access, preventing 99.9% of account compromise attacks.

When enabled, MFA requires users accessing systems to present proof of at least two factors from:

- something they know (such as a password)
- something they have (such as a device)
- something they are (biometrics, like a fingerprint or iris scan)

This extra layer of security means our systems are far less likely to be attacked, and our data and ability to continue to provide patient care is much more secure. Its use in the NHS will help protect patient data and organisations' capability to deliver patient care.

**Key dates**

We are writing to remind you of the key dates for the implementation of MFA as a critical cyber security measure:

- Thursday 29 February 2024: interim 2023-24 Data Security and Protection Toolkit submissions, which should include your progress towards implementation on all systems
- Sunday 30 June 2024: final Data Security and Protection Toolkit submissions, which should include your confirmation of full implementation on all systems
- Sunday 30 June 2024: NHSmail enable MFA for all NHSmail user accounts

These dates are in line with our [recently published MFA Policy for the NHS](), which will ensure that MFA is used on digital systems throughout the health sector, with particular requirements on accounts that are remotely accessible or have privileged access to systems.

**What you need to do**

The actions described below were published as part of the enforcement intent for the national MFA policy. For the avoidance of doubt, we are asking: chief information officers to ensure these actions are completed; chief executive officers to support them; and boards to assure themselves that actions are taken and monitored.

By **29 February 2024**, organisations are expected to provide the National Chief Information Security Officer [CISO] (using their interim submission of the 2023-24 Data Security and Protection Toolkit) with **either**:

- confirmation of full compliance with the MFA policy
- confirmation that plans are in place to achieve full compliance by June 2024, and a summary of the plans

By **30 June 2024**, organisations are expected to provide the National CISO (using their final submission of the 2023-24 Data Security and Protection Toolkit) with **both**:

- confirmation of full compliance with the MFA policy, with MFA implemented on all relevant systems
- details of exceptions, as required by the policy

**The Department of Health and Social Care expects to use its enforcement powers under the Network and Information Systems (NIS) Regulations where insufficient assurance is provided at the second checkpoint.**

**Further support**

If you would like a briefing or conversation with national teams about this advice and the importance of MFA and the risks it mitigates, please do contact us at england.cyber@nhs.net.

Yours sincerely,


**Phil Huggins**
National Chief Information Security Officer
Department of Health and Social Care

**John Quinn**
Chief Information Officer
NHS England

## REFERENCES                              Only PDFs are attached

📄 CGo.7.24.8 - Outcomes of Staff Survey.pdf

📄 CGo.7.24.8  - Appendix A - Final 2023 Staff Survey Action Plan v.260624.pdf

# NHS Staff Survey 2023

## Catt Shutt, Assistant Director HR\Head of Organisational Development

Governors 2024

We each have
a voice that
counts
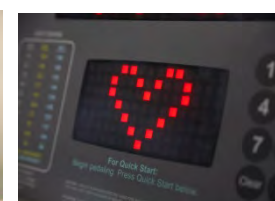
# Introduction

- The NHS staff survey ran from September to November 2023, amid the backdrop of continuing to tackle patient waiting times post-COVD, industrial action and the continued cost of living pressures.

- As with last year's survey questions were aligned to the overarching categories of the People Promise. The 2023 questionnaire underwent minimal change compared to 2022.

- Our overall response rate for 2023 was **43%** with 2,905 staff taking part from a usable sample of 6,784. This is an increase of 6% from 2022 (37%).

- Nationally, there has been a 2% increase from 44% in 2022 to 46% .

- Most services across the Trust made improvements to their response rates - including Medicines Management, Finance, Estates & Facilities and Children's.

- The table below shows comparisons in our response rate results with other Acute and Acute and Community Trusts within our region.

| Organisation | Response Rate (2023) |
|---|---|
| **BTHFT** | **43%** |
| Airedale | 40.5% |
| Calderdale and Huddersfield | 43.5% |
| Harrogate and District | 45.6% |
| Leeds | 54.5% |
| Mid Yorks | 28.8% |

# People Promise
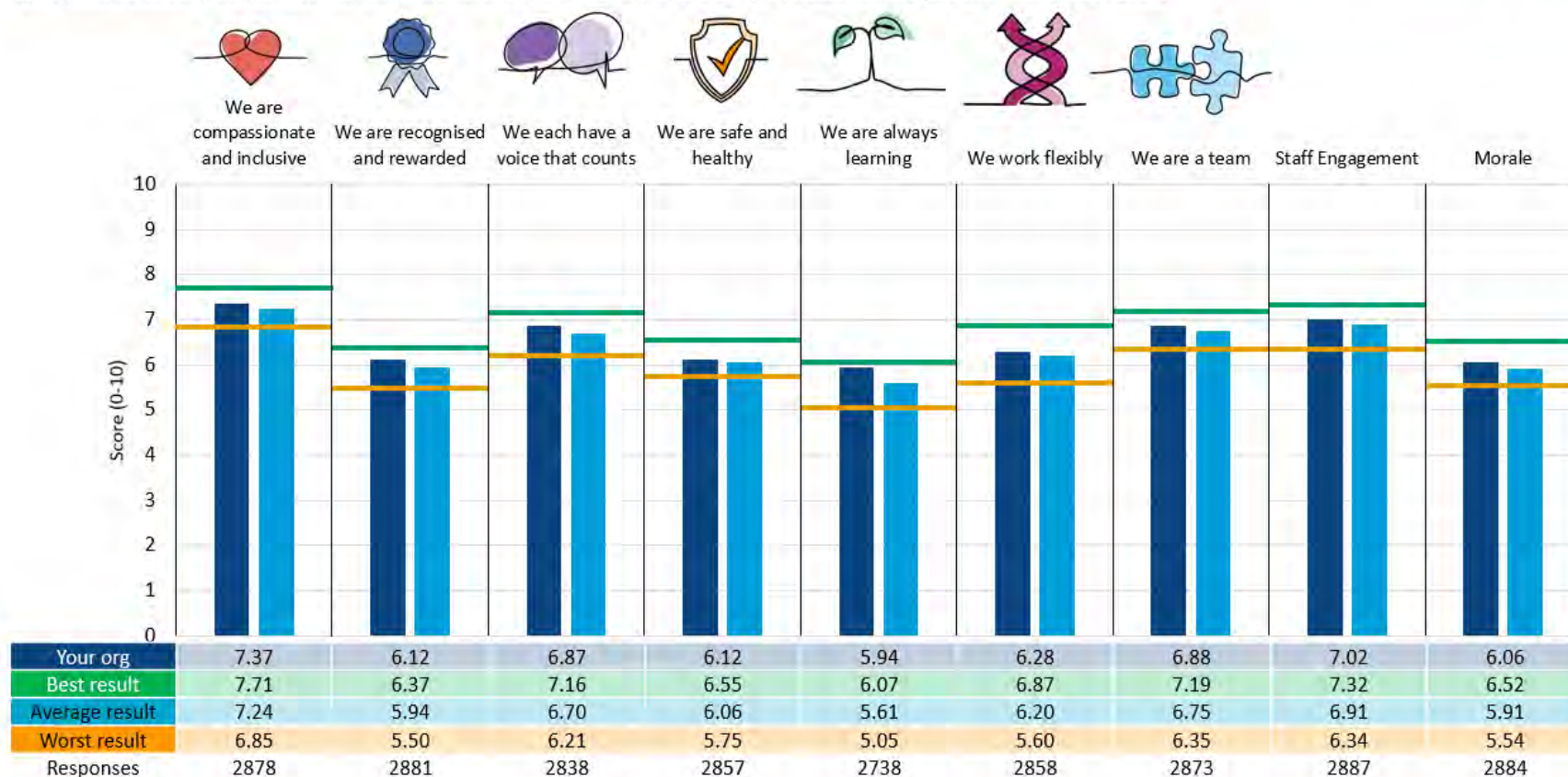
# People Promise Scores 2021-2023

**NHS**
**Bradford Teaching Hospitals**
**NHS Foundation Trust**

| People Promise Theme | 2021 | | 2022 | | 2023 | | Difference 2022 to 2023 |
|---|---|---|---|---|---|---|---|
| | **BTHFT** | Benchmark Group | **BTHFT** | Benchmark Group | **BTHFT** | Benchmark Group | |
| **We are compassionate and inclusive** | **7.1** | 7.2 | **7.3** | 7.2 | **7.3** | 7.2 | - |
| **We are recognised and rewarded** | **5.8** | 5.8 | **5.9** | 5.7 | **6.2** | 5.9 | **+ 0.3** |
| **We have a voice that counts** | **6.7** | 6.7 | **6.8** | 6.6 | **6.8** | 6.7 | - |
| **We are safe and healthy** | **5.8** | 5.9 | **5.9** | 5.9 | **6.1** | 6.0 | **+ 0.2** |
| **We are always learning** | **5.3** | 5.2 | **5.6** | 5.4 | **5.9** | 5.6 | **+ 0.3** |
| **We work flexibly** | **5.8** | 5.9 | **6.1** | 6.0 | **6.3** | 6.2 | **+ 0.2** |
| **We are a team** | **6.4** | 6.6 | **6.7** | 6.6 | **6.8** | 6.7 | **+ 0.1** |
| **Staff engagement** | **6.8** | 6.8 | **6.9** | 6.8 | **7.2** | 6.9 | **+ 0.3** |
| **Morale** | **5.7** | 5.7 | **5.8** | 5.7 | **6.0** | 5.9 | **+ 0.2** |

**Q8b.** The people I work with are understanding and kind to one another.

BTHFT **71%** 2023
**70%** 2022

**(National average 69%)**

**Q25d.** If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

BTHFT **61.5%** 2023
**59%** 2022

**(National average 63%)**

**Q25b**. My organisation acts on concerns raised by patients/service users:

BTHFT **69.6%** 2023
**71%** 2022

**(National average 69.7%)**

**Q16b.** In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?

BTHFT **8.5%** 2023
**9%** 2022

**(National average 9.2%)**

**Q25c.** I would recommend my organisation as a place to work.

BTHFT **62%** 2023
**57%** 2022

**(National average 60%)**

**NHS**
**Bradford Teaching Hospitals**
**NHS Foundation Trust**

We are
**compassionate**
and **inclusive**

**Q5b**. I have a choice in deciding how to do my work.

**BTHFT 57.5%** 2023
**56.5%** 2022

**(National average 52.5%)**

**Q20a**. I would feel secure raising concerns about unsafe clinical practice.

**BTHFT 72.6%** 2023
**72.5%** 2022

**(National average 70%)**

**Q20b.** I am confident that my organisation would address my concern.

**BTHFT 55.73%** 2023
**55.76%** 2022

**(National average 56%)**

**Q3e.** I am involved in deciding on changes introduced that affect my work area/team/department.

**BTHFT 57%** 2023
**53%** 2022

**(National average 52%)**

**NHS**
**Bradford Teaching Hospitals**
**NHS Foundation Trust**

We each have
**a voice that counts**

# We are recognised and rewarded

**Q4a.**How satisfied are you with the following aspects of your job? The recognition I get for good work.

BTHFT **56.5%** 2023
**52.5%** 2022

**(National average 53.5%)**

**Q9e.**My immediate manager values my work.

BTHFT **73.6%** 2023
**71%** 2022

**(National average 71%)**

BTHFT scored above the national average in all elements.

**Q4c.**How satisfied are you with the following aspects of your job? My level of pay.

BTHFT **36%** 2023
**29.5%** 2022

**(National average 30.5%)**

We are
recognised
and rewarded

**Q12b.** How often, if at all do you feel burnt out because of your work?

**BTHFT 32%** 2023
**34%** 2022

**(National average 31%)** ✓

**Q11c.** During the last 12 months have you felt unwell as a result of work related stress?

**BTHFT 42.7%** 2023
**46%** 2022
**(National average 41.5%)** ✓

**Q11a.** My organisation takes positive action on health and wellbeing.

**BTHFT 58.8%** 2023
**59%** 2022

**(National average 57%)**

**Q13a, b & c.**
There has been a rise in the number of physical violence from Patients/service users, managers & other colleagues although these are lower than the national average.

**NHS**
**Bradford Teaching Hospitals**
**NHS Foundation Trust**

**We are safe and healthy**

**The following questions do not contribute to the calculations of any scores or sub-scores:**

**Bradford Teaching Hospitals**
**NHS Foundation Trust**

**Q17a**. In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public.

**BTHFT 6.73%**
192 People (2867 respondents)

**Q14a, b & c.** There has been a decrease in the number of staff reporting experiencing harassment & bullying or abuse from Patient/service users, managers and other colleagues.
**These are lower than the national average.**

**Q22.** I can eat nutritious and affordable food while I am working.

**BTHFT 49.5%**
1,422.6 People (2874 respondents)

**Q17b** .In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues.

**BTHFT 3.26%**
92 people (2850 respondents)

We are
**safe** and
**healthy**

**Q24b.** There are opportunities for me to develop my career in the organisation.

**BTHFT 60%** 2023
**56%** 2022

**(National average 55%)**

**Q24d.** I feel supported to develop my potential.

**BTHFT 61%** 2023
**56%** 2022

**(National average 56%)**

**Q23a.** In the last 12 month's, have you had an appraisal, annual review, development review, or KSF development review?

**BTHFT 84%** 2023
**82%** in 2022

**(National average 83%)**

**NHS**
**Bradford Teaching Hospitals**
**NHS Foundation Trust**

*People Promise*

We are
**always learning**

**Q6b**. My organisation is committed to helping me balance my work and home life.

**BTHFT 48.6%** 2023
**45%** 2022

**(National average 48%)**

**Q6d**. I can approach my immediate manager to talk openly about flexible working.

**BTHFT 69%** 2023
**67%** 2022

**(National average 69%)**

**NHS**
**Bradford Teaching Hospitals**
**NHS Foundation Trust**

**Q4d**. How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.

**BTHFT 58%** 2023
**54%** 2022

**(National average 56%)**

People Promise

We work
**flexibly**

**NHS**

**Bradford Teaching Hospitals**
**NHS Foundation Trust**

**Q7e.** I enjoy working with the colleagues in my team.

**BTHFT 82%** 2023
**82.65%** 2022

**(National average 81.23%)**

**Q8a.** Teams within this organisation work well together to achieve their objectives.

**BTHFT 53.8%** 2023
**53.1%** 2022

**(National average 54%)**

**Q9d.** My immediate manager takes a positive interest in my health and wellbeing.

**BTHFT 71%** 2023
**67.5%** 2022

**(National average 69%)**

**Q7g.** In my team disagreements are dealt with constructively.

**BTHFT 58%** 2023
**56%** 2022

**(National average 56%)**
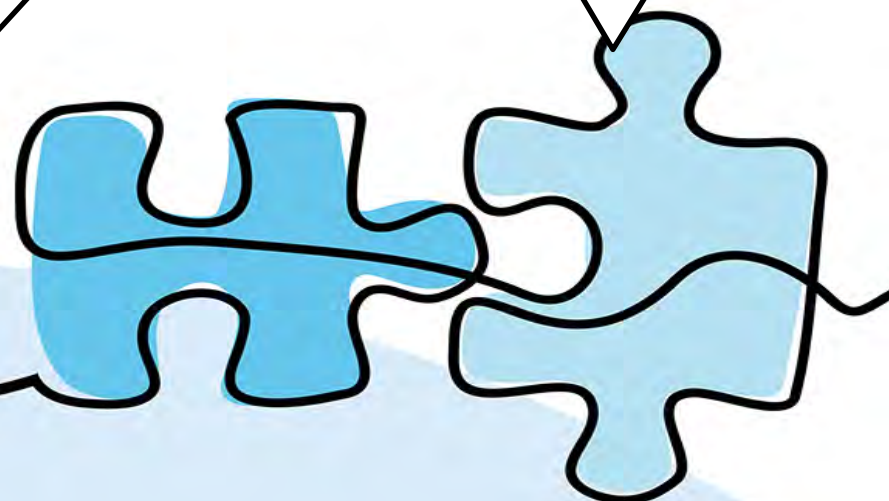
We are
**a team**

**Q25c.** I would recommend my organisation as a place to work.

**BTHFT** **62%** 2023
**57%** 2022

**(National average 60%)**

**Q25d.** If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

**BTHFT 61.5%** 2023
**59%** 2022

**(National average 63%)**

**Q2b.** I am enthusiastic about my job.

**BTHFT** **72%** 2023
**70%** 2022

**(National average 69%)**

## NHS
### Bradford Teaching Hospitals
#### NHS Foundation Trust

People Promise

Staff
**Engagement**

13

Q26a. I often think about leaving this organisation.

BTHFT **26.5%** 2023
**31.5%** 2022

**(National average 29%)** ✔

Q5c. Relationships at work are strained.

BTHFT **46.7%** 2023
**44%** 2022

**(National average 45%)** ✘

Q3i. There enough staff at this organisation for me to do my job properly.

BTHFT **30.5%** 2023
**26%** 2022

**(National average 31%)**

Q3g. I am able to meet all the conflicting demands on my time.

BTHFT **48%** 2023
**45%** 2022

**(National average 46%)**

*People Promise*

**Staff Morale**

# 'Free Text' Comments

| Row Labels | Count of Comment |
|---|---|
| Burnout | 8 |
| Civility/Incivility | 29 |
| Development | 19 |
| Execs | 8 |
| Flexible Working | 23 |
| Food & Drink | 15 |
| Harassment & Bullying | 22 |
| HWB | 11 |
| IT | 4 |
| Managers | 47 |
| Parking | 11 |
| Patient Safety | 8 |
| Pay | 29 |
| Raising Concerns | 8 |
| Reasonable Adjustments | 2 |
| Security | 3 |
| Staff Levels | 80 |
| Trust Priorities | 10 |
| Working Conditions | 15 |
| (blank) | 136 |
| **Grand Total** | **488** |



- NEGATIVE
- POSITIVE
- Suggestion
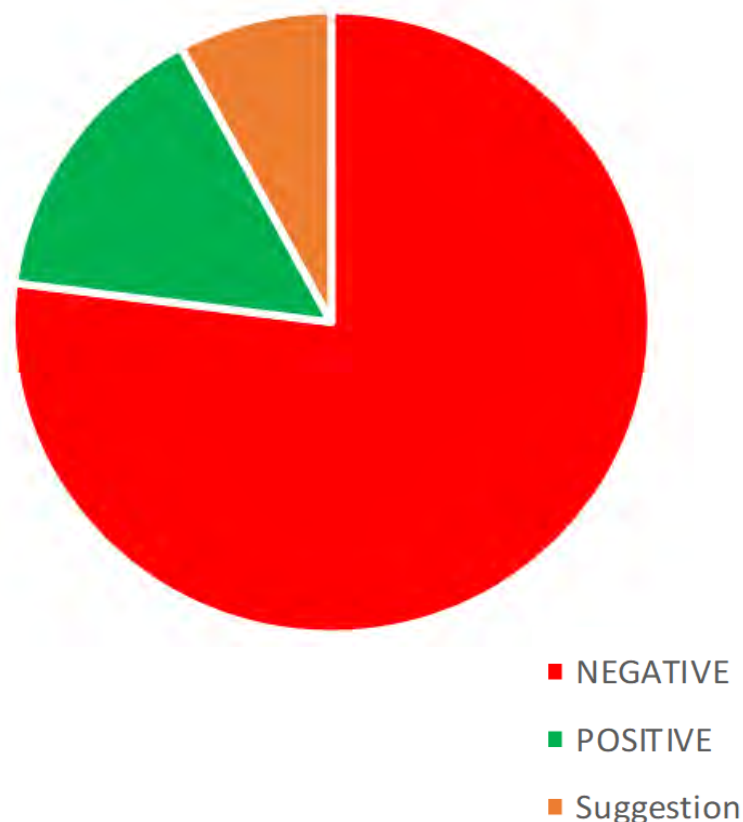
**Thank you for listening.**

**Any questions?**

**Appendix A - 2023 NHS Staff Survey Action Plan**

<table>
<tr><td colspan="4"><em>We are Compassionate and Inclusive</em></td></tr>
<tr><td><strong>Area of focus</strong></td><td><strong>Actions to be taken</strong></td><td><strong>Leads</strong></td><td><strong>Timescale</strong></td></tr>
<tr>
<td><strong>Compassionate Leadership</strong></td>
<td><strong>Thriving Together</strong><br><br>Deliver the NHS Culture and Leadership Programme (Thriving Together) diagnostic stage and use data to inform our cultural priorities.</td>
<td>Head of OD / Leadership and Team Development Manager</td>
<td>Q2, Q3, Q4</td>
</tr>
<tr>
<td><strong>Inclusion</strong></td>
<td><strong>Staff Equality Networks</strong><br><br>Work with our Staff Equality Networks to raise the profile of Equality, Diversity & Inclusion across the Trust, including the development of 'Allies/ Ambassadors'.</td>
<td>Head of EDI</td>
<td>Q3</td>
</tr>
<tr>
<td></td>
<td><strong>Race Equality</strong><br><br>Work with our Race Equality Staff Inclusion Network to develop approaches to anti-racism, aligned to the Root out Racism movement, and taking into account our Trust staff survey results around discrimination and issues highlighted in the "too hot to handle" report.</td>
<td>Head of EDI</td>
<td>Q3</td>
</tr>
<tr><td colspan="4"><em>We are Recognised and Rewarded</em></td></tr>
<tr><td><strong>Area of focus</strong></td><td><strong>Actions to be taken</strong></td><td><strong>Leads</strong></td><td><strong>Timescale</strong></td></tr>
<tr>
<td><strong>Reward</strong></td>
<td><strong>Awards Celebration</strong><br>Plan and host the annual Trust awards ceremony (September 2024).</td>
<td>Head of OD / Thrive Lead</td>
<td>Q2</td>
</tr>
</table>

*We each have a Voice*

| Area of focus | Actions to be taken | Leads | Timescale |
|---|---|---|---|
| **Autonomy and Control** | **Staff Survey**<br>Expand on newly formed network of Designated Staff Survey Leads to assist with engagement at local level to increase our 2024 Staff Survey response rate – key for driving improvements and a vital component of employee voice.<br>The DSSL's proved a success in the areas where we utilised them in 2023 to increase engagement with the staff survey. | Senior OD Manager / OD Manager | Q2 |
| **Raising Concerns** | **Just and Learning Culture**<br>Establish a task and finish group to:<br><br>-Review the different processes currently in place for raising concerns across the Trust;<br><br>-Ensure mechanisms for feedback to colleagues are accurate and timely;<br><br>Collaborate with FTSU guardians and stakeholders to review the process to enable all to speak up with confidence and review the approach and impact. | Freedom to Speak Up Guardian / Senior OD Manager | Q3 |
| **Raising concerns** | **Thrive Live**<br>Co-ordinate events across the Trust.<br><br>Encourage teams/departments to engage with Thrive Live promoting the opportunity to have a conversation with the Chief Executive and executive team to hear Trust updates, news and ask relevant questions. | Head of OD / Staff Engagement Officer | Q2 |

## We are Safe and Healthy

| Area of focus | Actions to be taken | Leads | Timescale |
|---|---|---|---|
| **Other questions** | **Healthy Food**<br>Work with key stakeholders across the Trust and establish relationships with current food providers to look at ways that we can provide hot nutritious, affordable food options that our people can access whilst at work including night shifts. | OD Manager / Head of Facilities | Q3 |
| **Negative Experiences** | Source appropriate training/development/coaching and mentoring for colleagues in non-clinical patient facing roles to ensure they are confident in dealing with multiple, challenging situations effectively, including de-escalation techniques, dealing with conflict and difficult conversations (customer service training) | Senior OD Manager / Education | Q3 |
| **Physical violence** | **Physical Violence**<br>Working with the VPR task and delivery group explore initiatives available that lead to a reduction in the instances of physical violence that occur at work from managers, colleagues and patients/service users or their relatives.<br><br>Review the current VPR plan and include such initiatives with timescales and process for review.<br><br>Ensure the violence prevention and reduction policy is reviewed as required. | Violence Prevention, reduction lead. | Q3 |

 ## We are Always Learning

| Area of focus | Actions to be taken | Leads | Timescale |
|---|---|---|---|

| | | | |
|---|---|---|---|
| **Development** | **Personal Development**<br>Bring together all development opportunities available to colleagues to enable them to identify appropriate next career steps.<br><br>Create an easy to navigate page on Thrive with all offers available. | Head of OD / Leadership and Team Development Manager | Q3 |
| | **Manager Development**<br><br>Develop a new, inclusive offer to all managers by:<br>• Creating 'guiding principles' to underpin a review and refreshment of leadership offers.<br>• Reviewing existing leadership pathways.<br>• Creating a new offer for all managers to have a consistent understanding of what is expected of a manager at BTHFT.<br>• Deliver new offer to all managers | Head of OD / Leadership and Team Development Manager | Q2<br><br><br><br><br><br><br><br>Q3 – Q4 |

 *We are a Team*

| **Area of focus** | **Actions to be taken** | **Leads** | **Timescale** |
|---|---|---|---|
| **Team Working** | **Team Development**<br>Design, develop and deliver a team training package which encourages team collaboration to identify solutions to the challenges they encounter, building relationships, resilience, and trust. | Head of OD / Leadership and Team Development Manager | Q4 |
| *Staff Engagement* | | | |

| Area of focus | Actions to be taken | Leads | Timescale |
|---|---|---|---|
| Motivation | **Thrive**<br>Refresh Thrive intranet portal making it easier to navigate and explore a wide range of communication methods and approaches to engage a wider inclusive audience e.g. blogging. | Head of OD / Thrive Lead | Q3 |

*Morale*

| Area of focus | Actions to be taken | Leads | Timescale |
|---|---|---|---|
| **Thinking About Leaving** | **Stay Conversations**<br><br>Review and encourage 'Stay' conversations across the Trust and continuously improve approach based on feedback and learning. | Assistant Director HR Recruitment, supported by the Recruitment and onboarding Lead | Q2 |
| **Stressors** | **Thrive Hive**<br>Develop and launch the 'Thrive Hive' a central hub where colleagues can access a wide variety of activities which are open and accessible to all. The aim is create a sense of belonging in the organisation which will produce significant benefits to all and play a fundamental part in achieving positive patient outcomes. | Senior OD Manager / OD engagement officer | Q2 |
| **Free Text Comments** | Actions to be taken | Leads | Timescale |
| **All** | 489 free text comments were received from staff. Free text comments grouped into themes - main themes were civility/incivility; managers; pay; and staff levels.<br><br>Free text comments shared with Director of HR (Interim) and HR BPs. HR BPs to share details of free text comments specific to their service areas and discuss next steps. | Head of HR /<br>HR BP's | Q2 |

## REFERENCES

📄 CGo.7.24.9 - AGM and AMM 2024.pdf

| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | **18July 2024** | Agenda item | **CGo.7.24.9** |

## Annual General Meeting (AGM) / Annual Members Meeting (AMM) Proposal

| Presented by | Laura Parsons, Associate Director of Corporate Governance/Board Secretary | |
|---|---|---|
| **Author** | Jacqui Maurice, Head of Corporate Governance | |
| **Lead Director** | Renee Bullock. Chief People and Purpose Officer | |
| **Purpose of the paper** | To provide the proposed agenda for the AGM/AMM to the Council of Governors for review and approval; subject to the laying of the Annual Report and Accounts before Parliament. | |
| **Key control** | N/A | |
| **Action required** | For approval | |
| **Previously discussed at/ informed by** | | |
| **Previously approved at:** | **Committee/Group** | **Date** |
| | | |
| | | |

| Background |
|---|

The Trust's Constitution makes clear that the Trust is required to hold an Annual Members Meeting and a General Meeting of the Council of Governors each year with regard to both presenting to the members and receiving by the Council, the Annual Report and Accounts. The Constitution allows for the two meetings to be combined.

Last year the event was held in person in November 2023 and included a combination of live presentations and pre-recorded videos. All of the materials from the AGM/AMM including the recording were posted on link here following the event.

The current date scheduled for our combined AGM/AMM is Thursday 3 October 2024. However, this date is subject to the annual report and accounts having been laid before parliament. At the present time the annual report and accounts remain in draft form until the external auditor, Deloitte LLP, has had sight of the final report from the Care Quality Commission covering their inspections undertaken in March and April 2024. Deloitte will then issue its Audit Annual Report and until the trust is in receipt of the annual report, the accounts cannot be finalised and laid before parliament. Until the annual report and accounts are laid before Parliament we are unable to publish our annual report and accounts and, hold an AGM/AMM.

It is therefore proposed that we move our AGM/AMM to take place on a date to be confirmed in January 2025.

The proposed agenda is laid out below which the Council is asked to review.

**Proposed Agenda**

5pm      Chair's address and welcome

5.05      CEO presentation of the Annual Report

5.25      Director of Finance report on the Annual Accounts

5.40      Governors summary report on governor activity in year

5.50      Audience Q&A

1

6.00      Introduction to key-note presentation

6.10      Key-note presentation (topic to be confirmed)

6.40      Chair's closing comments

6.45      Event close

In support of our Trust's cost efficiency programme, 'closing the gap', careful consideration needs to be given on how we deliver our next AMM/AGM and what materials are produced in support of it.

The Corporate Governance team will confer with the Chief Executive, the Chair, Vice-Chair of the Council of Governors and the Lead Governor on how the event is delivered and also determine the focus of the key-note presentation.

## Recommendations

The Council of Governors is asked to approve the programme to be delivered at our next Annual General Meeting / Annual Members Meeting.

# CGO.7.24.10 - ESTABLISHMENT OF GOVERNOR POLICY / PROCEDURE TASK AND FINISH GROUP

## REFERENCES

Only PDFs are attached

📄 CGo.7.24.10 - Governors Policy and Procedure Review Group.pdf

| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | 18 July 2024 | Agenda item | CGo.7.24.10 |

# Establishment of Governors Policy / Procedure task and finish group

| Presented by | Laura Parsons, Assistant Director of Corporate Governance/Board Secretary | |
|---|---|---|
| Author | Jacqui Maurice, Head of Corporate Governance | |
| Governance responsibility | Renee Bullock, Chief People and Purpose Officer | |
| Purpose of the paper | For the Council of Governors to agree to the establishment of a task and finish group to review those policies / procedural documents related to the Council of Governors and make recommendations for approval to be presented to the Council in October, where appropriate. | |
| Action required | For approval | |
| Previously discussed at/ informed by | | |
| Previously approved at: | Committee/Group | Date |
| | N/A | |
| | | |

| Situation and Background |
|---|

It is proposed that a 'task and finish group is established to review the Governors policy and procedures. As well as the review of governor related policies and procedures the task and finish group would also be expected to review 'ways of working' (including governor committees), governors code of conduct, the governors induction programme and, developing objectives for the Council of Governors.

It is proposed that the membership of the task and finish group should comprise the Chair, and three to five governors to develop recommendations to be presented to the Council Of Governors for approval in October.

If there are more Governor volunteers than the five specified then the Chair, Vice-Chair and Lead Governor will finalise the membership of the task and finish group.

The Assistant Director of Corporate Governance/Board Secretary and the Head of Corporate Governance will provide support to the task and finish group.

Governors are asked to confirm via email to corporate.governance@bthft.nhs.uk if they would like to join the group by close of 25 July 2024.

| Recommendation |
|---|

The Council of Governors is asked to approve the proposal to:
- establish a task and finish group for the purpose of reviewing the Governors policy and procedures.
- confirm the membership of the task and finish group as that of the Chair and three to five governors.

# CGO.7.24.11 - ESTABLISHMENT OF CONSTITUTION REVIEW TASK AND FINISH GROUP

## REFERENCES

Only PDFs are attached

📕 CGo.7.24.11 - Constitution Review - task and finish Group.pdf

| Meeting Title | Council of Governors | | |
|---|---|---|---|
| Date | 18 July 2024 | Agenda item | CGo.7.24.11 |

# Establishment of Constitution Review task and finish group

| Presented by | Laura Parsons, Assistant Director of Corporate Governance/Board Secretary | |
|---|---|---|
| Author | Jacqui Maurice, Head of Corporate Governance | |
| Governance responsibility | Renee Bullock, Chief People and Purpose Officer | |
| Purpose of the paper | For the Council of Governors to agree to the establishment of a task and finish group to review the Trust's Constitution and make recommendations for approval to be presented to the Board in September 2024 and the Council in October 2024. | |
| Action required | For approval | |
| Previously discussed at/ informed by | | |
| Previously approved at: | **Committee/Group** | **Date** |
| | N/A | |
| | | |

## Situation and Background

Our Trust's constitution is available here.

It is proposed that a 'task and finish group' is established to consider if the size of our Council of Governors should be increased – across all governor groups (partner, patient, public and staff) - so that we may better serve our diverse communities and stakeholders.

It is proposed that the membership of the task and finish group comprising the Chair, three governors and three board members is convened to develop recommendations to be presented to the Board of Directors for approval in September and the Council Of Governors for approval in October.

If there are more Governor volunteers than the three specified then the Chair, Vice-Chair and Lead Governor will finalise the membership of the task and finish group.

The Assistant Director of Corporate Governance/Board Secretary and the Head of Corporate Governance will provide support to the task and finish group.

Governors are asked to confirm via email to corporate.governance@bthft.nhs.uk if they would like to join the group by close of  25 July 2024.

## Recommendation

The Council of Governors is asked to approve the proposal to:
- establish a task and finish group to review the constitution
- confirm the membership of the task and finish group as that of the Chair, three governors and three  board members.

1

## REFERENCES                                    Only PDFs are attached

📄 CGo.7.24.12 - Governors work plan 2022 -2025.pdf

## COUNCIL OF GOVERNORS 2022-2025

| Agenda items | Open / Closed meeting | Key Control: FTCG (Foundation Trust Code of Governance). NHSI (NHS Improvement) | Lead | 2024-25 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Apr | Jul | Oct | Jan |
| **Standing items** | | | | | | | |
| Chair's Report | Open | FTCG | Chairman | X | X | X | X |
| Chief Executive's Report | Open | FTCG | Chief Executive | X | X | X | X |
| Summary from pre-meeting with NEDs | Open | FTCG | Chairman | X | X | X | X |
| Matters raised with Governors by members, patients and/or the public | Open | FTCG | Associate Dir of CG / Board Secretary | X | X | X | X |
| Matters arising | Open/Closed | FTCG, Standing Orders | Chairman | X | X | X | X |
| Minutes of the previous meeting | Open/Closed | FTCG, Standing Orders | Chairman | X | X | X | X |
| Apologies for absence | Open/Closed | FTCG, Constitution | Chairman | X | X | X | X |
| Declarations of Interest | Open/Closed | FTCG, Constitution,NHSI | Chairman | X | X | X | X |
| **Statutory Duties and Responsibilities** | | | | | | | |
| Annual Effectiveness / Skills and Knowledge Audit | Open | FTCG | Associate Dir of CG / Board Secretary | X | | | X |
| Annual General Meeing/Annual members Meeting | Open | NHS Act, Constitution | Associate Dir of CG / Board Secretary | X | X | | |
| Audit Committee Chair Report | Open | FTCG | Committee Chair | X | X | X | X |
| Chair  Appraisal Process outcomes | Open | NHS Act, FTCG | Senior Independent Director | | X | | |
| Chair Appointment | Closed | NHS Act, FTCG | NRC Governor | | | X | |
| Chair Appointment | Open | NHS Act, FTCG | NRC Governor | | | | |
| Charitable Funds Committee Chair Report | Open | FTCG | Committee Chair | | X | X | X |
| Chief Executive Appointment | Closed | NHS Act, FTCG | Appointment Panel, Board NRC | | | | |
| Chief Executive Appointment | Open | NHS Act, FTCG | Associate Dir of CG / Board Secretary | | | | |
| Code of Conduct (Governors) | Open | Standing Orders | Associate Dir of CG / Board Secretary | | X | | |
| Constitution Review | Open | NHS Act, FTCG | Associate Dir of CG / Board Secretary | | X | | |
| Council of Governors Work Programme | Open | FTCG, Standing Orders | Associate Dir of CG / Board Secretary | X | X | X | X |
| Engagement Policy Review | Open | NHSI, FTCG | Associate Dir of CG / Board Secretary | | | | |
| External Auditor Appointment | Closed | NHS Act, FTCG | Audit Committee Chair | | | | |
| External Auditor Appointment | Open | NHS Act, FTCG | Associate Dir of CG / Board Secretary | | | | |
| External Auditor Report (Annual Report and Accounts) | Open | NHSI Annual Reporting Manual | External Auditor | | | X | |

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| Finance and Performance Academy Chair Report | Open | FTCG | Committee Chair | X | X | X | X |
| Induction Programme | Open | FTCG | Associate Dir of CG / Board Secretary | | X | | |
| Lead Governor Appointment | Closed | NHSI, Standing Orders | Associate Dir of CG / Board Secretary | X | | | |
| Lead Governor Appointment | Open | NHSI, Standing Orders | Associate Dir of CG / Board Secretary | | X | | |
| Membership Plan | Open | FTCG | Associate Dir of CG / Board Secretary | X | | X | |
| NED / Chair Appointment Process | Open | NHS Act, FTGC | Associate Dir of CG / Board Secretary | | | | |
| NED / Chair Remuneration | Closed | NHS Act, FTGC | NRC Chair / Governor | | X | | |
| NED / Chair Remuneration | Closed | NHS Act, FTGC | NRC Chair / Governor | | | X | |
| NED and Chair Appraisal Process | Open | NHS Act, FTCG | Associate Dir of CG / Board Secretary | X | | | |
| NED Appointment / Reappointment | Closed | NHS Act, FTCG | NRC Chair | | X (JH, SN) | | |
| NED Appointment / Reappointment | Open | | | | | X (JH,SN) | |
| NED Appraisal Process Outcomes | Open | NHS Act, FTCG | Chairman | | X | | |
| Nominations and Remuneration Committee Report | Open | NHS Act, FTCG | Associate Dir of CG / Board Secretary | X | X | X | X |
| NRC Membership Appointments | Open | Standing Orders | Associate Dir of CG / Board Secretary | | | | |
| NRC Membership Appointments | Closed | | | X | | | |
| Operational Planning Annual Consultation | Open | NHS Act, FTCG | Director of Finance | | | | X |
| People Academy Chair Report | Open | FTCG | Committee Chair | X | X | X | X |
| Quality and Patient Safety Academy Chair Report | Open | FTCG | Committee Chair | X | X | X | X |
| Standing Orders (Governors) | Open | NHS Act, FTCG | Associate Dir of CG / Board Secretary | X | | | |
| Terms of Reference Review (Governors) | Open | NHS Act | Associate Dir of CG / Board Secretary | X | | | |
| Terms of Reference Review (NRC) | Open | NHS Act, FTCG | Associate Dir of CG / Board Secretary | | X | | |
| Vice-Chair Appointment | Open | Constitution | Associate Dir of CG / Board Secretary | | | X | |
| Vice-Chair Appointment | Open | Constitution | Associate Dir of CG / Board Secretary | | | | X |
| Process for the removal of a NED | Open | | Associate Dir of CG / Board Secretary | X | | | |
| AGM/AMM proposal | Open | | Associate Dir of CG / Board Secretary | | X | | |