Board of Directors – held in public

Date: Wednesday 26 March 2025

Time: 9.00 until 12.00

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

We Care   **We Listen**   **We Deliver**

AGENDA

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

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

Strategic Priority			Lead	Time
GG	1	**Welcome and apologies for absence** (verbal)	LP	9.00
	2	**Declaration of any conflicts of interest** (enclosure)	LP	-
BQS	3	**Learning from your experience: Accessing Mental Health Services** (verbal)	PH/ RM/SH	9.05
GG	4	**Questions received** (verbal)	LP	-
	5	**Minutes of the previous meetings** (enclosures)**:** September 2024 January 2025 (to follow)	LP	
	6	**Matters arising** (verbal)	LP	-
	7	**Action log** (enclosure)	LP	

Strategy and partnerships

All	8	**Chair's Report** (enclosure)	LP	9.30
	9	**Chief Executive's Report** (enclosure) • West Yorkshire Integrated Care System Equity and Fairness Strategy	TP LW	9.40

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	10	**Strategic Assurance and Performance Report** (enclosure)	**PH & KB**	**10.10**
	10.1	**Strategic Risk Summary**	**PH**	**10.20**
		Break (10.30am – 10.35am)		

Quality and Safety

BQS	**11**	**Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held March 2025** (to follow)	**SL**	**10.35**
	12	**Alert, Advise, Assure and Decision Report: Quality and Safety Committee held March 2025** (enclosure)	**AM**	**10.40**

People and Culture

BPTW	**13**	**Alert, Advise, Assure and Decision Report: People and Culture Committee held March 2025** (enclosure)	**MR**	**10.45**
	14	**Gender pay gap annual report 2024/25** (enclosure)	**LW**	**10.50**
	15	**Equality objectives 24-28 annual update summary** (enclosure)	**LW**	**11.00**

Finance and Sustainability

BUOR	**16**	**Finance Report** (enclosure)	**MW**	**11.10**

Governance and well led

GG	**17**	**Alert, Advise, Assure and Decision Report: Audit Committee held March 2025** (enclosure)	**CM**	**11.40**
	18	**West Yorkshire Community Health Services Provider Collaborative – AAA Report – 20 January 2025** (enclosure)	**For information**	
	19	**West Yorkshire Commissioning Hub – AAAD Report – 29 January 2025**	**For information**	
	20	**Notification of future meeting dates**	**For Information**	
	21	**Any other business** (verbal)	**LP**	**11.45**
	22	**Comments from public observers** (verbal)	**LP**	**-**
	23	**Meeting evaluation** (verbal) **Was the meeting conducted in line with the Trust values?** (verbal)	**LP**	**-**

Date of the Next Meeting: 1 May 2025– final details to be confirmed by Corporate Governance Team

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

Name: Linda Patterson (Chair of the Trust)
Email: linda.patterson@bdct.nhs.uk

Expressions of interest to observe the meeting using Microsoft Teams:
Email: corporate.governance@bdct.nhs.uk

Strategic Priorities (Key)

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

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NHS
Bradford District Care
NHS Foundation Trust

Agenda
item
5.0

Board of Directors Meeting in Public
On Wednesday 25 September 2024 at 9:00am
Hybrid meeting held on Microsoft Teams and
in person at New Mill, Saltaire

Present in person:	Dr Linda Patterson OBE FRC	Chair of the Trust *(Chair of the Board)*
	Kelly Barker	Chief Operating Officer
	Phil Hubbard	Director of Nursing, Professions and Care Standards, Deputy Chief Executive
	Sally Napper	Non-Executive Director
	Dr David Sims	Medical Director *(for item 10 onwards)*
	Mike Woodhead	Chief Finance Officer
Present via MS Teams:	Maz Ahmed	Non-Executive Director *(for items 3 to 11)*
	Simon Lewis	Non – Executive Director and Deputy Trust Chair
	Alyson McGregor, MBE	Non-Executive Director
	Therese Patten	Chief Executive Officer
	Tim Rycroft	Chief Information Officer
In attendance:	Suzanne Hala	Senior Involvement Officer *(for item 3)*
	KG	Patient Story *(for item 3)*
	Fran Stead	Trust Secretary
	Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary *(Secretariat)*
	Sadie Booker	*Observer (as part of the Nye Bevan Leadership Programme)*
	Janette Homer	Observer *(for items 3 to 11)*

MINUTES

Item	Discussion	Action
1	**Welcome and Apologies for Absence** (agenda item 1) The Chair opened the meeting at 9.00am. Apologies for absence had been received from Bob Champion, Chief People Officer, Chris Malish, Non-Executive Director, and Mark Rawcliffe, Non-Executive Director. The Board of Directors was quorate.	
2	**Declarations of Interest** (agenda item 2) No declarations of interest were made.	
3	**Learning from your experience: How making a complaint feels – a service user experience** (agenda item 3) The Director of Nursing, Professions and Care Standards, Deputy Chief Executive introduced KG and explained a video would be shared describing the service users experience of the complaints process from 2019 and 2023. The service user presented to the Board her experience of using the Patient Advice and Complaints Service between 2019 and 2023, highlighting both positive aspects and areas or improvement. The service user shared her background and experience having accessed DBT and schema therapy, receiving care from mental health services and also noted her role as an involvement partner in the Trust and as a staff bank worker. The first experience was related to a complaint to PACS about a DBT worker in 2019 which was positive. The service responded promptly, had a meeting with the manager and a resolution was made and she continued her treatment. At this time KB reflected there was a lack of accessible information about the complaints process. The second experience related to an autism assessment in 2023 which was less positive. The complaints process was not readily available online and it took multiple communications for the complaint to be escalated. Eventually she received an explanation but the process was slow and frustrating. Noting her reflections at this time were the need for the complaints process to be easily accessible and for response to service users to be more timely.	

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Item	Discussion	Action
	The third experience, also in 2023 related to a complaint about the schema therapy. Communication issues and delays in handling the complaint led to increased stress, and the case was still unresolved. On reflection, KB felt the team should follow up on a complaint even after passing it to another department to ensure communication was maintained with the complainant until a resolution was reached. In summary the service user expressed concerns that the quality of service from PACS had deteriorated since 2019 and the lack of communication and delayed response from the case handlers reflected poorly on the Trust. Again she reiterated the need for more accessible information about the complaints process and advocacy services. Noting the website should be clearly signposting to the complaints procedure and information on the advocacy service. Suggested involvement partners and service users should be involved in future service improvements. The service user also questioned the Board to look into staffing issues and consider if any additional resource was needed. The item was then opened up for comments and questions. P Hubbard explained she had met with KG earlier in the week. Updates had been made to the website, but KG confirmed although some of the deadlinks had been resolved it was still difficult to navigate to the information. P Hubbard confirmed the website was being reviewed and would feed this back to the team to look into. P Hubbard highlighted the recent appointments to the team and one vacancy that was being progressed. She noted the case is of priority to the team and would be progressed with urgency. **Action: A progress report would be brought to Quality and Safety Committee and to a future Board agenda.** The Non-Executive Director, A McGregor thanked KG for her feedback and encouraged her to feedback on the improvement work. The Trust Secretary noted the internal audit function were reviewing it, and results would be fed back into Audit Committee and Board. **The Board thanked KG for sharing her insightful presentation**	**PH**
4	**Questions Received** (agenda item 4) No questions had been received.	

Item	Discussion	Action
5	**Minutes of the previous meeting held on 17 July 2024** (agenda item 5) To follow for approval via email.	
6	**Matters Arising** (agenda item 6) There were no matters arising.	
7	**Action Log** (agenda item 7) **The Board of Directors:** • **noted the contents of the action log;** • **agreed to close the actions listed as complete; and** • **noted that no further actions were required on any actions listed.**	
8	**Chair's Report** (agenda item 8) The Chair presented her report to the Board and highlighted the following : • Civil unrest – as an organisation that works with multicultural community and staff, the Trust wanted to stand in solidarity with our people that we would not tolerate discrimination and making people feel uncomfortable. • Lynfield Mount development – received funding promise for £50M capital. • Care Minister visit - visited community dental service and proactive team, good engaging discussions were held. • Council of Governor – lead governor recruitment process was in progress. • Darzi report – published last week. • Response to NHS 10 year plan – Department of Health keen for engagement from NHS, staff and public, and noted mechanisms for engagement would follow. **The Board noted the continuing engagement that has taken place with external partners, internally at the Trust, & with the Council of Governors.**	
9	**Chief Executive's Report** (agenda item 9) T Patten presented her report and highlighted the following areas: • Civil unrest – noted the distress for staff and communities and highlighted messages put out from the Trust. This had been used as an opportunity to refocus our work on addressing these issues including racism and	

	Islamophobia, amongst other discrimination and a paper was presented to People and Culture Committee on 12 September 2024 that reiterated as an organisation our pledge around having conversations, challenge language and actions, making change our responsibility to take action if witness anything.	
	• K Barker noted work would be undertaken to refocus the belonging and inclusion plan. This aligned to the work on health inequalities which would be covered in more detail at the next board development session.	
	• P Hubbard noted the professional council had a firm stance advocating the seriousness to review within the regulation.	
	• Smoke free work was being led by Jaspreet Sohal to make sure implemented in a safe way. Quality and Safety Committee would monitor progress.	
	• The Darzi report set out the areas of focus including diagnosis and the next stage treatment plan. Feedback would be sought on the NHS 10 year plan and noted we were awaiting outcomes of the Budget in autumn.	
	• M Woodhead updated on Lynfield Mount – discussions regarding gateway approval processes and likely timescales working on outline business case was expected to complete in October. NHSE would review and then it would be submitted to the joint investment sub committee for approval in January. It would then move to a full business case and procurement process to start work in July 2025. Enabling work would commence in advance. A presentation would be shared at the Annual Members Meeting on 19 September.	
	M Ahmed, NED and Chair of Finance and Performance Committee questioned the programme management and M Woodhead confirmed they had looked at other schemes and had the structures in place to go through governance approval processes. Noting it would be funded from the capital investment, and would report into Finance and Performance Committee and feed into other sub-committees and Board as appropriate.	
	The Board noted the Chief Executive's report.	
10	**Strategic Assurance and Performance Report** (agenda item 10) K Barker presented the report to the Board and highlighted the following: • The report would be underpinned by the Alert, Assure, Advise + Discussion (AAA+D) reports that would be discussed throughout the Board meeting.	

	• It was explained that limited assurance doesn't indicate in-action, but reflects ongoing challenges, such as waiting lists in patient access and flow. • There had been an increase in vacancies across different services, and discussions were ongoing about the impact and mitigation strategies. • It was explained the executive panel meets frequently (up to four times a week) to review and approve decisions efficiently, ensuring minimal delays in recruitment and resource allocation. Work was underway to streamline processes whilst maintaining due diligence to prevent unnecessary delays. • The Board would conduct a focused review of waiting times in Child and Young Peoples services at its November meeting to assess and address concerns. • They would continue to monitor assurance levels and governance effectiveness through audit and reviews. **The Board of Directors:** • **Noted the data and associated narrative and triangulation as discussed within each delegated committee, detailed within the AAA+D.** • **Accepted the Assurance levels as confirmed within each delegated committee, detailed within the report and in the AAA+D.**	
11	**Strategic Risk Report** (agenda item 10.1) The Trust Secretary drew the Boards attention to the following aspects of the Strategic Risk Report: • Strategic risks had been drawn out from each Committees Alert, Assure, Advise + Discission (AAA+D) and presented as one Strategic Risk Report. • The report triangulates assurance levels from sub-committees to track delivery of strategic priorities and allows tracking of continuous improvement. It also declares the boards risk appetite and tolerances. • The latest report includes a more detailed table and cover report to provide further clarification, and tracks progress on strategic risks in a simplified way. In the discussion it was noted that: • A risk reduction in the Lynfield Mount development due to secured capital funding.	

| | A deep dive in Mental Health Legislation Committee on associate hospital managers identified challenges in skill set sustainability. Concerns were raised at Quality and Safety Committee around staff morale and wellbeing particularly in clinical operations staff. At People and Culture Committee the importance of ensuring well being and culture remained a top priority were highlighted. A Joint committee development session was scheduled for October 2024 to refine reporting structures based on the board's agreed risk appetite. A review at the November Board would assess the status of the risks and their impact on strategic objectives. Work would continue to refine reporting structures to better reflect progress and challenges, and ensure committee discussion drives real action in relation to static risks.
The Board:
Noted the strategic risks identified by each Committee and discuss the implications for achievement of the Trust's overall Strategy. **Noted the update on ensuring an integrated model of good governance, assurance & risk is embedded robustly within the Trust.** | |
| 12 | **Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held on 12 September 2024** (agenda item 11)

S Lewis provided a verbal report on the September 2024 Mental Health Legislation Committee. S Lewis explained that the Associate Hospital Managers had been invited to the committee as observers, and noted their insights at the committee.

S Lewis then highlighted the following areas:
The challenges faced by the hospital manager panels and the limited number of individuals that were confident and willing to step into the role due to the complexity of the role. Noted the recent government guidance requiring at least half of the NEDs to be trained as hospital managers and the need for the Board to assess the level of risk and decide their response on this. Confirmed further consideration was needed on recruitment strategies to attract sufficient numbers of trained hospital managers capable of chairing the panels. | |

Item	Discussion	Action
	S Lewis reflected on the board story and suggested a session at Mental Health Legislation Committee relating to patient advocacy and the communication and promotion of those services. **Action:** To hold a session at a future MHLC relating to patient advocacy, following the Patient story presented at September Public Board. It was agreed to add this to the MHLC workplan. **The Board noted the contents of the AAA+D Report.**	**CG Team**
13	**Alert, Advise, Assure and Decision Report: Quality and Safety Committee held on 11 September 2024 (**agenda item 12) A McGregor presented the key aspects of the Alert, Advise, Assure and Decision Report from the Quality and Safety Committee held on 11 September 2024. She highlighted: • Key alerts and ongoing issues included staff bank training compliance, high demand or beds remained an issue, medication shortages continued to be a problem, along with staff shortages and low training compliance rates within nursing services. • A presentation on medical student's patient interactions provided valuable learning opportunities. • Involvement partners highlighted concerns over personal budget effectiveness and food parcels on discharge. • High staff parking costs at Lynfield Mount and Airedale particularly affected lower band and bank staff, which paid a part in the impact on staffing levels. • Concerns were noted around end of life care agreements and equipment availability that required urgent attention. • Noted several services has been nominated for Health Service Journal awards including keeping your chest healthy, little minds matter and well-being services. An update was provided on training compliance noting an effectiveness review would be undertaken to look at the data and performance perspectives and would report into People and Culture Committee. **The Board noted the contents of the AAA+D Report.**	
14	**NHS England Emergency Preparedness, Resilience and Response Assessment, and Declaration** (agenda item 13) K Barker presented the report and explained the core competencies assessment for emergency preparedness, risk and resilience had	

Item	Discussion	Action
	been conducted. West Yorkshire had led early adoption of a new compliance framework, leading to significant learning and adjustments. The Emergency preparedness, resilience and response lead had been instrumental in improvements and the team had supported efforts bringing expertise from neighbouring trusts. This addition had enabled further enhancements. The Trusts compliance rating was 65.5%, which was a major improvement on the previous year. Some compliance gaps remained due to disproportionate standards being applied across different NHS providers. The Trust was not a category 1 responder under the Civil Contingencies Act, making full compliance impractical. In relation to Chemical, Biological, Radiological and Nuclear preparedness, the Trust shares policies with Category 1 responders rather than developing its own full scale contingencies. Despite non-compliance status, internal processes confirm that current preparedness measures are sufficient for the Trust's role. New national training requirements for all strategic and tactical responders had been introduced and the Trust was collaborating with regional partners to develop standardised training and competency frameworks. The team regularly conducts live scenario tests to ensure preparedness and participates in regional exercises to enhance response capabilities. An internal audit report provided significant assurance on current EPRR structures and an action plan was progressing well. The Board noted the non-compliance status and acknowledged the ongoing mitigation work and strategic improvements being implemented. **The Board noted/approved the contents of the report.**	
15	**Trust self-assessment return to NHS England on education provision** (agenda item 14) P Hubbard, presented the self assessment return on the education provision and explained the Trust was required to conduct an annual self-assessment on education and training provision for medical and professional staff. Noting the report is required to be submitted to NHS England on an annual basis, and includes quality improvement aspects, feedback on learning environments and the Clinical Board.	

Item	Discussion	Action
	The assessment had been considered by the Quality and Safety Committee, the People and Culture Committee and at Clinical Board. P Hubbard highlighted psychological therapies lack of dedicated NHS England funding, noting the Trust used its own professional development budget to support psychological therapy training. P Hubbard noted concerns about this funding gap and these were being raised nationally and locally. The next round of Health Education England visits were scheduled later in the cycle, delaying feedback on training assessments. The School of Psychiatry's funding challenges were also being escalated for further discussion. **The Board formally approved the submission of the self-assessment report to NHS England.**	
16	**Alert, Advice, Assure and Decision Report: People and Culture Committee held 12 September 2024** (agenda item 15) **The Board noted the contents of the AAA+D Report.**	
17	**Finance Report** (agenda item 16) M Woodhead, BDCFT Chief Finance Officer, explained the current financial position as at month 5. The year to date position was £155,000 off track and noted the significant shortfall in CIP delivery. The deficit was currently being managed through mitigations which included using contingency funds, delayed planning investments including MHIS and STF, and introduction transactional controls. The financial forecast remained at break-even position for the year, however risks remained due to pay award pressures, volatile expenditure patterns and potential for the deficit to increase. Increased focus was on CIP delivery and additional cost saving measures, explaining project management support had been brought into coordinate efforts and the establishment of a Sustainability Board, meeting every two weeks to drive financial recovery efforts. It was explained they would continue to monitor financial risks and identifying further mitigations and to ensure strong governance and resource allocation for cost saving initiatives. **The Board noted the update.**	

Item	Discussion	Action
18	**Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on 12 September 2024** (agenda item 17) M Ahmed presented the key aspects of the Alert, Advise, Assure and Decision Report from the Finance and Performance Committee held on 12 September 2024. Highlighting: - The key financial challenges of out of area placements and temporary staffing costs remained the significant issues. - The CIP shortfall was currently offset by non-recurrent mitigations but these were unsustainable beyond this year. - Recognised the need for PMO to be action driven and not just a reporting mechanism. - The £1M+ financial gap still needed to be addressed through reducing out of area placements, better management of temporary staffing costs and other cost saving initiatives. - Digital initiatives were gaining traction with a focus on tangible projects rather than broad strategy - The plan to review case studies in future meetings to assess real-world impact. - Overall financial risks remained a concern, especially for the next year and recognised the need for forward planning to sustain financial stability into the next year. **The Board noted the contents of the AAA+D Report.** Following the presenting of agenda items 16 and 17 the following points were raised: - The discussion highlighted ongoing challenges and concerns regarding collaborative agreements and financial pressures. Board members acknowledged the significant work being done across the wider West Yorkshire system and noted that further details would be addressed in the private board meeting. - The update on collaboratives focused on financial pressures, with £1.7 million in system-wide pressures.. A key point was ensuring that risk and benefit-sharing mechanisms were appropriately structured, currently based on population size. - There was agreement that a more in-depth conversation on how services were delivered, financed, and supported was needed. This was especially relevant as financial pressures increased and more scrutiny was required. - The discussion also touched on complex service pathways, particularly in children and young people's (CYP) services, where disparities in access and funding between regions	

Item	Discussion	Action
	were noted. Members felt that governance and decision-making processes could be more transparent and inclusive, with suggestions to conduct an effectiveness review and gather more structured feedback from collaborative members. Finally, there was consensus that these issues should be explored further in the private board meeting, with a strategy for addressing financial pressures, risk-sharing, and service provision effectiveness.	
19	**Provider Collaborative Agreements update** (agenda item 18) M Woodhead presented an update and timescale for the revised Partnership Agreements for the three live Provider Collaboratives (PC). The report also highlighted the current financial performance of the provider collaboratives and the associated risk share for members. BDCFT share of risk, based on Month 4 forecast. **The Board:** • **Noted the changes requested to the partnership agreements from BDCFT.** • **Would receive a further update when changes to the agreements from other PC members was known.** • **Noted current financial performance of the Provider Collaboratives** • **Noted that NHS England had issued a new template for Partnership Agreements, and therefore content/ format may be subject to change.** • **Noted that final partnership agreements would be presented to Board for approval.**	
20	**Alert, Advise, Assure and Decision Report: Audit Committee held on 11 September 2024** (agenda item 19) S Lewis presented a summary of the report on behalf of the Chair, C Malish. S Lewis explained the Committee did not highlight any escalations or urgent matters requiring board attention. Discussions followed the usual agenda, including losses, compensations, standing orders, financial instructions, and write-offs, all of which were reviewed with appropriate scrutiny. Key reports presented included an internal audit update, covering data protection, medical records management, mortality data, and	

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Item	Discussion	Action
	freedom to speak up. Most areas received a positive assurance, but disciplinary and grievance procedures were flagged as requiring further review, with a deeper dive scheduled for a future meeting. The annual litigation report indicated that learning from claims would be shared across relevant structures, while external auditors KPMG provided assurance on ongoing technical updates and national changes. A counter-fraud progress report was also noted, with ongoing cases under review. A concern was raised about staff disproportionately affected by pre-agreement disciplinary procedures, which would be further examined. On a positive note, there were no overdue audit recommendations, marking progress in governance and oversight. The People Committee was expected to review disciplinary processes further. **The Board noted the contents of the AAA+D Report.**	
21	**Alert, Advise, Assure and Decision Report: West Yorkshire Community Collaborative Committees in Common – 15 July 2024** (agenda item 20) **The Board noted the contents of the AAA+D Report.**	
22	**Any other business** (agenda item 21) No other business was raised.	
23	**Comments from public observers** (agenda item 22) No comments were received.	
24	**Meeting Evaluation** (agenda item 23) The Chair thanked all colleagues for their contributions to the meeting. The Board discussed the meeting and reviewed its effectiveness as part of the Trust's commitment to good governance and continuous improvement. The Chair notes the new format of some of the papers presented had improved clarity and the efforts to integrate different work strands for better assurance were commended.	

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Item	Discussion	Action
	The meeting was closed at 11.20am.	

Action Log for the Public Board of Directors' Meeting

Action Key	Green: Completed	Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments

	Actions closed at the last meeting			
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
8. 18/12/2024	**Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held 12 September and 14 November 2024** A family member had emailed the Chief Executive Officer and complimented the Estates Manager and their team for their responsiveness. This would be shared with The Mental Health Legislation Committee Chair.	**TP**	January 2025	**Complete**
15. 18/12/2024	**Access & Waits – Focus on Specialist Children & Young People Mental Health Service** • The paper should be read in conjunction with the Joint Strategic Analysis that was undertaken in 2024 which focused mental health in Bradford. KB to circulate the Joint Strategic Analysis Young People and Children's Services to Board Members. • Kelly Barker agreed to send the report to Counsellor Hinchliffe.	**KB** **KB**	January 2025	**Complete**

20. 18/12/2024	**Alert, Advise, Assure and Decision Report: Finance and Performance Committee held 20 November 2024** The AAAD would be provided to members following the meeting	**CG Team**	January 2025	**Complete:** this is presented in the Board papers
12. 18/12/2024	**Committee Alert, Advise, Assure + Decision (AAA+D) – strategic risk summary** • **The Board discussed how the report could be updated to display progress and actions being taken to provide assurance. This would be provided in future to provide further assurance.** • **The report had less of a focus on patient safety and the Board discussed if there should be tolerances within the report on certain aspects and how this could link to the risk appetite and view this in a balanced way**	**FS** **FS**	January 2025 January 2025	**Complete: a new draft template will be presented to the January meeting for discussion.**
13. 18/12/2024	**Alert, Advise, Assure and Decision Report: Quality and Safety Committee held 13 November 2024** **The AAAD was awaiting Chair sign off, however, would be provided to members following the meeting.**	**CG Team**	January 2025	**Complete: this is presented in the Board papers**

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Board of Directors – meeting held in public
26 March 2025

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

Committees where content has been discussed previously	People & Culture Committee
Purpose of the paper Please check **ONE** box only:	☐ For approval ☐ For information ☒ For discussion

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

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

Executive Summary

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

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

Recommendation(s)

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

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

Board of Directors – meeting held in public

26 March 2025

Chair of the Trust Report

Partnerships and strategy

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

DATE	Meeting
22/01/2025	Council of Governors Private Meeting
22/01/2025	Council of Governors Public Meeting
30/01/2025	Planning Guidance Webinar with NHS CEO and Secretary of State
07/02/2025	Formal Interview - Executive Director of Transformation & Productivity
13/02/2025	Catch up with Cathy Elliott Chair of NHS West Yorkshire Integrated Care Board
13/02/2025	AAC Panel – Consultant Psychiatrist
14/02/2025	Bradford District and Craven Partnership Board Formal Board Meeting
04/03/2025	West Yorkshire Chairs Meeting
13/03/2025	NHS Integrated Care Board and Trust Chairs event
18/03/2025	Introductory meeting Farhan Rafiq Executive Director of Transformation & Productivity
19/03/2025	Bradford District Care Foundation Trust - Long Service Awards
20/03/2025	Private Dinner with Claire Murdoch National Director for Mental Health NHS England
25/03/2025	West Yorkshire System Leadership Executive Group Meeting

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

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

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

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

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

Council of Governors

Recent Council of Governors Meetings
Therese Patten, the Chief Executive, Fran Stead, Trust Secretary and I continue to have regular meetings with the Lead Governor (Mike Lodge), the Deputy Lead Governor (Linzi Maybin) and offering the Senior Independent Director the opportunity to attend, as previously has taken place.

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

Board of Directors – Meeting held in Public

26 March 2025

Paper title:	Chief Executive's Report	Agenda Item
Presented by:	Therese Patten, Chief Executive	**09.0**
Prepared by:	Therese Patten, Chief Executive	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check **ONE** box only:	☐ For approval ☒ For information ☒ For discussion	

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

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

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Executive Summary

The areas covered in this report include:

- Power of one power of many: working together for equity and fairness
- Awards and recognition
- CQC Notifiable incidents, regulatory matters and visits (1 Jan-28 Feb 25)
- Media coverage
- National news

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

Recommendation(s)

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

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

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Board of Directors – Meeting held in Public
26 March 2025

Chief Executive's Report

1   Purpose

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

2   Trust News

Power of one power of many: working together for equity and fairness

In February the West Yorkshire Integrated Care Partnership Board wrote to all members (Appendix 1) about the new Equity and Fairness strategy that was endorsed by the Integrated Care Partnership Board at the meeting on the 21 January 2025.

We welcome the West Yorkshire Health and Care Partnership Equity and Fairness Strategy. The document aligns well with our Trust strategy 'From Ambition to Action: 2023 - 2026', which outlines our aim to enable better lives together through our Trust values, We Care, We Listen, We deliver. Equity, diversity, inclusion and justice are embedded throughout the *way we do things round here* in our Care Trust Way and our newly refreshed Belonging and Inclusion Plan.

We are committed through our role on the Integrated Care Partnership Board in the partnership and as a mental health and community NHS Trust to put equity, diversity, inclusion and justice at the core of delivery of our healthcare services, improving access, patient experience for our minoritised and diverse local populations. We want to be the best place to work, attracting, retaining and developing diverse talent so our people feel that they belong and are included with a voice that accounts. We know that there is a direct link between equity and inclusion and quality of health care.

We have taken the priorities set out in the Equity and Fairness Strategy and summarised what we are working on that will contribute to the partnership aims you can see this attached at Appendix 2. We will embed any outstanding priorities into our existing work programmes. Reporting progress into our Equality, Diversity and Inclusion governance processes.

3   Awards and Recognition

Living our Values Awards

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

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We care award winner: Jen Wilson, Community Team Leader	Jen is community team leader who developed a bit of fun awards ceremony to provide some well-deserved light relief for our hard-working district nursing teams. Jen went above and beyond to provide hand crafted awards, certificates and such a morale boosting experience, she deserves recognition herself for the work to support her teams.
We listen award winner: Janet Twinn, People Services Advisor	I am nominating Janet for 'we listen' although, she could very easily be in any of the categories. Janet is extremely knowledgeable, experienced, and happy to support and talk things through despite the challenges faced by People Services. She has supported me and others with complex staff cases. She will always respond to your queries and make time for you despite the many demands on her time. She is a real asset to People Services, and whilst she is often referenced in our meetings as being brilliant, it would be wonderful for this to be acknowledge by receiving this nomination.
We deliver award winner: Loren Piling, Continence Nurse Specialist	I would like to take a moment to commend Loren for her exceptional dedication and diligence in pursuing a matter of suspected domestic violence. It is clear that her actions have gone far beyond what might typically be expected, and they have had a significant and positive impact. Her initiative and commitment to following the Trust safeguarding recommendation and pushing forward with the MARAC referral have made a meaningful difference in ensuring this individual's safety and well-being.

Thanks a Bunch Nominations

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

Month	Nominations	Awards	Single nominations	Team nominations	Grouped nominations	Single award	Team award	Group award
Nov-24	22	10	18	1	3	8	1	1
Dec-24	17	10	15	0	2	10	0	0
Jan-25	28	7	26	2	0	6	1	0

4   CQC Notifiable Incidents, Regulatory Matters and Visits (1 Jan-28 Feb 25)

Regulatory matters and visits

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

Mental Health Act (MHA) visits

There has been one Mental Health Act visit during this time period, Moorlands view, Ilkley was visited on the 15th January and there were six actions identified from this visit.

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CQC Notifiable incidents

Number by category	Detail
3 AWOLs	Ilkley - Returned voluntarily within 24 hours
	Ilkley - Returned by police within 24 hours
	Ilkley – Returned by family the following day
1 young person admission	Ashbrook CAMHS suite

CQC Engagement and Enquiries

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

Inquests

12 inquests were concluded during this period in which BDCFT had provided some level of evidence to the Coroner, of those BDCFT staff were called by the Coroner in three cases. There was criticism made of the Trust by the Coroner in one of the cases and a Prevention of Future Death notice was issued. The coroner's conclusions for all cases were:

- Alcohol/Drug related x 4
- Suicide x 5
- Narrative x 2
- Natural Causes x 1

Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported. One new Patient Safety Incident Investigation (PSII) was reported which is a suspected suicide.

Currently we have five open investigations. One externally completed investigation was published on 22 January 2025, this is the double homicide from 2021 (commissioned by NHSE; investigation completed by NICHE). An anonymised executive summary was published and there is a staff support plan and comms plan in place. To aid learning a number of other response approaches are now also being utilised regularly as per the PSIRP, which include Thematic Analysis, After Action Review and Local Learning Reviews.

One investigation was completed during the reporting period alongside three Thematic Reviews and one Local Learning Review.

5   Media Coverage

Media and news highlights since the last Board meeting:

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Area / dates	Details
Better Lives charity awarded almost £200k funding as part of NHS Charities Together's 'Innovation Challenge' fund - 6 March	Bradford District Care NHS Foundation Trust's Better Lives charity has been awarded £199,278. The funds will support their work with the Trust's Community Children's services, Dixons Academies Trust, Oastlers School, Education Alliance for Life Chances and Citizens UK, to improve access to health services for local children, young people and their families.
Care Trust's IPS employment service achieves exemplary status in latest fidelity review - 3 February	Bradford District Care NHS Foundation Trust's Individual Placement and Support (IPS) Employment Service, known as 'Making Work Work', has been awarded the highest possible rating of 'exemplary' following its latest fidelity review, maintaining its IPS Quality Kitemark. This recognition underscores the service's unwavering commitment to supporting individuals with enduring mental health needs in securing and sustaining paid employment.
Care Trust brings mental health awareness to schools during Children's Mental Health Week 2025 - 27 January	In recognition of Children's Mental Health Awareness Week 2025 (3–9 February), Bradford District Care NHS Foundation Trust is taking action to highlight the importance of mental health support for young people. Throughout the week, the Trust's Mental Health Support teams (MHSTs) will visit schools across the district to raise awareness, provide vital information, and engage pupils in conversations about mental health and emotional well-being.

6   National News

There have been a number of announcements made about the future of the NHS in the early part of March, including the abolition of NHS England, rolling it into the Department of Health and Social Care, the ask for Integrated Care Boards to cut management budgets by 50% and for provider organisations to cut corporate services budgets back to pre-pandemic levels.

There remains ambiguity about the detail at the time of writing and a verbal update will be given at the board meeting.

Therese Patten
Chief Executive

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West Parade
Wakefield
WF1 1LT
01924 317761
Visit: wypartnership.co.uk

19 February 2025

To: Members of the West Yorkshire Integrated Care Partnership Board
(Sent via email)

Dear Colleagues

West Yorkshire Integrated Care System (ICS) Equity and Fairness Strategy

We are writing to let you know that the new West Yorkshire Health and Care Partnership Equity and Fairness strategy was endorsed by the Integrated Care Partnership Board at its last quarterly meeting on 21 January 2025. The final version of the Strategy is available on our website here: Power of one power of many :: West Yorkshire Health & Care Partnership.

We appreciated the valuable contributions of Partnership Board members during the discussion which included a review of our system's work to date together with learning and recommendations identified for our next phase of work together. We are grateful for the input from colleagues throughout the development of this strategy, and to the overall Partnership for demonstrable commitment to tackling inequalities.

The strategy articulates our vision of establishing a genuinely equitable Health and Care Partnership. It is backed by 10 strategic objectives designed to strengthen and build upon our existing efforts and the progress we have made over recent years. These were developed based on evidence, data and lived experience. It reaffirms our commitment to addressing health inequalities and disparities in health and care.

The strategy includes the recommendations from the recent evaluation conducted by Professor Dame Donna Kinnair of our work to address the impact of inequalities experienced by our ethnically diverse communities and workforce. Dame Donna's attendance of our meeting on 21 January 2025 provided assurance on our progress
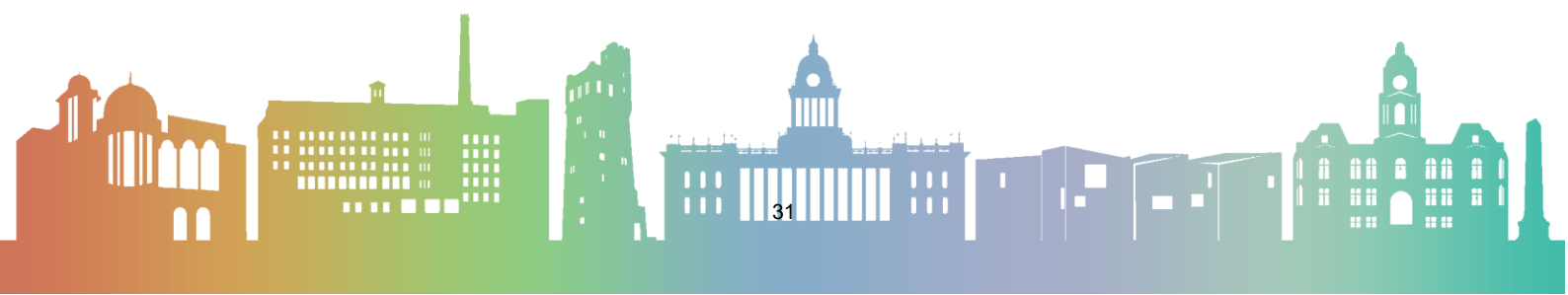
and learning together as a Health and Care Partnership striving for social justice in health and care in West Yorkshire.

We are committed to ensuring that this important work is embedded throughout our Partnership. **In line with the discussion at the Integrated Care Partnership Board on 21 January 2025, there are three specific asks:**

- **Consider the strategy within your own organisation and leadership team, having discussions and agreeing ways in which to ensure organisational alignment;**
- **Consider the strategy within your local Place partnership, particularly via your local Place Committee; and**
- **Identify and share back with us two or three organisational priorities you have committed to deliver, aligned to the 10 strategic objectives outlined.**
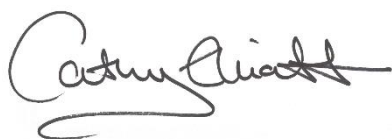
Please share your response to the strategy by contacting Ali Bishop on Ali.bishop@nhs.net by close of play on 31 March 2025. This will enable the team to collate responses and report back to the Integrated Care Partnership at the next Partnership Board meeting on 1 April 2025. If you have any queries, please contact Fatima Khan-Shah at Fatima.khan-shah@westyorks.ca.gov.uk in the first instance.

Thank you for your support and continued leadership on this agenda.

With best wishes,

Cllr Tim Swift MBE
Chair, West Yorkshire Partnership Board
Chair, Calderdale Health and Wellbeing Board

Cathy Elliott
Vice Chair, West Yorkshire Partnership Board
Chair, NHS West Yorkshire Integrated Care Board

Rob Webster CBE
CEO Lead, West Yorkshire Health and Care Partnership
Chief Executive, NHS West Yorkshire Integrated Care Board

Appendix 2 Power of one power of many: working together for equity and fairness – Bradford District Care Foundation Trust (BDCFT) Response

We have taken the priorities set out in the Equity and Fairness Strategy and summarised what we are working on that will contribute to the partnership aims. We will embed any outstanding priorities into our existing work programmes. Reporting progress into our Equality, Diversity and Inclusion governance processes.

No.	Strategic Priority Equity and Fairness Strategy	BDCFT Priority and Action	Outstanding actions to be taken
	Strengthening our relationship with our communities		
1.	Genuinely listen to people and communities and make changes based on their feedback to improve their access to services, their experiences, and their results. We aim to work alongside people and communities and make decisions with them.	We have a comprehensive NHS Patient and Carer Race Equality Framework Programme Plan. This work is being led within the Involvement and Co-Production Workstream and the Communication and Engagement Workstream. An annual report on progress is going to the March 2025 Quality and Safety Committee, the report includes an update on the proposal for the Ethical Involvement Fellowship.	Embed this requirement in the Trusts Involvement Strategy Delivery Plan.
2.	Improve access, experience, and results by more effectively gathering, analysing, and using equality data for people and communities to help shape the healthcare system.	The Belonging and Inclusion Plan contains priorities about meeting new national standards for patient data monitoring. The NHS Patient and Carer Race Equality Framework (PCREF) Programme Plans Data and Insights Workstream leads on this priority. New measures are in place to collect and analyse information about EDI related incidents. The team are developing a PCREF dashboard to provide accountability and oversight of progress and priorities. We have drafted a Health Equity Approach through our Board Development processes and have funded a Reducing Health Inequalities Lead. The EDI Team have developed an online staff resource for Health Equity which is being built to provide a tool kit for data use, training, reference information and good practice	Develop an integrated dashboard for community services where possible and seek alternatives to enable staff to access EDI data for all services.

1

No.	Strategic Priority Equity and Fairness Strategy	BDCFT Priority and Action	Outstanding actions to be taken
		case studies. The team trained 430 staff in 2024 in EDI including data analysis and applying an EDI lens. The Trust has an Integrated Dashboard of live patient information which can be analysed by ethnicity, age, gender and index of multiple deprivation.	
3.	Focus on helping groups of people who have trouble getting healthcare or who usually have worse health experiences or results. Be open and clear about what we are doing when we help these groups.	The Trusts equality impact assessment policy clearly sets out that processes should be applied to consider health outcomes, access and experience for the nine equality protected groups and our Inclusion health groups. Training is available to support teams to do this effectively through the EDI Training offer. EDI Influencers have been established to act as disrupters in their teams, seeking opportunities to improve EDI and implement the Belonging and Inclusion Plan priorities.	Continue to establish the staff resource to collect and share good practice. Establish a new public facing web page that contains all of this information and how to get involved.
Our communities and our workforce			
4.	Keep moving forward in our efforts to become an anti-racist partnership, using insights from the Independent Race Review and building on existing work to better serve our diverse community and staff.	The Trust has a comprehensive NHS Workforce Race Equality Standard Action Plan. As part of that work programme the Trust launched an Anti-Racism Tool Kit in 2021. This online resource has been developed into an e-learning package which will be launched this year. The Trust has developed a Framework for Preventing and Managing Racial and Other Types of Abuse and Discrimination from Patients, Carers and the Public to Staff. This sits alongside our See it, Say it, Stop it Campaign and our training for teams. Our Aspiring Cultures Staff Network developed a policy for Managing	Evaluate the longer term impacts of these interventions.

No.	Strategic Priority Equity and Fairness Strategy	BDCFT Priority and Action	Outstanding actions to be taken
		Racial and Other Types of Discrimination. Implementation of this is monitored live with opportunities for staff to feedback on their experiences. Our EDI Training offer includes programmes such as 'Building Inclusive Teams' which cover 'banter', microaggressions, 'unconscious bias, direct and indirect discrimination, victimisation and harassment with teams. Our 2024 staff survey results are showing positive perception indicators relating to these programme's learning objectives. As part of the PCREF Programme the Trust has launched a Cultural Humility Programme for staff.	
5.	Continue improving support for people, communities, carers and our workforce who have disabilities, ill-health and long-term health conditions, and work to eliminate discrimination against them within health and care services.	The Trust has a robust Workforce Disability Equality Standard Action Plan and has been making steady improvements against the 13 metrics. An audit of compliance with the Accessible Information Standard is planned for 2025. The Belonging and Inclusion Plan includes specific priorities relating to improving the experiences and health outcomes of disabled people in our care, for example, development of neuro-affirmative practice. Good practice in meeting disabled people's needs within our services have been identified through research, audits and our EDI Influencers. These have been shared through the 2024 CLEAR conference and our EDI Influencers sharepoint pages. The Trust has improved staff survey scores relating to reasonable adjustments by 6% in the last year through implementing our Disability Policy, developing staff and management resources and streamlining our processes. 130 managers have been trained in Disability and Reasonable Adjustments in 2024.	Implement the recommendations from our Autistica Employers Index Assessment – the Trust received a bronze award in December 2024.

No.	Strategic Priority Equity and Fairness Strategy	BDCFT Priority and Action	Outstanding actions to be taken
Supporting our workforce and leadership			
6.	Foster a culturally sensitive and self-aware health and care workforce that deeply understands the impact of power and privilege by delivering comprehensive training, education for all, and to continue to support our staff networks.	The Trust has launched a Cultural Humility Programme. The programme is open booking for all staff and will also be targeted into our priority areas as defined by the PCREF Leadership and Vision Workstream.	Establish methods for measuring this outcome and the impact of the training. Ensure community ambassadors are involved in the scrutiny process.
7.	Encourage a diverse workforce by actively seeking out candidates with a range of life experiences. This includes focusing on hiring more people with disabilities or long-term health conditions, neurodiversity, and those from different ethnic backgrounds. At the same time, we want to make sure that all employees who have protected characteristics receive the support they need.	The Trust has an Inclusive Recruitment Project which spans across the requirements of the NHS Workforce Equality Standards. The project aims to improve the likelihood scores for appointment to roles after shortlisting for ethnically diverse candidates and to ensures consistency of positive experiences for disabled candidates and new starts.	See number 5.
Our Leadership			
8.	To commit to ensuring that all leaders in the Partnership are role models and allies dedicated to promoting fairness, respect, and equal opportunities, actively	15% of Trust staff are involved in a staff network. There are three networks; the Rainbow Alliance, the Aspiring Cultures Staff Network and the Beacon Staff Network which has sub-groups (an Autism Support Group and a Menopause Support Group). The networks have two executive and a non-executive sponsor who attend and support the networks. The Trust runs a weekly all staff live	Launch and embed the Health Equity Approach including enhancing how health equity activity

No.	Strategic Priority Equity and Fairness Strategy	BDCFT Priority and Action	Outstanding actions to be taken
	supporting others and standing up for what is right. We will build on the successes of the Fellowship Programme and help encourage inclusive leadership throughout the Partnership.	broadcast where leaders regularly chair open anonymised Q&A sessions on EDI related topics and share important learning and information with staff. The Trust assessed itself with peer review against the NHS Equality Delivery System 2022 Domain 3 'Leadership' and scored 3 'excelling for outcome 1 which relates to this priority.	and impact is evidenced throughout our governance processes.
9.	We will continue to promote diversity in leadership at every level by gathering detailed information on managers, leaders and Board members across the Partnership, and make sure that programs designed to develop future leaders are effective and meet their goals.	The Trust produces a six-monthly comprehensive workforce diversity report which is used to inform all our EDI and People Matters workstreams and monitor impact of interventions we have in place.	Continue to evaluate our interventions building and sharing our evidence-based practice.
To Demonstrate the impact we make			
10.	Ensure processes are in place to evaluate the impact of actions at both the Partnership and individual partner levels, in order to demonstrate meaningful progress on our journey as a Partnership.	Evaluation is built into the strategies and workstreams. These are formative and summative. Examples include the Reciprocal Mentoring Programme Evaluation and the ongoing evaluation of our work to prevent and address racial and other types of abuse to staff from patients and the public. The EDI Team have a set of KPI's which relate to our priorities and are monitored monthly to adjust our work plan and focus.	Ensure that evaluation is built into programmes from the start. Work with our research and audit colleagues to ensure we are utilising every opportunity to check and enhance our work.

Board of Directors – Meeting Held in Public

26th March 2025

Paper title:	Board Integrated Performance Report – September 24 Data	Agenda Item
Presented by:	Phil Hubbard, Director of Nursing, Professions & Care Standards Fran Stead, Trust Secretary	**10.0**
Prepared by:	Kelly Barker, Chief Operating Officer Cliff Springthorpe, Head of Business Support	
Committees where content has been discussed previously	Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee Audit Committee	
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion	

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

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Purpose of the report

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

Executive Summary

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

This report presents two types of information:

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

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

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

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

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

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

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

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

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

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Being the Best Place to Work

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

Delivering Best Quality Services

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

Making Best use of resources

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

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

Best Partner – measures & metrics to be agreed

Good Governance
Confirmed assurance level - **Significant**

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

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

Recommendation(s)

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

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

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Board of Directors
Integrated Strategic Performance Report and
Board Assurance Framework

26 March 2025

Best Place to Work

Best Quality Services

Best Use of Resources

Best Partner

Good Governance; Accountability; Effective Oversight

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

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

This report presents two types of information:

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

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

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

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

2. Assurance levels (the Board Assurance Framework)

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

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

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

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

Are we improving, declining or staying the same?

Can we reliably hit the target?

Variation

Special Cause Concerning variation	Special Cause Improving variation	Common Cause

Assurance

Consistently hit target	Hit and miss target subject to random	Consistently fail target

ORANGE = significant concern or high pressure

BLUE = significant improvement or low pressure

GREY = no significant change

ORANGE = system change required to hit target

GREY = hit and miss, subject to random fluctuations

BLUE = will reliably hit the target

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

Theme 1: Looking after our people – we will	We will know we have been successful when:	Confirmed Current Assurance Level:
• Ensure our people have a voice that counts. • Strengthen the recognition and reward offers for our people. • Support our people to be active in improvement and innovation efforts inside and outside the organisation. • Embrace the principles of trauma informed practice across all of our services. • Encourage greater use of our comprehensive wellbeing offer so people are safe, healthy, thrive in their place of work and have a good work/life balance	• We have increased engagement with the NHS staff survey, with a focus on teams we hear less from. The NSS 2024 attracted an increased response of 53%, with a huge increase in Bank worker engagement to 35%. • All survey themes show a slightly higher score than the previous person-centredindicating improved engagement, morale and satisfaction. • Our labour turnover continues to improve month on month and in particular, the retention of new starters is improving.. • Our management of Employee Relations (ER) casework has improved dramatically, with the lowest number of open cases in three years and the speediest resolution evident. • Whilst sickness absence rises in line with seasonal trends, the provision of health and wellbeing support and resources. The newly re-launched Primary Care Wellbeing Service supplements the existing range with a comprehensive offer of holistic and person-centred wellbeing services.	**4. High**
Theme 2: Belonging in our organisation – we will		Confirmed Current Assurance Level:
• Continue to nurture compassionate, supportive and inclusive teams in our Trust. • Build on our collective learning to shape an increasingly diverse, culturally competent, flexible and inclusive workforce that represents our communities. • Continue to empower our staff networks, ensuring people can engage and act as a voice for the unheard voices. • Continue to measure and improve the experiences and progression of our staff from protected equality groups. • Encourage greater use of our comprehensive wellbeing offer so people are safe, healthy, thrive in their place of work and have a good work/life balance. • Organise all our leaders to lead by example and demonstrate values, behaviours and accountability in action	• We can demonstrate that our workforce, including our senior leadership, is representative of the community it serves. • Our WDES and WRES compliance continues to show improvements across all standards. • Our staff networks are thriving and ensuring their communities have a voice and are assured of our actions to support the Trust being the best place to work for people with protected characteristics. • The impact of the management skills training roll out is that fewer ER cases emerge and when they do, they are resolved more speedily at local level. • Roll out of NHS People Promise activities is supporting retention, including stay letters and career conversations.	**4. High**

Delegated Strategic Priorities – Assurance Level

NHS
Bradford District Care
NHS Foundation Trust

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

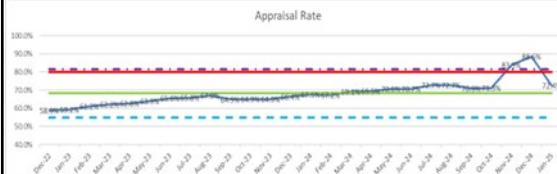| Theme 3: New Ways of Working and Delivering Care - we will	We will know we have been successful when:	Confirmed Current assurance level:
• Make sure that our physical places of work are accessible, well-resourced, high quality and maximise opportunities for new and integrated ways of working with our partner organisations. • Create a digitally enabled workforce through training, education and support, and embedding digital clinical leadership across the organisation.	• Our people are digitally confident, have consistently positive experiences using devices, applications and workspaces, that enable them to do their job effectively, supported by clinical digital leaders. • We are exploring opportunities for "dual qualification" for nurses and AHPs across acute and MHLDA career pathways to introduce higher levels of competence and cross-sector integrated working. • We have developed and implemented transformation programmes that change the way we deliver services and take a more creative approach to skill mix and developing the workforce.	**3. Significant**
Theme 4: Growing for the future – we will	**We will know we have been successful when:**	Confirmed Current Assurance Level:
• Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities.	• We have on-boarded a total of 30 newly qualified RMNs to ward based roles. • We have contributed to the MHLDA Provider Collaborative Staff Bank and now have access to over 500 Bank Nurses from two other organisations to fulfil our temporary staffing needs. • Our temporary staffing fulfilment is sustainably at a ratio of 90% Bank and 10% Agency. • Continue 'earn while you learn' with student nurses from local Higher Education Institutes, by joining the Trust Bank alongside their academic training, with the first cohort by May 2024 as a feasibility pilot, with the potential to widen to a Bradford District and Craven offer from 2024 onwards. • We are actively engaged in a BD&C Place scheme to collaborate around recruitment to entry level roles in all health and social care specialties, not only in respect of job opportunities that reach out into our communities, but also a cohesive approach to developing career pathways through vocational and academic programmes open to all.	**4. High**

Key Performance Indicators

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Staff survey – engagement levels	Strategic	7.03	2023	7.03	7.4 (best)	Staff engagement score remains stable/reduced slightly at 7.03 (-0.05);
Staff survey - % would recommend the Trust as a place to work	Strategic	62.33%	2023	62.33%	63% (sector)	
Labour turnover	Strategic	13.68%	Jan 25	11.56%	10%	
Number of leavers in 1st 12 months of employment	Supporting	93 (19.3%)	Jan 25	75 / 397 (18.9%)	N/a	The top 3 reasons for leaving (excluding resignation – other/not known) are retirement, VR – Relocation and VR – promotion. 10.33% left due to the end of a FTC, 15.87% through retirement and 5.29% through dismissal.
Sickness absence related to stress / anxiety	Strategic	2.6% of the 6.6% (39.04% of all absence)	Jan 25	2.6% of the 7.51% (35.21% of all absence)	N/a	
Sickness absence (Overall)	Supporting	6.6%	Jan 25	7.51% 48	4.0%	

Key Performance Indicators

Bradford District Care
NHS Foundation Trust

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
WRES data (number areas improved out of 8)	Strategic	5/8 improved	2023/24	5/8 improved	8/8	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored alongside the Trust's EDI programme.
WDES data (number areas improved out of 12)	Strategic	8/12 improved	2023/24	8/12 improved	12/12	
Gender pay gap (number areas improved out of 2)	Strategic	1/2 improved	2023/24	1/2 improved	2/2	The average (Mean) GPG in favour of males reduced from 2023. The median GPG increased however the increase was in favour of females.
Number of grievances involving discrimination & Proportion disciplinaries involving BAME staff	Strategic	1 Grievance 12 Disciplinaries (15.38% of all ER Casework)	Jan 25	1 Grievances 9 Disciplinaries (10.23% of all ER Casework)	N/a	
Annual Appraisal Rates	Strategic	69.08%	Jan 25	72.38%	80%	

Key Performance Indicators

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	91.4% 6.63% Agency 84.81% Bank 8.56% Unfilled	Jan 25	84.47% 5.37% Agency 79.10% Bank 15.53% Unfilled	100%	A reduction in bank and an increase in agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
Bank & Agency Usage (WTE)	Strategic	30.01 Agency 313.70 Bank Ratio: 8.73% Agency 91.27% Bank	Jan 25	29.56 Agency 290.37 Bank Ratio: 9.24% Agency 90.76% Bank	N/a	A reduction in bank and an increase in agency and unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
Vacancy rates	Strategic	7.4%	Jan 25	11.2%	10%	Slight reduction

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

Number of apprenticeships	Strategic	116	Jan 25	120	63	Increase
Number 'new' roles recruited to (inc NAs and ANPs)	Strategic	1	Jan 25	2	N/a	Increase

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

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

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Strategic Priorities – Assurance Level

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

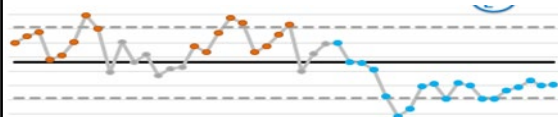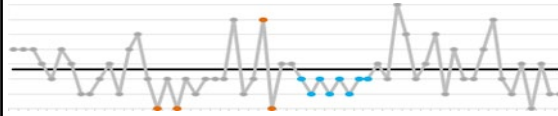| Theme 3: Improving the experience of people who use our services – we will	We will know we have been successful when:	Confirmed Current Assurance Level
• Embrace and apply the principles of trauma informed care in the way we offer services to people and their families consistently, underpinned by training and development for staff. • Ensure the voices of people in our services help shape our continuous improvement journey. • Enable better decision-making and choice on care provision and clinical practice through more active involvement of our service users, in particular those disproportionately represented in our services whose voices we don't hear	• People who use our services are telling us that they have had a positive experience, including those who are waiting for treatment. • We have embedded service user involvement throughout the organisation, including developing patient leadership roles. • We have a coordinated approach to supporting children, young people, carers and their families that improves outcomes and experience. • We have reduced the reliance on temporary staffing across services. • We have implemented the Patient and Carer Race Equality Framework requirements.	**Confirmed Current Assurance Level (QSC):** **2. Limited** --- **Confirmed Current Assurance Level (MHLC – restrictive practices):** **3. Significant**

Key Performance Indicators
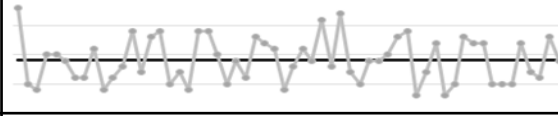
Best Quality Services: Theme 1: Access & Flow

Metric`	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Reportable Out of Area - Inappropriate (Monthly)	Strategic	Jan 25	409		(L)		563	
Number of people with inpatient length of stay <=3 days	Strategic	**Jan 25**	**1**	TBC	(variation)		**3**	
Number of people with inpatient length of stay > 60 days	Strategic	Jan 25	14	0	(variation)	(F)	14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Jan 25	60.0%	92%	(L)	(F)	61.5%	

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Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

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

Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Summary
Number of staff speaking up through Freedom to Speak Up Guardian Route	Supporting	(YTD) Jan 25	11	N/A	
% of staff trained as a CTW Champion	Strategic	Jan 25	42.2%	50%	
% of staff trained as a CTW Leader	Strategic	Jan 25	22.6%	20%	
% of staff trained as a CTW Practitioner	Strategic	Jan 25	33.9%	3%	
% of staff trained as a CTW Sensei	Strategic	Jan 25	75.4%	0.5%	
No of participants in research studies (YTD)	Strategic	Jan 25	27	400	

Total Number of Recruits per Month

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Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	Nov 24	63	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Nov 24	11	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Nov 24	97.5	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	Nov 24	50	0	N/A	N/A	N/A	

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defined by subcategories: Admission: Bed Shortage, Failure/Delay to access service, Cancellation of clinic/appointment, Cancelled therapeutic activity, Delay in referral, Treatment or procedure delay/failure
** *defined by subcategories: Appointment Cancellations , Waiting For Appointment/Visit, Length Of Waiting List*

Key Performance Indicators

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

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	Jan 25	68	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Jan 25	9	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Jan 25	97	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	Jan 25	40	0	N/A	N/A	N/A	

*defined by subcategories: Admission: Bed Shortage, Failure/Delay to access service, Cancellation of clinic/appointment, Cancelled therapeutic activity, Delay in referral, Treatment or procedure delay/failure
** defined by subcategories: Appointment Cancellations , Waiting For Appointment/Visit, Length Of Waiting List

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Delegated Strategic Priorities – Assurance Levels

NHS Bradford District Care NHS Foundation Trust

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

Strategic Priorities – Assurance Summary

Good governance: Good governance, accountability and effective oversight		
We will Have in place good governance arrangements that ensure we make the best decisions	**We will know we have been successful when:** We have well embedded governance processes that are clear and effective	**CONFIRMED Current assurance level:** 3. Significant

Board of Directors – Meeting held in public
26 March 2025

Paper title:	Strategic Risk Assurance Report	Agenda Item **10.1**
Presented by:	Rachel Trawally, Deputy Trust Secretary	
Prepared by:	Rachel Trawally, Deputy Trust Secretary	
Committees where content has been discussed previously	Mental Health Legislation Committee; Quality & Safety Committee; Finance & Performance Committee, Audit Committee, People & Culture Committee	
Purpose of the paper Please check **ONE** box only:	☐ For approval ☐ For information ☒ For discussion	

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

Purpose of the report

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

Executive Summary

This report brings together the strategic risks that have been identified within the Board Committees. In support of ensuring dynamic governance & proactive action management, an agenda item features within every Committee meeting to discuss the risks, consider changes, & confirm how assured the Committee is in the management of the strategic risk. During this item, there is also opportunity for the Committee to raise any new risks that arose during the discussion.

All Committee identified strategic risks are then reported within this report to show the full picture of strategic risk associated with delivery of the Better Lives, Together strategy. This report provides an update in support of ensuring dynamic governance. Within this report, each strategic risk has a Committee approved 'assurance rating', which is aligned to the internal audit assurance for consistency.

Low   Limited   Significant   High
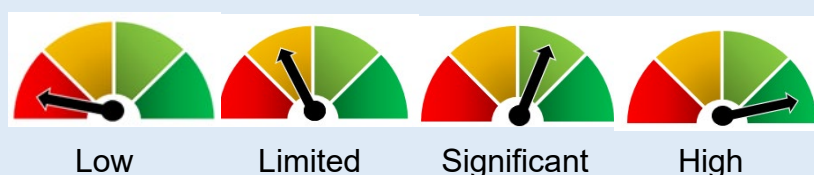
As a learning organisation, benchmarking & self-reflection has taken place in support of developing this report to ensure it is robust, & can be used as a tool for Board, Committee, to help action management. A new template for this Strategic Risk Assurance Report was recently introduced. Following the introduction of the recently new template when considering the report, Board members are asked to keep in mind how this tool can ensure a level of confidence in the Trust achieving its strategic objectives, it is simple & clear, with enough information to drive further action & prioritisation.

Consideration has been made to how the AAAD reports flow up from Committee to Board, with feedback gather at Board then reporting back into Committee as an ongoing cycle. The feedback gathered at Board has been fed back in the meetings via the AAAD from March 2025 and initial feedback has been positive on the triangulation this reporting brings between Board and its Committees.

Work is continuing with the planned development of the Trust Audit Committee. A self-review exercise, & comparison (which included benchmarking) of the terms of reference, has taken place in support of learning. The findings will be considered alongside consideration to the Audit Committees role in reviewing the establishment & maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust, that supports the achievement of the Trust's strategic objectives. As part of the Audit Committees integrated approach, it will have effective relationships with other key Committees so that it understands processes and linkages.

Consideration will also be made by the Committee on how the Trust's assurance framework & strategic risk management can link to System & Place risk management.

Work has commenced to ensure effective oversight is in place within the Trust. A fact-finding phase is underway, which includes capturing feedback from colleagues. Complementing this work is a review of the strategic measures, which were agreed as part of the Better, Lives Together refresh July 2023.

The Board Development Session due to take place in February to consider the strategic risks further has been delayed due to staff absence but will be rearranged shortly.

The annual effectiveness review has been undertaken at Committee level, and following an analysis of the survey results further work is being undertaken with the Committees & Board, which will include a multi-layered approach, utilising the Care Trust Way methodology. The findings will be tracked for each Committee within a new development plan, & will feature within changes made to the 2025/26 work plan for each meeting. A Board development session is planned for April 2025.

Strategic alignment:
The below diagram outlines the work that we are undertaking in support of ensuring an integrated model of strategy deployment, performance management, strategic risk management, & assurance. It supports deployment of objectives, & escalation of risk/assurance.
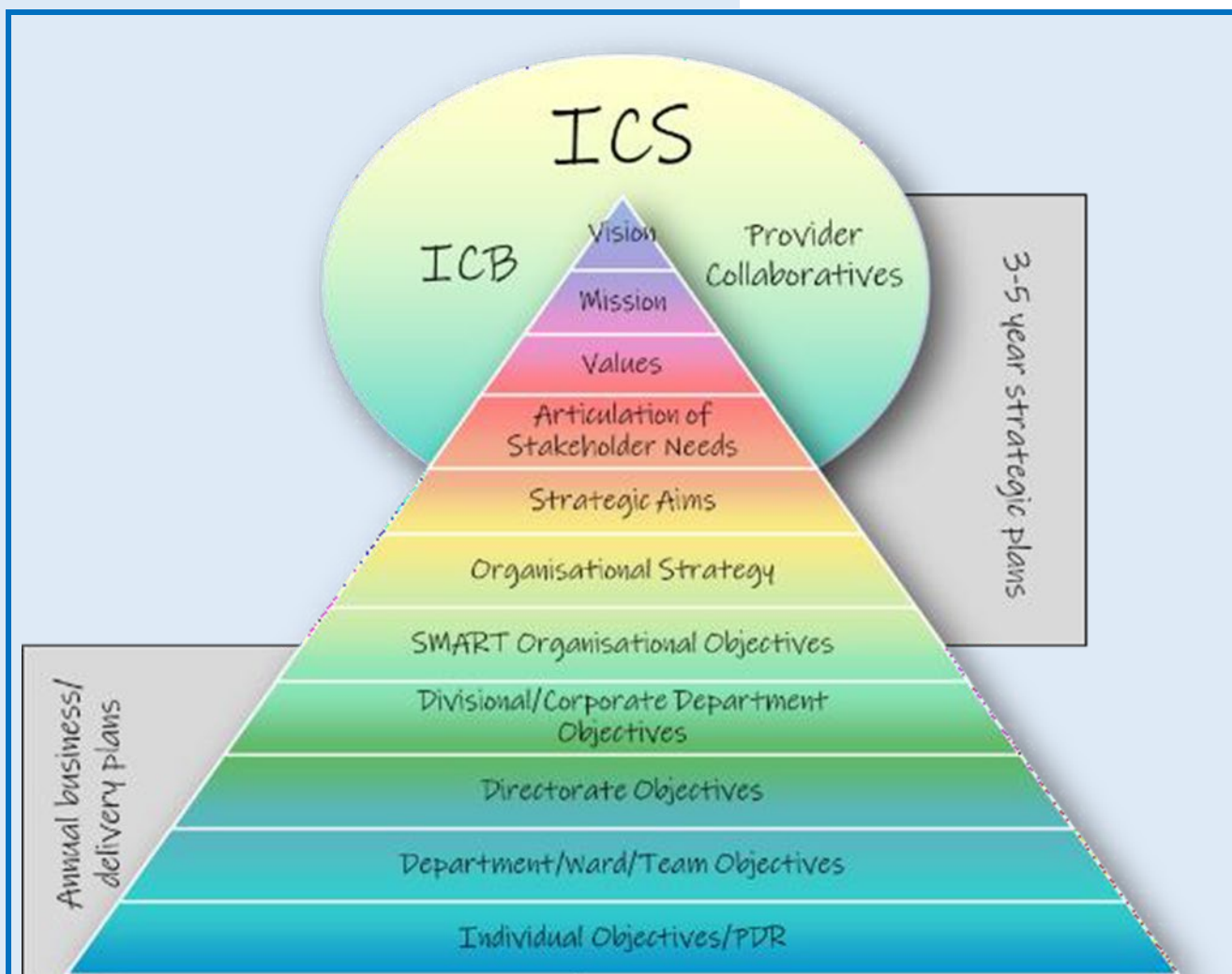
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	☐ **Yes** (please set out in your paper what action has been taken to address this) ☒ **No**

Recommendation(s)

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

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR:

	Not applicable
Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Caring ☐ Effective ☒ Well-Led ☐ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: - Well Led - Provider Licence - NHS Act 2006 - Health & Care Act 2022 - Trust Constitution - NHS Code of Governance

Board of Directors – Meeting held in public

Strategic Risk Assurance Report

1   Purpose

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

2   Delivering Better Lives Together (BLT)

BLT comprises of four strategic priorities, each of which have strategic measures & supporting measures associated with it. Each priority is broken down into a number of themes, which have been assigned to the relevant Board Committee(s) for monitoring. Underpinning the BLT strategy is a supporting principle of 'good governance, effective oversight & accountability', which has been assigned to the Audit Committee for monitoring.

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

Our core: Everything we do over the next 3-years will be focused upon making better lives together.

Our purpose: Supporting people to feel as healthy as they can be at every point in their lives& connecting people to the best quality care when & where they need it to make every contact count.

Our vision: To connect people to the best quality care when & where they need it, & be a national role model as an employer

3 Strategic risks and assurance of mitigation

December 2023, the Board received a report on the implementation of the refreshed strategic risk & assurance framework. This included confirmation that whilst the risks being identified by Committee's were different, it was possible to distil the risks to a top 3 overarching risks. They are:

1. There is a risk that the **inability to recruit and retain an appropriately skilled substantive workforce** will continue to negatively impact on the Trust's financial sustainability; the safety and experience of people who use our services & on the morale and experience of colleagues.
2. There is a risk that **continued increase in demand across many of our services** will continue to negatively impact on the quality of services we can offer, including maintaining unacceptable waits for treatment, safety concerns & potential impacts on outcome; that this will continue to negatively impact on the financial sustainability by driving the need for additional staffing related to additional activity & acuity of patients relating to the impact of waiting for treatment, & that this will impact on colleague experience due to increased workload & associated pressures as well as a lack of time to invest in development and support.
3. There is a risk that the **continued lack of available capital to invest across the estate** will lead to patient & colleague safety incidents as well as continued poor experiences for patients & colleague relating to an aging & inappropriate environment.

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

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management
Mental Health Legislation Committee	BPTW BQS	T1 T3	Risk of ineffective or insufficient recruitment/retention of Associate Hospital Managers ("AHMs") and for insufficient AHMs to be willing & able to act as chairs.	New pressures on existing situation.	September 2023	Limited
	BPTW BQS	T1 T3	Risk that safety and experience of service users and/ or staff is materially compromised by limited ability to respond, in a sufficiently coherent and	New	January 2024	Significant

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management
			rapid way, to estates issues and/or innovations.			
	BPTW BQS	T1 T3	Risk that safety and experience of service users and/ or staff is materially compromised by unjustified or sub-optimally managed use of restraint/intervention on wards.	New	March 2024	Significant
	BQS	T3	Risk of sub-optimal application of "best interests" principles.	New	March 2024	Limited
	GG	-	Risk that the Trust may not act in a fully compliant / best practice way in relation to Hospital Managers.	New	May 2024	Limited
Quality & Safety Committee	BPTW BQS	T1 T3	Continued pressure on our workforce impacting on quality of care to patients.	New pressures on existing situation.	September 2023	Limited
	BPTW BQS	T1 T3	Continued demand & acuity in a number of services including acute inpatient, community MH, Children & Adults, Podiatry, LAC will have a negative impact on patient experience and outcomes.	New pressures on existing situation.	September 2023	Limited
	BPTW BQS	T1 T3	Recruitment challenges to roles & services having a negative impact on wellbeing & culture.	New pressures on existing situation.	September 2024	Limited
	BPTW BQS	T1 T3	An increase in Pressure Ulcers were noted for care homes this risk has been escalated to LA as contract leads and training from the tissue viability team supported clinical teams in care homes	New pressures on existing situation.	March 2025	Limited

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management
Finance & Performance Committee (verbal update to be presented at Board on any changes following January FPC meeting)	BUOR	T1	There is a maintained risk that the Trust will be unable to maintain its financial sustainability in the medium to long term.	New pressures on existing situation.	September 2023	Low – there are in year mitigations in place within the Trust, which is also contributed to by wider system pressures.
	BUOR BPTW BQS	T1 T1 T3	There is a risk that ongoing lack of capital funding will mean we are unable to effectively address the short, medium and long term estates requirements at Lynfield Mount, impacting on the safety, experience and outcomes for patients and staff.	New pressures on existing situation.	September 2023	Significant
People & Culture Committee	BUOR BPTW BQS	T1 T1 T3	Continuing medical locum usage, associate quality & financial pressures associated with this strategic risk.	Existing.	September 2023	Limited.
	BUOR BPTW BQS	T1 T1 T3	Workforce utilisation and effective rostering as part of the Model Roster 3 programme.	New pressures on existing situation.	May 2024	Limited
	BPTW	T1	Manager capability & competence, in light of new financial pressures/challenges.	New pressures on existing situation.	May 2024	Limited

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management
	BPTW	T1	Threat to culture change in light of additional performance/financial pressures as 2024/25 progresses.	New pressures on existing situation.	July 2024	Limited

Rachel Trawally
DeputyTrust Secretary
March 2025

AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	23/03/2025
Report from:	Quality & Safety Committee	Meeting date:	12/03/2025
Quorate?	Yes ☒ No ☐		
Members present	Alyson McGregor MBE (NED/Chair), Bob Champion, Kelly Barker, Sally Napper (NED), Phillipa Hubbard.		
In attendance	Christopher Dixon, Grainne Eloi, Jess Greenwood-Owens, Matthew Riley, Prabhdeep Sidhu, Rachel Howitt, Anita Brewin, Rachel Trawally, Catherine Schofield, Claire Webb, Jackie Knotts, Paula Reilly, Abigail Larvin, Lisa Wright,		
Observers	Trevor Ramsay (Governor)		
Apologies	David Sims, Fran Stead, Rebecca Le-Hair, Thabani Songo, David Sims, Rebecca Jowett		

Best Quality Services	Theme 1 – Access and Flow	BQS:T1
	Theme 2 – Learning for improvement	BQS:T2
	Theme 3 – Improving the experience of people using our services	BQS:T3

Agenda items	
	• Action Log
	• Learning from your experience: Pressure Ulcer deep dive report
	• Feedback from Involvement Partners
	• Strategic Assurance Report .1 Integrated Performance Report and .2 Strategic Narrative
	• Quarterly CQC update
	• Equality Impact Assessment update
	• Quarterly Patient Safety, Incidents, and Experience and feedback
	• PCREF update
	• Alert, Advise, Assure and Decision Reports .1 AAAD report: System Quality Committee/ .2 AAAD report: Clinical Board/ .3 AAAD report: Patient Safety & Learning Group/ .4 AAAD report: Safer Staffing Group/ .5 AAAD report: Senior Leadership Team Quality, Safety, Governance/ .6 AAAD report: Allied Health Professionals/ .7 AAAD Report:
	• Quarterly combined report: Patient and Carer Involvement and Volunteering
	• Strategic Risk Summary
	• Committee annual effectiveness review update
	• Notification of future meeting dates
	• Draft Workplan 2025/26
	• Confirmation of Escalation Reporting including: 1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting, details of level in item 8), 2 Confirming top 3 strategic risk to include in AAA report (decision based on outcome of entire meeting), 3 Confirmation of Alert; Advise; Assure and Decision Reporting

	• Meeting Evaluation
Alert items agreed by Committee	• Significant demand for acute inpatient services over late February and early March 2025. Work was ongoing to address this. • The Trust had formally received the Regulation 28, which had been previously discussed.
Advise items agreed by Committee	• Pressure Ulcer Report – training within care homes was discussed (availability of staff, turn over and impact on training etc.), this would be followed up via the Local Authority/Safeguarding and System route. • The Involvement Partners process - The Committee recognised the important role and the further work that was being undertaken within this area was discussed. • First Response Line – feedback from Involvement Partners was discussed. This would be taken forward. • Challenges continued within acute inpatient service, driven by the ability for people to access services at the right time/level/by the right people. Work was ongoing to address this. • NHSE – 50% job losses announced. • The Patient Safety Strategy review was underway. • A small number of Care Homes had received CQC – 'requires improvement'. • PCREF - Data on the use of restraint, formal detention and inpatients was provided for ethnicities, along with the work streams within this area. The report highlighted differences in experience which need to be addressed by the Trust.
Assure items agreed by Committee	• Pressure Ulcers within the Trust were lower when benchmarked to other Trusts, there was stability of numbers, despite a rising number of service users with complex needs. The Team's dedication and innovative approach was noted. The high numbers occurring in people in care homes was highlighted as a concern. • Waiting list improvements and temporary staffing were noted, this should impact assurance levels in due course. Inpatient Services were currently fully recruited to. • Care Trust Way had been utilised to align value streams linked to sustainability and quality within operations. • A key focus had been on whether service users were socially/emotionally ready for discharge. • CQC – there were 5 enquiries in quarter three, a decrease from quarter two and lower than other Trusts when benchmarked. The Trust continued to work transparently with the CQC to highlight enquiries/incidents. • The Trust anticipated a Well Led inspection – preparation was underway, an auditor was being appointed to undertake an internal audit. • Complaints process continued to be improved; this was reflected in positive/reduced figures.
Decisions made by Committee	• **Approved - PCREF update** • **Approved - Strategic Risk Summary**

New risks identified by Committee	• An increase in Pressure Ulcers were noted for care homes this risk has been escalated to LA as contract leads and training from the tissue viability team supported clinical teams in care homes
Items to be considered by other Committees/Groups	• No items were raised.
Feedback following discussion at 'parent' meeting	

Report completed by	Jess Greenwood-Owens Corporate Governance Officer	**Date**	13 March 2025
On Behalf of Chair	Alyson McGregor MBE (NED/Chair)		

AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	23/03/2025
Report from:	People and Culture Committee	Meeting date:	14/03/2025
Quorate?	Yes ☐ **No** ☒		
Members present	Sally Napper (NED/Deputy Chair), Bob Champion, Kelly Barker, Chris Dixon (on behalf of Phil Hubbard), Therese Patten		
In attendance	Jess Greenwood-Owens, Rachel Trawally, Michelle Holland, Fay Davies, Lisa Wright, Claire Ingle, Jo Wilson, Matthew Cook, Jas Stone-Neill		
Observers	N/A		
Apologies	Mark Rawcliffe (NED/Chair), David Sims, Fran Stead, Phil Hubbard Jeanette Homer		

	Theme 1 – Looking after our people	BP2W:T1
Best Place to Work	Theme 2 – Belonging in our organisation	BP2W:T2
	Theme 3 – New ways of working and delivering care	BP2W:T3
	Theme 4 – Growing for the future	BP2W:T4

Agenda items	- Learning from your experience - PTU changes over the last 18 months - Strategic Assurance Report .1 Strategic Narrative Report/ Integrated Strategic Performance Report (dashboard - enclosure) .1 Medical Staffing Update/ .2 Recruitment Activity Update/.3 New ways of working/data insights – subject focus/ .4 Staff Bank – Mandatory Training - Gender Pay Gap Annual Report - Alert, Advise, Assure and Decision AAA+D Report/s: .1 Senior Leadership Team, People, Planning & Innovation/ .2 Strategic EDI Partnership Group - Draft Committee Workplan 2025-26 - Notification of future meeting dates - Committee annual effectiveness review - Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting)/ .2 Confirming top 3 strategic risk to include in AAA report (decision based on outcome of entire meeting)/ .3 Confirmation of Alert; Advise; Assure and Decision Reporting - Meeting Evaluation .1 Was the meeting conducted in line with the Trust values. - Any other business – Government announcement of NHSE
Alert items agreed by Committee	There were no alerts raised by the Committee.

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Advise items agreed by Committee	- Labour turnover was decreasing. - Sickness absence was decreasing. - PMO would be reviewing the wellbeing provision offered at the Trust. - Increase in apprentices. - Medical Staffing – the International recruits had joined the Trust; they were being supported with a tailored induction. Investigation was underway to determine why some doctors had withdrawn their applications. - Bank and agency usage - slight reduction in the fulfilment of posts against demand, work continued with the collaborative bank and assessment centres to recruit staff. - Right to Work Policy had been circulated for consultation. - Staff survey – increase in scores for 16 categories, decrease of 3 and static for those remaining categories. - Government announcement of abolishment of NHSE – 50% job losses announced. - People Promise Partner has left the Trust
Assure items agreed by Committee	- Collaborative and innovative approach of PTU (now Safe De-Escalation Team); the great work alongside Involvement Partners, a patient centred approach and one that embraced EDI. The Committee welcomed the learning from your experience, which was perfectly in- keeping with Trust values. - Downward trend of employee relations cases. - It was expected that there would be a 40% reduction in locums within medical staffing over the next 5 months. - Recruitment KPIs continued to be very strong - time to hire 23 days against target of 35. Onboarding of Newly Qualified Nurses had been developed and received positive feedback - Gender Pay Gap – the Trust was performing within the top 25% of Trusts. - Staff Bank – Mandatory Training – the position had improved within this area (which had previously been raised as an alert).
Decisions made by Committee	**Approved** – Minutes of the previous meeting **Approved –** Gender Pay Gap Annual Report *The Committee was not quorate; these items were circulated after the meeting and approved by members.*
New risks identified by Committee	None were identified
Items to be considered by other Committees/Groups	None were identified
Feedback following discussion at 'parent' meeting	

Report completed by	Jess Greenwood-Owens	Date	14/03/2025
	Corporate Governance Officer		
On Behalf of Chair	S Napper (NED/Deputy Chair)		

Board of Directors – Meeting held in public
26.03.25

		Agenda Item
Paper title:	Gender Pay Gap 2025	**14.0**
Presented by:	Lisa Wright, Head of Equality, Diversity and Inclusion	
Prepared by:	Lisa Wright, Head of Equality Diversity and Inclusion (EDI)	
Committees where content has been discussed previously	Strategic Staff EDI Partnership	
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion	

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

Purpose of the report
This report presents the Trusts gender, ethnicity and disability pay gaps as measured on 31.03.24. Publishing the gender element is a requirement of the Equality Act 2010 and Gender Pay Gap 2017 Regulations.

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Executive Summary

This is the eighth year that the Trust will be publishing its gender pay gap. The data is taken as a snapshot of the workforce on 31.03.24. The mean pay gap is 5.62% a reduction from 5.86% in 2024 and 7.89% in 2023. The mean bonus gender pay gap is -31.92% a reduction from -22.15% in 2024. The ethnicity pay gap is 11.29% an increase from 8.40% in 2024 but lower than 13% in 2023. The disability pay gap is 5.94% an increase from 5.57% in 2023 but less than 6.20% in 2023. The Trust performs in the top quartile of similar sized NHS organisations for its gender pay gap. Benchmarking data is not currently available for the ethnicity and disability pay gaps.

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

Recommendation(s)

The Board of Directors is asked to:
- Note the approval to publish this report as evidence of our compliance with the Equality Act Regulations 2017 given in March 2025.
- Note that the data will be uploaded to the government Gender Pay Gap website for benchmarking with other organisations and businesses across England.

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR:
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Caring ☒ Effective ☒ Well-Led ☒ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Equality Act Regulations 2017. • NHS England EDI Improvement Plan 2023.

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Board of Directors – Meeting held in public

26.03.25

Gender Pay Gap 2025

1   Purpose

The Equality Act 2017 Regulations require organisations with more than 250 staff to publish their gender pay gap (GPG) and bonus gender pay gap (BGPG) data on the Governments reporting website by 31st March annually. There is clear guidance[1] on how to carry out the calculations in a way that can be benchmarked nationally. The data is a snapshot of the workforce on 31st March from the previous year meaning the data presented here is from 31st March 2024. This is the eighth year that the data has been reported and **appendix 1** shows the trends that are developing with the data.

It was agreed at the Senior Leadership Team in 2022 that additional data would be outlined within this report annually to build a bigger picture of the Trust's performance with pay gaps affecting ethnically diverse and disabled staff. This was made a requirement of the NHS England EDI Improvement Plan[2] in 2023 within the expectations set out for high impact action three 'develop and implement an improvement plan to eliminate pay gaps'. The requirements for this action are:

- Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.
- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards (2024 for sex and race, disability by 2025 and other protected characteristics by 2026.
- Implement an effective flexible working policy including flexible working options on organisations' recruitment campaigns (2024).

The Trust is ahead in implementing these requirements. A summary of the Mend the Gap recommendations is included in **appendix 2**.

This report presents that data, alongside a benchmark **(appendix 1)** and the proposed ongoing actions **(section 3)**.

2   Gender Pay Gaps

The mean gender pay gap (GPG) is 5.62%; that is a decrease of 0.24% since the March 2023 data. The median gender pay gap is -6.11%. The Trust aims to benchmark BDCFT's performance against NHS Trusts and reduce the pay gaps over time. The aspiration is that the Trust remains in the top performing quartile of Foundation Trusts.

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[1] https://gender-pay-gap.service.gov.uk/public/assets/pdf/gender-pay-gap-explained.pdf
[2] NHS England » NHS equality, diversity and inclusion (EDI) improvement plan

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Further analysis into the GPG by care group and directorate, staff group, pay band and professional group has been carried out to understand where the pay gap is higher than the Trust average 5.62% and the percentage of males in the service is the same as, or lower than the Trust average gender split of 20.1% (males). Where these two variables have been identified analysis of those areas and bands has been carried out to look at why the gap is higher or lower.

The table below shows the representative split across the four pay quartiles of male and female staff in March 2024. One is the lowest pay quartile and four is the highest.

Quartile	Female	Male	Female %	Male %
1	656.00	202.00	76.46	23.54
2	649.00	210.00	75.55	24.45
3	711.00	147.00	82.87	17.13
4	657.00	202.00	76.48	23.52

This shows that there is an over representation of males in quartile 1, 2 and 4 and an under-representation in quartile 3. The mean average hourly rate of pay for males within the Trust is £19.80 an increase from £19.01 in 2023 and from £18.49 in 2022 and for females is £18.69 an increase from £17.89 in 2023 and £17.03 in 2022. The difference between the hourly rate of pay in 2024 is £1.11 this is no change from 2023 and a decrease from £1.46 in 2022.

2.1 Care Groups

The Trust level mean pay gap is 5.62% in favour of male employees, looking across the care groups the pay gap varies from -23.89% to 100%. Some of these groups have low numbers of staff which impacts on the pay gap fluctuations in those areas year on year.

- In Estates and Facilities 36.7% of staff identify as male and the gender pay gap is 16.4%.
- In the Mental Health Directorate 24% of staff identify as male and the gender pay gap is 10.2%.
- In the Executive Office the pay gap is influenced by the low number of staff. 44.4% of staff identify as male and the gender pay gap is 7.1%.

There are pay gaps in some services in favour of staff who identify as female. These are as follows:

- In Finance the pay gap is influenced by the low number of staff. 48.4% of staff identify as male and the pay gap is -23.90%
- In the Community, Children's Services Care Group the pay gap is influenced by the low number of male staff (1.8%). The pay gap is -23.1%
- In the Medical Directorate 41.2% of staff identify as male and the gender pay gap is -2.3%.

2.1.1 Estates and Facilities

Looking further into the 16.4% pay gap in Estates and Facilities, there are statistically significant gaps in:

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- Estates Central Services where 41.2% of staff identify as male and the difference between male and female rates of pay is £3.65 creating a pay gap of 19.2%.
- Estates Food Services where 53.9% of staff identify as male, the difference between hourly rate of pay is £1.58 creating a pay gap of 10.6%.
- Estates Maintenance where 92.9% of staff identify as male and the difference in hourly rate of pay is £3.83 creating a pay gap of 23.5%.

When we look at these pay gaps in relation to professional group, we can see that the gaps within the Estates and Facilities Hotspots are due to the senior manager roles being filled by male employees.

When looking at Ancillary roles within Estates and Facilities across all the hotspot areas identified above the pay gap is 8.8%. This is created by all female staff being concentrated in bands 1 – 3.

2.1.2 Mental Health Directorate

Within the Mental Health Care Directorate, the pay gap is 10.2%. The proportion of staff identifying as male across the directorate is higher than the Trust average at 24%. The difference between male and female hourly rates of pay is £2.23 in favour of males. The pay gap is statistically significant in Adult Mental Health Inpatient Services where 30% of staff identify as male and the pay gap is 14.3% and in Older People's Mental Health Services where 26% of staff are male and the pay gap is 18.2%. In Child and Adolescent Mental Health Services the pay gap has reduced from 18% in 2023 to 2.7% in 2024.

Looking at Inpatient Services the overall pay gap in this area appears to be due to the Medical Staff being predominantly male (84.6%). There is a reasonably high gap within Qualified Nurses where male staff represent 24% and the pay gap is 7.7%, this requires further analysis. Within the Older People's Mental Health Services analysing the data by staff group does not show an obvious reason for the pay gap. When we consider the pay gap in this service the overall pay gap is split across bands 2-5, and band 7, these gaps are due to male employees having a longer average length of service than females.

When we analyse the data further for nursing staff within inpatient services the pay gap is concentrated in band 6 where 20.7% of staff identify as male, the difference in rate of pay is £2.71 and the pay gap is 11.5%. This is attributable to length of service for male employees.

2.2 Bonus Gender Pay Gap

The Trusts Median Bonus Gender Pay Gap is -80.99% a reduction from 73.54% in 2024. 0.13% of staff who identify as female and 0.90% of staff who identify as males were paid a bonus. This is the Clinical Impact Award[3].

2.3 Ethnicity Pay Gap

The mean ethnicity pay gap is 11.29% which is an increase from 8% in 2023. The difference in hourly rate of pay between Ethnically and Culturally Diverse (ECD) staff and White staff is £2.30 and increase from £1.58 in 2023. The largest pay gaps are in Trust Exec Office (33.2%)

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[3] Clinical Impact Awards: guidance - GOV.UK

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Staff Bank (18.6%), Nursing, Professions and Care Standards (14.6%), Business Performance (14.6%) and Trust Management (13.9%). When looking at professions the largest pays gaps are in Senior Managers (21.8%), Medical Staff (29%). When looking at the bands the largest pay gaps are in Band 9 (32.5), Medical (32%) and Exec (24.3%). To get a more accurate picture the number of staff who have 'not stated' their ethnicity could be lowered. At the time of data pull this was 130 staff across the Trust.

2.4 Disability Pay Gap

The number of staff sharing their disability status in the Electronic Staff Record (ESR) has increased over the years from 3% before the NHS Workforce Disability Standard Programme was launched to 14% in 2024 (593) people. The disability pay gap is 5.94% an increase from 5.57% with a difference in hourly pay of £1.18 an increase from £1.06 in 2023. It is difficult to do further analysis of this data at service, professional group, band and length of service due to the low numbers of staff across each area. We will continue to decrease 'prefer not to stay' and 'not stated' categories in ESR to enable deeper analysis.

3   Options

In addition to the usual requirements the Trust has considered the directive to implement the MEND the Gap recommendations made in the NHS EDI Improvement Plan.

Priorities for the Trust are:

- Increase the use of national pay contracts in place of local pay arrangements for hospital doctors – a Medical Staffing Lead has been recruited as a new resource to support this requirement.
- Promote a flexible working culture to all staff including supporting male staff to work 'less than full time' (LTFT). The Trust has been working with the West Yorkshire Mental Health Collaborative to develop resources that promote and support flexible working with our Trusts. These include a toolkits for managers and colleagues, 'Top Tips', poster campaign and a video - Flexible working in West Yorkshire. These have been launched, shared and are being embedded throughout our communication platforms and policies.
- Talent management and training programmes should be used to develop staff and increase appointment of a more balanced senior workforce, such as Associate Specialist, GP Partners, Professors and Consultants. The Reciprocal Mentoring Programme is about to launch its fourth cohort, and a graduate network has been established. The evaluation shows positive impacts on progression and recruitment for participant progression from bands 5 and 6 into more senior roles. The NHS Equality Delivery System 2022 evaluation process completed in January 2025 looked in detail at representation at bands 8c and above. The report will be published here Equality and diversity reports - Bradford District Care NHS Foundation Trust.
- Further analysis is required into the pay gap for qualified nurses. This was not available at the time of the report submission. An update will be shared at the Strategic Staff EDI Partnership.

- Continue to implement retention, re-entering and retraining policies to retain women. New processes have been set in place to reduce attrition and check in with new staff at nine and eighteen months to support retention. Staff turnover targets are in place and monitored at the People and Culture Committee.
- Include the gender, ethnicity and disability pay gap data as part of the NHS Workforce Equality Standard Reporting processes to the Board. The Trust is complying with this and is planning a new programme to report on religion and belief in the future.
- Increase the number of staff completing the personal information relating to disability and ethnicity in the electronic staff record to enable more detailed analysis.

4   Risk and Implications

The Trust has a small gender pay gap when compared to other NHS organisations and continues to perform within the top quartile. A summary of that benchmarking is included in **Appendix 1**. The gap is 5.62% and the Trust is committed to 'mending' the gap using the recommendations set out in **Appendix 2**.

Some services have small numbers of staff which can account for considerable fluctuations in the gap year to year.

It should be remembered that this report is based on the statutory requirement to analyse the data from 31st March in the previous year (2024) and therefore the gap may already be significantly different.

5   Results

Ongoing progress in implementing the actions set out in section 3 are reported to the Strategic EDI Staff Partnership and the People and Culture Committee as part of the Trusts Belonging and Inclusion Plan updates. The information will be shared with the Trusts Staff Side Partnership and staff networks.

Lisa Wright
Head of Equality, Diversity and Inclusion (EDI)
14.03.25

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Progress and Change

NHS
Bradford District Care
NHS Foundation Trust

Results	2018	2019	2020	2021	2022	2023	2024	2025
Average Gender Pay Gap – MEAN	3.02%	7.70%	7.21%	9.39%	7.55%	7.89%	5.86%	5.62%
Average Gender Pay Gap - MEDIAN	-4.63%	-6.37%	-4.80%	-3.06%	-5.78%	-4.45	-7.13%	-6.11

Results	2018	2019	2020	2021	2022	2023	2024	2025
Average Bonus Gender Pay Gap – MEAN	37.08%	19.22%	16.69%	-49.31	11.11%	12.45%	-22.15%	-31.92%
Average Bonus Gender Pay Gap – MEDIAN	-53.84%	-60.00%	-25.22%	-114.26%	33.75%	38.33%	-73.54%	-80.99%

Ethnicity and Disability Pay Gap

Pay Gap	2024	2023	2022
Ethnicity Pay Gap	11.29%	8.48%	13%
Disability Pay Gap	5.94%	5.57%	6.20%

Gender Pay Gap Benchmarking 2023-2024 - NHS Foundation Trusts
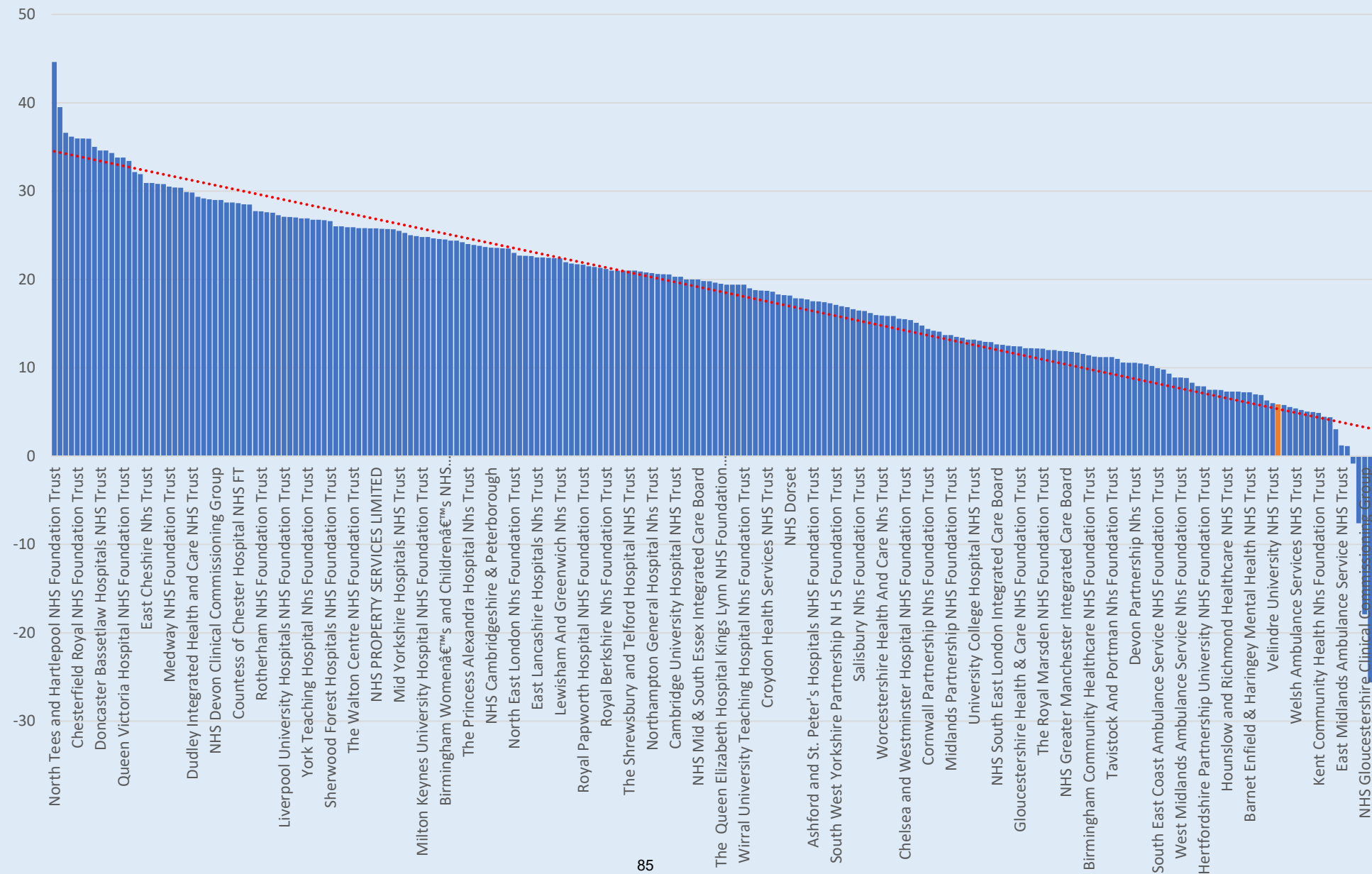
Board of Directors – Meeting held in Public
26.03.25

Paper title:	Equality Objectives Update 2025	Agenda Item
Presented by:	Lisa Wright, Head of Equality, Diversity and Inclusion (EDI)	**15.0**
Prepared by:	Lisa Wright, Head of EDI	

Committees where content has been discussed previously	Strategic Staff EDI Partnership People and Culture Committee
Purpose of the paper Please check **ONE** box only:	☐ For approval ☒ For information ☐ For discussion

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

Purpose of the report
This report provides an update on the delivery of the BDCFT Equality Objectives 2024 – 2028.

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Executive Summary

The Trust is required through the Equality Act 2010 Public Sector Equality Duties to publish a set of Equality Objectives every four years. These objectives set out the Trusts priorities for improving workforce equality and health equity. The current objectives run from 2024 – 2028 and are available here Equality Objectives 2024-2028. Activity related to the delivery of these objectives is embedded into the Trusts Belonging and Inclusion Plan and the specific work programmes that are delivered underneath that strategy for example the NHS Workforce Equality Standards, the gender pay gap, the Patient and Carer Race Equality Framework. This work is published here and reported through the Trusts governance and accountability structures regularly.

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

Recommendation(s)

The Board of Directors is asked to:
- Note the work programmes, and governance structures established to provider assurance on delivery of the equality objectives.
- Support the delivery of the equality objectives by applying an EDI lens to their activity.

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR:
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Caring ☒ Effective ☒ Well-Led ☒ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Compliance with the Equality Act 2010 and 2017 Regulations. • NHS Equality Workforce Standards. • NHS Equality Delivery System 2022. • Statutory duty to deliver on reducing health inequalities. • NHS Patient and Carer Race Equality Standard. • Accessible Information Standard. • Sexual Orientation Monitoring Standard.

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Equality Objectives Update 2025

1   Purpose

The Public Sector Equality Duty 2010 requires organisations to publish a set of equality objectives every 4 years. The current set of Equality Objectives runs from 2024 – 2028 and is included in **appendix 1**. This paper provides an update on how the Trust is delivering on those objectives across a range of work programmes, how performance is measured and where the progress is reported.

2   Proposed Outcome

The equality objectives support organisational compliance with the General Equality Duties which require organisations to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Promote equality of opportunity.
- Foster good community relations between groups.

For all three of these duties these requirements relate to BDCFT staff, volunteers, contractors working within our services and estate and to patients and the public in need of or using our services. It can be applied to experiences within the workforce of direct or indirect discrimination, equality of opportunity to career progression and employee relations and to health equity relating to differences in access, patient experience and health outcomes.

For workforce equality and our aim to be the **best place to work** the Trust has set out within the objectives to:

- identify and address inequality of experience and under-representation within the workforce.
- Identify, celebrate and spread good practice.
- Engage with stakeholders in this work to inform and provide scrutiny of our performance.

For health equity and our aim to deliver the **best quality services** the Trust has set out within the objectives to:

- Identify and address inequalities of access, patient experience and health outcomes
- Identify, celebrate and spread good practice within and outside of the Trust.
- Engage with stakeholders in this work to inform and provide scrutiny of our performance.

To provide public information about the Trusts work to deliver on these priorities a Public Sector Equality Duty Report is published. The 2024 – 2025 report referenced here gives a comprehensive update of activity, impact and next steps for information and assurance.

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The Equality Objectives provide the framework for the Trusts Belonging and Inclusion Plan, this document is our EDI strategy. It was reviewed and relaunched in January 2025 and is included in appendix 2 for information.

There are a suite of detailed work programmes which set out how the Trust will meet all of the requirements relating to this strategy. These include:

Work Programme / Requirement	Summary of content	Co-production / engagement provided through	Reported to
Workforce Equality Objectives			
1. The NHS Workforce Race Equality and Disability Standard annual Action Plans, Medical Race Equality Standard and Bank Staff Equality Standard. LGBT+ Rainbow Badge Action Plan – workforce.	Metrics from ESR, TRAC and the staff survey providing a snapshot of staff experience, representation throughout the Trust and perception.	BDCFT staff networks (15%) of staff are involved in a staff network. Networks are available for disabled staff, working carers, LGBT+ Staff, ethnically and culturally diverse staff. Staff support groups and forums for multi faith, neurodiversity and menopause. EDI Influencers network for dissemination to teams and services.	Strategic Staff EDI Partnership. Staff Networks and Staff Side Partnership, People and Culture Committee. Published for compliance on the BDCFT website and submitted to NHS England.
2. Gender Pay Gap	Pay gap between men and women in the workforce, analysis of that information by pay band, care group and professional group.	Benchmarking with available national data. Workshops, training, focus groups, team engagement, MS Forms and evaluation with stakeholders.	Published for compliance on the BDCFT website and uploaded to the Government Gender Pay Gap public pages.
3. NHS England EDI Improvement Plan	Six high impact actions relating to staff experience, pay gaps, wellbeing and representation.		Quarterly reviews submitted to the West Yorkshire Integrated Care Board (WYICB).
4. NHS Equality Delivery System Domain 2 and 3.	Workforce Health and Wellbeing and Inclusive Leadership metrics. Detailed score card of performance metrics.	As above plus West Yorkshire Mental Health Collaborative peer review process.	Strategic Staff EDI Partnership. Staff Networks and Staff Side Partnership, People and Culture Committee.

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Work Programme / Requirement	Summary of content	Co-production / engagement provided through	Reported to
			Published for compliance on the BDCFT website and submitted to NHS England.
Reducing Health Inequalities Objectives			
5. Accessible Information Standard	Five priorities relating to making access and information appropriate for patients to reduce barriers to access and health equity.	Audit, patient feedback, involvement mechanisms, health watch input and community engagement.	Strategic Staff EDI Partnership. Staff Networks and Staff Side Partnership, People and Culture Committee through biannual Belonging and Inclusion Plan updates.
6. Sexual Orientation Monitoring Standard	Improving data and information on LGBT+ people using NHS Services. Using that information to improve health equity.	As above plus the Rainbow Alliance and Rainbow Badge Assessment process.	As above.
7. Equality Delivery System 2022 Domain 1	Metrics and a detailed performance score card relating to access, patient safety, patient feedback and staff survey scores.	WYICB EDI Leads, Bradford and Airedale Health and Social Care Partnership and a shared stakeholder engagement process. Engagement with BDCFT services – staff and service users. Community engagement via the voluntary and community sector.	Service Operational Meetings and the Trusts Quality and Safety Committee. Published for compliance on the BDCFT website and submitted to NHS England.
8. Patient and Carer Race Equality Standard (PCREF)	34 different requirements relating to patient access, experience, health outcomes and staff competence.	Engagement with patients and the public via the ECDC Hope and Light Project and the wider voluntary and community sector. Engagement with West Yorkshire Mental Health Collaborative.	PCREF Accountability Group and Workstream Delivery Groups, Quality and Safety Committee. Annual Report to be published on the BDCFT website – approved in March 2025.

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Information about our progress on these programmes is published regularly on the BDCFT publication scheme Equality and diversity reports - Bradford District Care NHS Foundation Trust.
In addition to these work programmes there are wide range of policy and procedural documents that support delivery of the Trusts Equality Objectives. These include the Equality Impact Assessment Policy, Trans Equality Policy, Spiritual Care Policy, Interpreting and Translation Policy, Managing Discrimination from Patients Policy, Disability Policy and Dignity and Respect Policy.

The Trust has also committed to workplace and employment standards that support the equality objectives, these include the Mindful Employer, Disability Confident Scheme, Menopause Accreditation, Carers Accreditation, Unicef Baby Friendly Gold Accreditation and Autistica Employers Index.

Across the Trusts EDI Influencers Network service leads are implementing a range of service specific standards relating to EDI in their services. Case studies and priorities are being collected via the network to support consistent approaches to EDI improvement.

4   Risk and Implications

The annual reports described above highlight our ongoing priorities for EDI focus and improvement. The Belonging and Inclusion Plan has identified our priorities for improvement and development in 2025 – 2028. These include for example strategic intent to developing neuro affirmative clinical practice, reviewing our spiritual care approaches and interpreting and translation provision, developing a standalone Health Equity Approach and enhancing staff competence via EDI training, resources and support, targeting our wellbeing offer into priority areas.

The breadth and volume of requirements provides a challenge. The Trust wants to ensure we go beyond compliance to a space where EDI is embedded into everything we do, sustainably disrupting health and workforce inequality to support our Better Lives Together vision. The capacity required to do this well and sustain change could be ever expanding without making it everyone's business.

In a time where priorities are competing in the NHS, EDI needs to be seen as a top priority integral to patient safety, quality of care, staff retention and productivity and overall cost effectiveness. We know if we get things right first time for our diverse patients and our staff are representative, happy and healthy we deliver better quality and effective services for everyone.

5   Results

Progress will be reported as detailed in section 3. An update on the Trusts Equality Objectives will be brought to the Trust Board in April 2026.

Lisa Wright
Head of EDI
14.03.25

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Equality Objectives 2024 – 2028

The equality objectives will guide our Equality, Diversity and Inclusion priorities over the next four years. They flow from our Ambition to Action Strategy and enable us to fulfil our public sector equality duties and our NHS EDI requirements. The Trusts EDI Strategy is our Belonging and Inclusion Plan which is being updated in 2024. These equality objectives will be the overarching priorities of that refreshed plan due for relaunch in October 2024.

Strategic Priority	Equality Objective	Focusing on
Workforce Equality		
We will be the **best place to work** for everyone.	We will identify and address inequality of experience and under-representation within the workforce. We will identify, celebrate and spread good practice. We will engage with stakeholders in this work to inform and provide scrutiny of our performance.	• The 9 NHS Workforce Race Equality Indicators[i]. • The 3 NHS Bank Workforce Race Equality Standard indicators.[ii] • The 3 Medical Workforce Race Equality Standard indicators.[iii] • Reducing the Trusts Gender Pay Gap, Ethnicity Pay Gap and Disability Pay Gap. • Going for Gold with the NHS Rainbow Badge Assessment. • The 13 NHS Workforce Disability Standard indicators[iv]. • The Equality Delivery System 2022 Domain 1 and 2 indicators[v].
Health Inequalities		
We will deliver the **best quality services** to all.	We will identify and address inequalities of access, patient experience and health outcomes. We will identify, celebrate and spread good practice within and outside of the Trust. We will engage with stakeholders in this work to inform and provide scrutiny of our performance.	• The Patient and Carer Race Equality Framework core and local indicators[vi]. • The NHS England Health Inequalities Statutory Duty requirements[vii]. • Accessible Information Standard. • The EDS22 Domain 1 indicators. • Sexual Orientation Mentoring Standard. • Unicef Baby Friendly Gold Accreditation

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i WRES (england.nhs.uk)

ii NHS England » Technical guidance for the Bank Workforce Race Equality Standard (Bank WRES)

iii MWRES-DIGITAL-2020_FINAL.pdf (england.nhs.uk)

iv NHS England » NHS Workforce Disability Equality Standard: Metrics

v NHS England » Equality Delivery System 2022

vi NHS England » Patient and carer race equality framework

vii NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)

Belonging and Inclusion Plan

2025 – 2028

> " Equality, Diversity and Inclusion; not just the salt and pepper but the whole meal.
>
> *Cultural Curiosity Group, July 2021.* "

Belonging and Inclusion Plan
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Foreword

I have had the privilege to lead Bradford District Care Foundation Trust for four and a half years now, and one of the things I remain most proud of is the rich diversity of our staff, who represent the rich diversity of the communities we work within. In 2021 we launched our first Belonging and Inclusion Plan as a call to action. The aim was to ensure that all of our staff knew that they mattered as individuals, that they felt valued, included and that they could bring their whole selves to work, no matter their background. This was our aim as we knew that staff who are included and listened to give better quality person-centred and culturally appropriate care. The plan supported our aim to deliver the best quality services to everyone, from all of our diverse communities, it set out how we will identify inequality of access, patient experience and health outcome within our services and improve health equity wherever we can.

Since the first plan was launched the Trust has refreshed its overall strategy and now one of our four strategic priorities Best Place to Work focuses on being an organisation where everyone is proud to work and that everyone feels they belong and are valued. Equality, diversity, belonging and inclusion is at the heart of our Trust vision, and the values and behaviours that we expect from and for everyone. This second Belonging and Inclusion Plan reflects our commitment to delivering our Trust strategy Better Lives Together, from Ambition to Action. It aligns directly with our strategic ambitions to be the Best Place to Work and Deliver the Best Quality Services and inspires us all to promote and celebrate diversity, inclusion and an open culture that is underpinned by our Trust Values – we care, we listen, we deliver.

In May 2021 I made a CEO pledge to equality, diversity and inclusion, now nearly four years later I stand by this pledge and encourage the Trust to go further and faster to ensure that every one of our 3300 staff feels that they belong and that we are doing all we can to improve health equity in our communities. This Plan again sets out our ambition which builds on some fabulous achievements made in previous years but challenges us to do more. I am grateful to everyone who has been working so hard on this agenda and will ensure that you continue to have my full support as we move forwards in this next stage of our belonging and inclusion journey.

Therese Patten
Chief Executive
Bradford District Care NHS Foundation Trust

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Belonging and Inclusion Plan
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Introduction

The Belonging and Inclusion Plan sets the direction of our equality, diversity and inclusion (EDI) ambitions and actions for the next three years. This is our second plan, initially launched in 2021 and refreshed in winter 2024. It reflects the Trust's commitment to deliver best quality services that are equitable, accessible and person-centred meeting the diverse needs of the communities we serve. It is a call to action to our people to view and carry out their roles through an EDI lens. Additionally, it outlines our workforce aspirations, aligning with the organisation's strategic priority to be the best place to work, empowering all staff to promote diversity, belonging and inclusion and act as leaders within an open culture driven by our values. The plan builds on our previous equality work, whilst also recognising that more remains to be done.

Through ongoing engagement, staff, service users and our local communities generously share their perspectives on our achievements as well as existing gaps, contributing valuable insight into what could be done to improve equity across our workforce, services and communities.

On 21st May 2021 Therese Patten our CEO made a pledge to Equality, Diversity and Inclusion.

1. To treat everyone as a unique individual, valuing the difference they bring.

2. To continue with our preparedness programmes ensuring everyone has the skills, experience and knowledge needed to take their next career step and to match that preparation with real opportunity; and

3. To have robust systems in place to ensure that we measure our success.

This Belonging and Inclusion Plan aims to support delivery of our Trusts vision 'better lives, together and Therese's three-point pledge, embedding and sustaining equality, diversity and inclusion throughout the organisation to improve both staff and patient experiences. This pledge is as relevant today as it ever was.

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The plan and its objectives encompass the three domains of the NHS Equality Delivery System model (EDS22), with each domain linked to an outcome within the Belonging and Inclusion Plan.

EDS22 Domains

Domain 1: Commissioned or Provided Services

- Equitable access to services
- Health needs are met
- Free from harm
- Positive feedback

Domain 2: Workforce Health and Wellbeing

- Support with health conditions
- Free from abuse, harassment, bullying and violence
- Access to support and advice
- Recommend BDCT as a place to work

Domain 3: Inclusive Leadership

- Commitment of board-level leadership to equity and health inequalities
- Identification and mitigation of related risks
- Management of performance and monitoring of progress

Belonging & Inclusion Plan Outcomes

Outcome 1: Equitable Services

Improving access, experiences and outcomes

Outcome 2: Workforce Health and Wellbeing

Bringing our whole selves to work

Outcome 3: Inclusive Leadership

Embedding EDI into everything we do

The model ensures that working towards equality, diversity and inclusion is a continual process requiring constant scrutiny, oversight and review.

This plan provides an overview of our achievements to date as well as the vision and objectives that we have set for the next three years. We intend to use the plan to ensure staff feel empowered and supported in their role which in turn will result in the delivery of high-quality person-centred care for our service users.

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Belonging and Inclusion Plan
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Developing the Plan Through Voice

It was important that this plan was co-created and that we heard the voice of our people, service users and community and what matters to them. To support the initial development of the Belonging and Inclusion Plan we engaged with staff and service users through virtual workshops, face to face meetings and a crowdsourcing platform which generated 1003 contributions. Over the last three years we have established and developed ongoing routes for engagement, co-production and voice with staff, service users and our communities to oversee the delivery and ongoing development of this plan. The themes below continue to be relevant today and align with our vision, values and behaviours.

The themes which have formulated this refreshed plan and will be held in mind throughout our delivery, governance processes and implementation are:

Theme	Including
Professionalism	• The way we conduct ourselves. • The respect we have for one another. • The consistency in our interactions with others and our boundaries.
Resourcing	• Belonging and Inclusion takes time, depth, commitment, and resource to make consistent and sustainable change. • Avoidance of tokenism. • The work is not just for a few to lead it should be embedded into everything that we all do.
Mobility	• Opportunity to progress, change and move. • Flexibility. • Being valued, respected and recognised for our contribution. • Open, transparent and fair processes for mobility within the Trust.
Awareness and Engagement	• Information and support that builds confidence to lead EDI. • Tools and guidance that enables us to communicate on this and act. • Increased understanding of our communities and abilities to meet their needs. • Opportunities to talk and reflect together.
Power	• Shared power and co-creation. • Every voice matters. • Hierarchy and the impact of that on all the other themes. • Relationships, confidentiality and empathy.

We thank everyone for their time and ongoing engagement. Your contributions have and continue to be invaluable.

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Belonging and Inclusion Plan
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Our Vision and Values – The Trust Care Way

In 2023 the Trust launched the 'From Ambition to Action Strategy Refresh 2023 – 2026'. This organisational strategy sets out how we will:

- work for better lives, together in Bradford, Airedale and Craven,
- demonstrate our values of 'we care, we listen, we deliver',
- meet our goals to be the best place to work, deliver the best quality services, be the best partner and make best us of resources.

The Belonging and Inclusion Plan explains how we will deliver on the EDI and health equity priorities committed to within the organisations 'From Ambition to Action' Strategy, meeting our public sector equality duties.

Our vision for the Belonging and Inclusion Plan is threefold:

- **Deliver the Best Quality Services:** To provide the best quality care which is trauma informed and meets the individual needs of our service users. This will include developing a separate Health Equity Approach which embeds a commitment to reducing health inequalities across the Trust at every level. This is currently in development, with plans to launch in Summer 2025.
- **An Inclusive and Representative Workforce:** To have a workforce that fully reflects and understands the communities we serve, fostering a fair and compassionate culture where everyone feels that they belong, are included, valued and respected and can progress as a unique individual. A happy, valued, and healthy workforce is essential for delivering high-quality care. By addressing health inequalities, we not only improve care for our communities but also support our workforce - 65% of whom live locally.
- **Commitment to Lead and Act:** to collectively, consistently, and actively work to dismantle inequality wherever it is found at all levels and in all its forms, including identifying and addressing barriers to progression. Through this commitment, we will strive to be a leader in the field nationally.

Belonging and Inclusion Plan
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Belonging and Inclusion Objectives

We will deliver the following objectives over the next three years to address our local priorities and the national requirements. For more information about what we have achieved over the last three years please visit [Equality and diversity reports - Bradford District Care NHS Foundation Trust](#).

Outcome 1. Equitable Services – Improving Access, Patient Experience and Health Outcomes

We have committed to developing a standalone Health Equity Approach in 2025 to shine a spotlight on the health inequalities within our District. We intend to:

- achieve health equity by ensuring that our services are equitable in access, patient experience, and health outcomes for all equality protected and health inclusion groups.
- support our staff to create and thrive in inclusive and culturally responsive environments.
- enhance our communities by working with partners in service design and decisions on the use of our resources.

Through this approach we aim to ensure all individuals can access our services with ease and experience compassionate, person-centred care where staff view each person as a unique individual. We will proactively identify and address health inequalities, seek to make continuous improvements which dismantle barriers and structures which perpetuate inequality, moving towards equitable health outcomes. We will continuously measure and evaluate how we will deliver care, ensuring it evolves to meet the needs of the communities we serve.

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Belonging and Inclusion Plan
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Summary - what we have achieved 2021 - 2024
We launched a NHS England Patient and carer race equality framework (PCREF) Partnership and programme of work to improve ethnically and culturally diverse people's access, experience and health outcomes in mental health services. We have developed a draft PCREF dashboard to provide insight into the programme development. This has included joint commissioning of an ethnically and culturally diverse communities programme (ECDC).
We have developed, launched and are implementing an Equality Impact Assessment Policy, health equity staff resource and training programme. We have been collecting case studies that demonstrate good practice with the aim of sharing and spreading it.
We have assessed six services *(School-Nursing, Perinatal Mental Health, Child and Adolescent Mental Health Services, Palliative Care, Intensive Home Treatment and Physical Health Checks for people with Serious Mental Illness)* against the EDS Ratings and Score Card Guidance. Developing and delivering on action plans to drive change, reducing inequality and celebrate good practice. The Trust was 'achieving' in both years' assessments.
We established a network of EDI Influencers across the Trust in clinical services to share, learn and develop good practice.
We secured and allocated resources to support the development of the Health Equity Approach. We have developed an outline draft plan at Board level to support the delivery of our 'From Ambition to Action' Strategy.
We updated our patient record categories to be compliant with the NHS England Sexual Orientation Monitoring Information Standard.
We signed the NHS England Sexual safety in healthcare, organisational charter, developed a Sexual Safety Policy and monitoring process, delivered training and implemented a programme of actions across mental health services.
We have continued to deliver our NHS Rainbow Badge Training and scheme with the aim of 'Going for Gold' in service delivery for Lesbian, Gay, Bisexual, Trans + people. Over 1000 staff have now completed the training.

Looking Ahead: Outcome 1. Equitable Services – Improving Access, Patient Experience and Health Outcomes 2025 – 2028

What actions will we take?
1a. We will develop and launch our strategic Health Equity Approach.
1b. We will update our patient record system to better record information about patients' disabilities.
1c. We will review and improve compliance with the NHS England Accessible Information Standard.
1d. We will communicate with staff and patients about why we collect demographic information and what we use it for.
1e. We will review and implement our Spiritual Care Policy.
1f. We will review the use, access and experience of patients and staff using interpreting services.
1g. We will develop Neuro-Affirmative practice and a strategic approach for the Trust.
1h. We will deliver on the Patient and Carer Race Equality Framework.
1i. We will use the EDS22 assessment process as a blueprint to systematically equality impact assess our services, projects and policies.

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Belonging and Inclusion Plan
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Outcome 2. Workforce Representation, Health and Wellbeing – staff feeling their voice matters

We will work hard to develop the representation of our workforce so that it reflects the Bradford District, Airedale, Wharfedale and Craven communities that we serve. We will ensure that all colleagues within our workforce feel valued for their uniqueness and the experience they bring. We will address inequality identified through our national NHS Staff Survey Results annually. We will ensure all colleagues feel their voice matters and that they can use their unique lived experiences to shape our services, ensuring good patient experiences and health outcomes. We will place staff wellbeing at the core of our Belonging and Inclusion Plan with the understanding that:

- happy healthy staff and inclusive teams deliver better quality care and that our staff are part of our community.
- by supporting our workforces health and wellbeing we are also tackling health inequalities in our communities.

Summary - what we have achieved 2021 - 2024
We developed a Disability Policy which aims to increase the number of staff sharing their disability status, we introduced a disability sickness absence and disability leave category into our absence monitoring and worked hard to ensure continuity of experience when staff need reasonable adjustments. The percentage of staff sharing their disability status has increased from 3% - 14%. We have created a training and resource bank to support with manager understanding and implementation.
A See it, Say it, Stop it Campaign has been launched to support the implementation of the Managing Racial and Other Types of Discrimination Policy from patients, carers and the public to staff policy. Systems are now in place to identify hotspots of discrimination and trigger an organisational wellbeing response. Training is being delivered across the Trust to teams around the policy.
The Trusts reciprocal mentoring programme has run three times with graduates evaluating the programme highly.
The Trust completed a Neurodiversity Employers Index assessment and has received a set of recommendations for improvement.
We have three thriving staff networks with over 15% of all Trust staff involved in them. The networks are linked strategically into the Trust Board providing direct and real time feedback on staff experience. They drive change by developing policy, training and awareness campaigns.
We have provided an EDI calendar every year highlighting and promoting key dates such as LGBT History Month, Black History Month, South Asian Heritage Month, Trans Awareness Week, Lesbian Visibility Week, Autism Awareness Week, Disability Pride Month, religious festivals and dates.
We have developed an EDI training programme accessed by almost 300 managers and staff.
We have developed e-learning, resources, guidance and online information banks to support staff with their EDI work.
We have reviewed our disciplinary processes to reduce the length of time they take and increase support given to those affected.

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Belonging and Inclusion Plan
2025 – 2028

Looking Ahead: Outcome 2 Workforce Representation, Health and Wellbeing 2025 – 2028

What actions will we take?
2a. We will continue to deliver and develop our reciprocal mentoring programmes.
2b. We will review our Building Inclusive Teams programme to address emerging themes across the Trust.
2c. We will target our EDI training into teams where data suggests it is needed and impact.
2d. We will support managers to access our training offer and work towards embedding learning into mandatory training.
2e. We will create systematic opportunities for people to input into the delivery of this plan for example through vibrant staff networks, staff side representation and staff engagement.
2f. We will work towards being a neurodiversity friendly employer.
2g. We will support the refurbishment of our estate to be accessible and enhance staff and patient experience from an EDI perspective.
2h. We will monitor and report on the access, experience and outcome of our wellbeing and childcare offer.
2i. We will target and design our wellbeing offer to respond to BDCFT workforce need with the aim of meeting our strategic organisational objectives to: • Reduce sickness rates. • Decrease staff turnover. • Increase staff wellbeing (best place to work). • Be trauma informed. • Increase health equity within our workforce and their communities.
2j. We will empower staff to be aware of and manage their own wellbeing and childcare journey.
2k. We will continue to develop support for working carers and inclusion groups.
2l. We will further the visibility of underrepresented groups through the EDI Calendar.
2m. We will 'go for gold' in the NHS Rainbow Badge Scheme.

We will continue to use the NHS Workforce Race Equality Standards, NHS Workforce Disability Standard, Gender Pay Gap, NHS Health and Wellbeing Framework, NHS EDI Improvement Plan and EDS 22 requirements to measure and report on our progress[1].

Outcome 3. Inclusive leadership – embedding EDI into everything we do

We will ensure that workforce and health equity is high on the agenda throughout our decision making, operational and quality care structures. We will prepare and support staff at all levels including our Board and Senior Leadership Team to be part of this call to action and meet that preparedness with opportunity for sustainable change. We will hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis. We will actively communicate our commitment and priorities around this plan ensuring it is understood as core to our vision, values and goals. We will act as an EDI leader across the Bradford, Airedale and Craven place and the Health and Social Care System.

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[1] Equality, diversity and inclusion | BDCT

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Belonging and Inclusion Plan
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What we have achieved
We have increased ethnically and culturally diverse (ECD) leadership in bands 8a and above to be equal to the whole organisation's ECD representation.
We have increasing the percentage of staff sharing information about their Disability to 14% and decreased the percentage of staff who have said they would 'prefer not to say' what their Sexual Orientation is from 19% to 14% between 2022 and 2024 enabling better analysis of representation within the workforce.
We have developed a draft Health Equity Approach holding Trust Board development sessions to establish our approach. We have assessed ourselves using the Reducing health inequalities: A guide for NHS trust board members.
The EDI Influencers were launched to support the delivery of the Belonging and Inclusion Plan and Health Equity Approach.
Board sponsors are working with our staff networks and major EDI priorities. Sponsors regularly attend staff networks. We hold routine All Staff Broadcasts and events focusing on EDI with senior leadership and input.
Executives have equality objectives within their portfolios for leadership and progression.
We have a Srategic Staff EDI Partnership with senior and executive leadership, staff network and union representation. The Partnership is a sub-group of the People and Culture Committee and provides a AAA+D report to the committee and through to the Trust Board regularly.
EDS22 assessments have been carried out for all domains. Six Services have been equality impact assessed using the EDS22 score card criteria. The Trust has peer reviewed our assessment for Domain 2 and 3 with our West and South Yorkshire Mental Health Trust neighbours.
Our Gender, Ethnicity and Disability Pay Gaps have been reduced from 2022 – 2023.
We are implementing the Sexual Orientation Monitoring Standard.

Looking Ahead: Outcome 3 Inclusive Leadership 2025 – 2028

What actions will we take?
3a. We will continue to mainstream equality, diversity and inclusion and health equity into everything that we all do.
3b. We will develop our EDI Influencers Network with a development programme which aims to progress staff and teams through the stages of the Positive Disruptions EDI Model*.
3c. We will continue to monitor implementation and impact of actions required and raised by the following tools: NHS Workforce Equality Standards, Gender Pay Gap reporting, equality impact assessments, Sexual Orientation Monitoring Standard, Accessible Information Standard, end of employment exit interviews, Patient and Carer Race Equality Framework and Sexual Safety Charter.
3d. We will work with our system partners to utilise evidence-based practice, meet unmet need and collaborate.
3e. We will seek opportunities to be a leading organisation on EDI.

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Belonging and Inclusion Plan
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Embedding Equality, Diversity and Inclusion at Bradford District Care Foundation Trust

Throughout our initial engagement work to develop this plan we met over 30 teams within the Trust. Their confidence in leading Belonging and Inclusion change ranged from unaware to integrated and disruptive. To achieve our vision, we need to move all our teams through the maturity model stages so that EDI is central to the way our people think and work, we have the confidence to courageously challenge the status quo together. The EDI Influencers Programme we intend to develop will support this movement.

This work is not the responsibility of a few with equality, involvement, or engagement in their job title. This plan is a continued call to action to all our people to carry out their roles using an equality lens; to challenge our own thinking and the way we do things so that we are inclusive in everything we do.

We will provide learning programmes to increase awareness, create reflective spaces, encourage dialogue that fosters integration and systems that promote the strategic drive for change. We will seek to embed an equality focus into all our policies, plans and performance processes.

We will ensure that the Trust is meeting this vision and objectives as well as providing data that enables us to analyse our performance and set targets. The staff networks and staff side representatives will play active roles in overseeing governance and accountability. Through the Health Equity Approach further community involvement and co-production processes will be established.

*The Positive Disruptions EDI Model will continue be used to assess our position in delivering the Belonging and Inclusion plan.

POSITIVE DISRUPTIONS - EQUITY, DIVERSITY & INCLUSION

1 DISRUPTIVE
"We're leading EDI best practice"
Organisation: The organisations philosophy and approach embodies EDI. Innovative and courageous in challenging the status quo
Leadership: All leaders challenge their own thinking and others.

2 INTERGRATED
"EDI is part of everything we do"
Organisation: All policies and practices are in alignment with EDI strategy. Actively supporting underrepresented groups
Leadership: Leaders have strong EDI knowledge and integrate this into their approach

3 STRATEGIC
"EDI is important to our success"
Organisation: EDI is a strategic objective for the organisation, KPI's are developed and achievements are tracked
Leadership: Leaders own and communicate the EDI strategy and are accountable for achieving EDI KPI's

4 COMPLIANT
"It has to be done, so we do it"
Organisation: Addressed EDI only as far as legally required, basic data collected
Leadership: Hold no responsibility for EDI, responsibility sits with a select few

5 UNAWARE
"What's the point of EDI"
Organisation: No desire to address EDI
Leadership: Unaware/uninterested, want to maintain the status quo

ANOKH GOODMAN © - ADAPTED FROM THE DIVERSITY & INCLUSION MATURITY MODEL (BCW)

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Belonging and Inclusion Plan
2025 – 2028

Equality, Diversity and Inclusion Legislation and National Standards

The Belonging and Inclusion Plan is our local plan which will support us in fulfilling the following legal duties, national aspirations, Integrated Care Partnership EDI plans and NHS England priorities:

1. Work within the NHS Constitution[2] principles to provide a comprehensive service, available to all. It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status with equal regard and respect for human rights.

2. To further the General Duties of the Equality Act 2010[3] – eliminating unlawful discrimination, harassment and discrimination, promoting equal opportunities and fostering good community relations between groups.

3. To reduce health inequalities for people in Equality Act protected characteristic and Inclusion Health groups[4] by improving access, experience, and health outcomes.

4. The NHS People Promise and our BDCFT People Plan[5].

5. To deliver the Trust's Public Sector Equality Duties 2024 – 2028

Equality Objectives		
Strategic Priority	**Equality Objective**	**Focusing on**
Workforce Equality		
We will be the **best place to work** for everyone.	We will identify and address inequality of experience and under-representation within the workforce. We will identify, celebrate and spread good practice. We will engage with stakeholders in this work to inform and provide scrutiny of our performance.	• The 9 NHS Workforce Race Equality Indicators[i]. • The 3 NHS Bank Workforce Race Equality Standard indicators. • The 3 Medical Workforce Race Equality Standard indicators. • Reducing the Trusts Gender Pay Gap, Ethnicity Pay Gap and Disability Pay Gap. • Going for Gold with the NHS Rainbow Badge Assessment. • The 13 NHS Workforce Disability Standard indicators. • The Equality Delivery System 2022 Domain 1 and 2 indicators.
Health Inequalities		

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[2] The NHS Constitution for England - GOV.UK (www.gov.uk)
[3] Equality Act 2010: guidance - GOV.UK (www.gov.uk)
[4] Discrimination: your rights - GOV.UK (www.gov.uk)
[5] NHS England » We are the NHS: People Plan for 2020/2021 – action for us all

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Belonging and Inclusion Plan
2025 – 2028

We will deliver the **best quality services** to all.	We will identify and address inequalities of access, patient experience and health outcomes. We will identify, celebrate and spread good practice within and outside of the Trust. We will engage with stakeholders in this work to inform and provide scrutiny of our performance.	• The Patient and Carer Race Equality Framework core and local indicators. • The NHS England Health Inequalities Statutory Duty requirements. • Accessible Information Standard. • The EDS22 Domain 1 indicators. • Sexual Orientation Mentoring Standard. • Unicef Baby Friendly Gold Accreditation

Monitoring and review

The plan will run from 2025 – 2028. An annual delivery plan with key metrics and performance indicators will sit alongside this strategic document. We will report on progress and change against that annual delivery plan through our local quality and safety operational structures, People Plan and Innovation SLT, EDI Strategic Staff Partnership, Staff Networks and Trust Board via our People and Culture and Quality and Safety Committees. An overview of our progress will be published on the equality pages of the BDCFT website: Equality and diversity reports - Bradford District Care NHS Foundation Trust.

More information about the plan and its implementation is available for staff here Equality, Diversity and Inclusion (sharepoint.com) and for all on our Trust website (address listed above).

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[i] WRES (england.nhs.uk)

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Trust Board

26th March 2025

Item 16 - Financial Position as at 28th February 2025 (M11)

Financial Performance – Key Messages & Risks

Key Messages

In agreeing a breakeven plan for 2024/25, it was recognised that this included significant likely risks in the region of c£6m which would require in year mitigations. The risks largely related to the delivery of the stretching £14.2m CIP Plan.

The CIP Programme is forecasting a shortfall in delivery for the year of £7.8m, which largely relate to the risks identified during planning – Out of area placements and temporary staffing costs.

It has therefore been necessary to target in year non recurrent measures to provide cover for the shortfall. This includes deploying the planned contingency of £3m; releasing all available flexibilities; fortuitous increase in vacancies; and underspends on wider budgets. After recognising these benefits, we are reporting better than plan by £123k at Month 11 and forecasting to deliver a surplus of £180k at year end.

During February and March there has been an unexpected increase in out of area placements, which is being investigated. Solutions to reduce demand are being explored and implemented, however this poses a significant run rate risk as we enter 2025/26.

After taking account of all known risks and mitigations there is confidence in delivering the forecast position. Attention is now focused on the financial plan for 2025/26.

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Trust Financial Overview

Statement of Comprehensive Income

Financial Position by Care Group/Directorate						
£000's	YTD Budget	YTD Actual	Revised YTD Variance	Annual Budget	FOT Actual	Revised FOT Variance
Mental Health Care Group	82,857	87,791	🔴 4,934	90,388	96,442	🔴 6,054
Adults and Children's Comm. Care Group	49,282	50,459	🔴 1,177	54,145	55,337	🔴 1,192
Medical Directorate	15,602	15,472	🟢 (130)	17,013	16,792	🟢 (221)
Central Reserves & Developments	19,225	12,493	🟢 (6,732)	20,353	12,364	🟢 (7,989)
Contract Income	(192,481)	(191,938)	🔴 543	(210,025)	(209,288)	🔴 737
Estates & Facilities	9,805	10,069	🔴 264	10,767	10,983	🔴 216
Finance	2,578	2,622	🟡 44	2,800	2,865	🟡 65
Trust General Management	3,211	3,184	🟢 (27)	3,504	3,509	🟡 5
NOTU	0	0	🟢 0	0	0	🟢 0
Performance, Kaizen and BD	1,211	1,212	🟡 1	1,341	1,305	🟢 (36)
People Matters	4,706	4,560	🟢 (146)	5,132	4,983	🟢 (149)
Digital Services	4,194	4,142	🟢 (52)	4,582	4,528	🟢 (54)
Grand Total	**190**	**66**	🟢 **(124)**	**0**	**(180)**	🟢 **(180)**

Statement of Financial Position

Statement of Financial Position £000's	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Non-Current Assets	60,847	59,505	(1,342)	60,773	60,773	0
Current Assets	19,717	26,133	6,416	23,690	23,933	243
Current Liabilities	(17,338)	(24,146)	(6,808)	(21,026)	(19,205)	1,821
Non-Current Liabilities	(6,576)	(5,623)	953	(6,168)	(6,863)	(695)
Total Assets Employed	**56,650**	**55,869**	**(781)**	**57,269**	**58,638**	**1,369**
Public dividend capital	38,273	38,273	0	38,475	39,844	1,369
Income and expenditure reserve	(819)	643	1,462	(403)	(403)	0
Revaluation Reserve	9,000	6,757	(2,243)	9,000	9,000	0
Miscellaneous Other Reserves	10,196	10,196	0	10,196	10,196	0
Total Taxpayers' and Others' Equity	**56,650**	**55,869**	**(781)**	**57,268**	**58,637**	**1,369**

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Cost Improvement Programme

The CIP Programme is delivering 46% of the planned savings at Month 11 and forecast to achieve 45% - a shortfall of £7.8m. The main areas of pressure relate to:

- Out of area placements;
- Temporary staffing costs on the acute inpatient wards; and
- Staff wellbeing programme

Strengthened arrangements have been developed to prioritise resources to support delivery of the plans, through the centralised Programme Management Office.

Efficiency Plan	Director Lead	YTD Plan £'000	YTD Actual £'000	Variance from Plan £'000	Full Year Plan £'000	Forecast £'000	Variance from Plan £'000	Risk Rating	BEST	LIKELY	WORST
OOA	Kelly Barker	4,503	470	4,033	5,162	512	4,650	High	639	512	(291)
Adult Inpatients	Kelly Barker	2,611	0	2,611	2,848	0	2,848	High	0	0	0
Low Secure	Kelly Barker	456	352	104	497	381	116	Low	497	381	247
DAU	Kelly Barker	675	820	(145)	736	890	(154)	Low	890	890	890
Sub Total Inpatients		**3,741**	**1,171**	**2,570**	**4,081**	**1,271**	**2,810**		**1,387**	**1,271**	**1,137**
Unidentified CIP	Mike Woodhead	540	565	(25)	635	635	0	Low	635	635	525
Stretch Target - Medical Staffing	David Sims	133	0	133	150	48	102	High	150	48	0
Stretch Target - Staff Wellbeing	Phil Hubbard	317	87	230	376	96	280	High	376	96	35
Stretch Target - Estates Maintenance	Mike Woodhead	112	112	0	122	122	0	Low	122	122	122
Stretch Target - Telephony	Tim Rycroft	26	26	0	30	30	0	Low	30	30	30
Stretch Target - Transformation	Kelly Barker	63	63	0	68	68	0	Low	68	68	68
Sub Total		**1,191**	**853**	**338**	**1,380**	**999**	**382**		**1,381**	**999**	**780**
0-19 Contract funding shortfall	Kelly Barker	208	208	0	225	225	0	Low	225	225	225
Procurement	Mike Woodhead	183	183	0	200	200	0	Low	200	200	200
Digital Telephony	Tim Rycroft	147	226	(80)	160	248	(88)	Low	248	248	248
Overhead Contribution	Mike Woodhead	400	400	0	436	436	0	Low	436	436	436
COVID	Phil Hubbard	635	635	0	692	692	0	Low	692	692	692
Non Recurrent	Mike Woodhead	1,685	1,685	0	1,838	1,838	0	Low	1,838	1,838	1,838
Sub Total		**3,257**	**3,337**	**(80)**	**3,551**	**3,640**	**(88)**		**3,640**	**3,640**	**3,640**
Grand Total CIP		**12,693**	**5,831**	**6,862**	**14,175**	**6,422**	**7,753**		**7,047**	**6,422**	**5,266**
Percentage of CIP plan delivered			*5,831*	*46%*			*45%*		*50%*	*45%*	*37%*
				6,862							

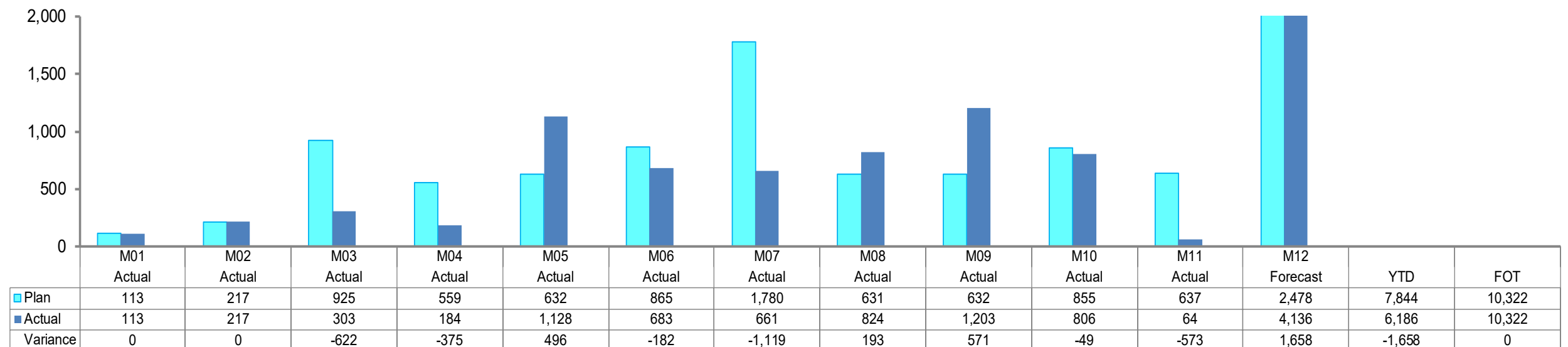| Previous Years CIP & Cost Avoidance	Director Lead	YTD Plan	YTD Actual	Variance from Plan	Full Year Plan	Forecast	Variance from Plan	Risk Rating	BEST	LIKELY	WORST
23-24 CIP - Adults & Childrens Non pay	Kelly Barker	375		375	500		500	High	150	0	0
23-24 CIP - Estates rationalisation	Mike Woodhead	229	304	(75)	250	332	(82)	Low	332	332	332
Total		**604**	**304**	**300**	**750**	**332**	**418**		**482**	**332**	**332**
Percentage delivered			*50%*			*44%*			*64%*	*44%*	*44%*

Headlines:
- At this late stage in the year, the area of greatest variability remains in OAPs - activity has significantly increased in March.
- The financial position includes the current forecast risk for Provider Collaboratives of £0.6m. Due to the volatility of costs/ demand the risk could worsen in the CYP PC up to £75k.
- Actions from the additional management controls are likely to deliver a likely £425k
  - £350k reduction in annual leave provision
  - £75k reduction in Fixed Term Contract provision

After reflecting all known risks and available mitigations Trust is confident in delivering a small surplus for 2024/25.

Detail	Theme	Planning assumption	Best £'000	Likely £'000	Worse £'000
Breakeven Plan		**Breakeven Plan**	**£0**	**£0**	**£0**
Downside					
CIP - OAPs	OAPs	**Month 11 forecast includes OAPS costs of £9.94m**	(£219)	(£194)	(£252)
Provider Collaboratives	PCs	**Month 11 forecast includes risk share of £0.602m**	£0	(£50)	(£75)
Total Downside Risks			**(£219)**	**(£244)**	**(£327)**
Upside					
Additional Management Controls	Balance Sheet	**Annual Leave provision in plan £0.872m** **Best case**: £522k accrual for staff on sick/ mat leave **Likely case:** £522k accrual for staff on sick/ mat leave **Worse case:** £620k accrual remaining	£350	£350	£252
Additional Management Controls	Balance Sheet	Provisions - reduction in Fixed term Contract risk	£75	£75	£75
Total Upside Mitigations			**£425**	**£425**	**£327**
Risk assessed plan - Surplus/ (Deficit)			**£206**	**£181**	**£0**

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Capital Expenditure

Capital Expenditure Plan vs Actual/Forecast

	M01 Actual	M02 Actual	M03 Actual	M04 Actual	M05 Actual	M06 Actual	M07 Actual	M08 Actual	M09 Actual	M10 Actual	M11 Actual	M12 Forecast	YTD	FOT
Plan	113	217	925	559	632	865	1,780	631	632	855	637	2,478	7,844	10,322
Actual	113	217	303	184	1,128	683	661	824	1,203	806	64	4,136	6,186	10,322
Variance	0	0	-622	-375	496	-182	-1,119	193	571	-49	-573	1,658	-1,658	0

The capital position in February is an underspent by £1.6m with a YTD spend of £6.2m.

The likely capital forecast for the year is an overspend of around c£500k, which has been supported from wider ICS underspends.

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Trust Board are asked to:

- Note the challenging financial position, and the actions being taken to deliver the agreed surplus position;
- Note the level of risks and actions being taken to mitigate;
- Note that the capital position is over plan, which is supported by ICS wider underspends; and
- Highlight any further assurances required.

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Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	26th March 2025
Report from:	Audit Committee	Meeting date:	12th March 2025
Quorate?	Yes ☒ No ☐		
Members present	Christopher Malish, Simon Lewis, Sally Napper.		
In attendance	Leanne Sobratee, Lee Swift, Salma Younis, Helen Higgs, Sarah Denton, Claire Risdon, Mike Woodhead, Shane Embleton, Phillipa Hubbard		
Observers	There were no observers present.		
Apologies	Apologies were noted from Fran Stead, Stacey Pearson		

Good Governance	Governance, accountability and effective oversight	GG

Agenda items	• Matters arising: Fire Safety Compliance Internal Audit. • Strategic Assurance Report and Supporting items: 1. Compliance and Risk Report. • Review of Losses & Special Payments. • Waiver of Standing Orders & Standing Financial Instructions. • Proposed Write off of Outstanding Debt. • External Audit: Audit Plan • Internal Audit: Progress Report and any Follow Up Reports. • Local Counter Fraud Progress Report.
Alert items agreed by Committee	• Nothing.
Advise items agreed by Committee	• Noted that planning is underway for the 2025/2026 internal audit, this will go to SLT for approval and then be brought to the May Audit Committee for final approval. • 224 of 260 internal audit days completed for 2024/2025 and 3 audits finalised since the previous Audit Committee. • Review of risks to include movement and mitigation • Concerns raised with Job planning and sign off out of scope of 28 days this is to be addressed
Assure items agreed by Committee	• The draft external audit plan was shared and work is ongoing. A reduction in days of about 50 to undertake audits has been agreed to bring this down to 210 day.
Decisions made by Committee	• Any changes to the internal audit plan are to be reported and approved virtually by Audit Committee members outside of Committee meetings.
New risks identified by Committee	• There were no new risks identified by the Committee.

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Feedback following discussion at 'parent' meeting			
Report completed by	Sarah Denton, Executive Assistant	**Date**	**12.03.2025**
On Behalf of Chair	**Christopher Malish, Non-Executive Director**		

Escalation and Assurance Report (AAA)

Report from the: West Yorkshire Community Health Services Provider Collaborative (WYCHS) - Quarterly Chairs and Executives Leads meeting.

Date of meeting: 20th January 2025

Key escalation and discussion points from the meeting			
Alert	**Action (to be taken)**	**By Whom**	**Target Date**
N/A			
Advise:			
It was agreed that Terms of Reference and process for the Community Collaborative to undertake a stocktake, in partnership with ICB colleagues, to understand current service delivery and delivery against the expected national published community services Core offer would be agreed by end of January 2025. It is expected that the detail will be collected by end of March 2025 and shared with the 15th April 2025 WYCHS Quarterly Chairs and Executives Leads meeting Keith Ramsay noted this was his last meeting as Chair of the Community Collaborative and that Colin Lynch (Locala Chair) will take over from April 2025.			
Assure:			
Each provider was given an opportunity to describe their • 2024 highlight: what achievement or best practice from your organisation you can • 2024 challenge: what wicked issue, barrier etc… has hindered the year • 2025 focus: what, that's within our gift, would you want more of next year This provided a valuable chance to share learning and identify opportunities that could be scaled and/or replicated.			

Report completed by:

Becca Spavin
Programme Director: West Yorkshire Community Healthcare Provider Collaborative

20.1.25

Report distribution:

Chairs and Company Secretaries of Airedale NHSFT, Bradford District Care Trust, Calderdale and Huddersfield NHSFT, Harrogate and District NHSFT, Leeds Community Healthcare NHS Trust, Locala, Mid Yorkshire Teaching Hospital NHS Trust and Yorkshire Ambulance Service

Escalation and Assurance Report

Report from: West Yorkshire Commissioning Hub
Date of the meeting: 29th January 2025

<table>
<tr><td>Key discussion points and matters to be escalated from the discussion at the meeting:</td></tr>
<tr><td>Alert/Action:</td></tr>
</table>

WY Commissioning Hub

- Early conversations have taken place with WY ICB leads ahead of NHSE specialised Commissioning delegation. Whilst we are not anticipating any significant changes to the commissioning hub processes and assurance frameworks, we are preparing for addendums to governance and/ reporting.

- A focused piece of work is underway to ensure that lead provider contracting responsibilities are fully delivered ahead of delegation and inline with the safe delegation checklist.

- We are expected a slight decline in case manager KPI compliance due to national holidays.

Children and Young People PC
- Red Kite View remain under the Rapid Quality Review Process, led by NHSE.

- OOA placements continue at a disproportionate percentage of admissions and are contributing to the forecasted financial year end deficit.

- There are 9 young people placed outside natural clinical flow. With those children placed inside natural clinical, the total number of young people cared for outside West Yorkshire is 13.

- There are a number of complex care plans in place for the young people currently in RKV GAU, which is reportedly contributing to staffing challenges and high levels of activity demand on the unit.

Adult Secure PC

- Strengthened engagement with our ICB/ place-based commissioners is required to understand delays in facilitating discharge for those clinically ready to leave secure care.

Adult Eating Disorders

- The contracting team continue to work through specifications, costings and implications of the physical health monitoring pilot (Shared care with primary care). A revised service specification is expected from NHSE in the coming months

Perinatal Mental Health PC

- The principles of collaborative working included in the partnership agreements have been collaboratively developed, meaning this aspect of the PA is progressing to signature.

Financial risk and gain share will be revisited, supported by finance workshops with partner DoFs

- A revised service specification for Mother and Baby Units is expected from NHSE in the coming few months.

Advise:

WY Commissioning Hub

- WYCH annual quality report 2023/24 has been shared with SPB for comment prior to sharing and publishing widely. CinC should expect the final report to accompany AAA in February 2025.

- The Quality Leads within the hub continue to work alongside WY ICB colleagues, through the WY PSIRF Oversight Group to determine supportive oversight arrangements with Providers. As part of the recent event held for this group, the Quality Leads undertook After Action Review (AAR) training

- The hub is now starting to receive in Q3 agreed reporting data from the Providers who have transitioned to PSIRF. This data will be reviewed through the hub's Patient Safety and Safeguarding Group to assess the level of assurance and oversight it provides to the hub.

- A process guide for Annual Quality Reviews, to include quality review of our community provision across the service lines has been finalised and will be tested in the coming months.

- A paper has been developed and shared with LYPFT Quality Commission, exploring the potential benefits of having quality oversight of (WYCH) commissioning activity on behalf of LYPFT as Lead Provider.

- Early conversations have been held with WY ATU PC SRO, this with a view to understanding the opportunities of delegating commissioning responsibilities to WYCH 25/26.

Children and Young People PC
- A workshop has been held, led by MHLDA programme, to share system wide understanding of roles and responsibilities. It is hoped this engagement event will strengthen collaborative/ system working.

- Increased case manager activity is required with an OOA provider of concern, where we have 2 young people placed.

Adult Secure PC

- The bed modelling project has concluded with a paper setting out medium/ long term recommendations. The paper has been shared through board and is reflected in the commissioning strategy.

- A Yorkshire and Humber wide project is underway, to understand opportunities of our combined specialities and bed capacity.

- The physical health project has commenced, looking at best practice and areas of improvement across secure services. Whilst the initial focus is on contractual expectations, it is anticipated the project will make recommendations for enhanced physical health offer across West Yorkshire.

- Two of the Adult Secure wards (SWYPFT and LYPFT) are included in the NHSE's Culture of Care Programme

Adult Eating Disorders

- Acknowledging the potential for BMI-based referral criteria to cause iatrogenic harm through incentivising further weight loss to access services, with a pilot of the CONNECT service trialling an adjustment of the referral criteria in line with expected changes to the ICD11 diagnostic criteria to address these concerns.

- A CAMHS/CYP transition pathway has been co-developed meaning that CYP transitions can take place at 17+6mo and identifies responsibilities during the transition

- A new pathway has been developed T1DE (Type 1 Diabetes with Disordered Eating), with clinical team training scheduled for February 2025. WY diabetes teams across the footprint have been consulted and engaged.

Perinatal Mental Health PC

- The board has approved a 0.5 WTE case manager for PMH PC to assure quality, oversee pathways and progress and oversee pathways; particularly those ONCF.

- Data collection will be enhanced by consistent recording practices on the National Case Manager System.

- A shared learning event has been undertaken, the lessons from which will be shared through the PMH PC board and the clinical reference group.

- A quality, patient safety and safeguarding group is being established to support oversight arrangements. This will be established in preparation for sull transition in April 2025.

- The co-production group members are embedded into PC meetings, have approved a vision statement and are close to signing off their induction programme.

Assure:

WY Commissioning Hub

- The co-produced safeguarding oversight process has been approved November SPB. The WYCH quality leads will meet with each provider to ensure the process is understood and embedded.

- The WYCH presented all specialised service users to the regional LDA assuring transformation group.

Children and Young People PC

- The progress made to close the SDI(S)P has led to positive improvement at Red Kite View, although it is acknowledged there has been minimal effect on the occupancy of the unit. We recognise improvement can co-exist with areas of potential concern.

Case Manager review compliance:
- Children and Young People = 100% of ALL service users; in and out of WY

Adult Secure PC

- There have been excellent examples of collaborative working across the PC, meaning that appropriate care has been delivered in a timely way for an individual with high/ complex needs.

Case Manager review compliance:
- Adult Secure = 81% of ALL service users; in and out of WY

Adult Eating Disorders
- CONNECT/ AED have returned to meeting demand in area. There are no OOA admissions, and no individual reported as clinically ready for discharge/ delayed discharge.

- SSQD has no metrics with negative alerts for two consecutive quarters

Case Manager review compliance:
- Adult Eating Disorders = 90% * *There are no OOA placements*

Perinatal Mental Health PC

- The WY CH are now receiving notifications of OOA admissions

- Contract reviews and finance and contract meetings have now been established, A reporting schedule is being developed to support both services, and the WYCH

- The draft business case has been shared for review

Report completed by: Sarah Sams **Date:** 23rd January 2025

Distribution:

Public Board of Directors

Meeting dates and deadlines 2025-26

Meeting	Meeting Date	Deadline for reports (10am)
Public Board	05/06/2025	27/05/2025
Public Board	24/07/2025	15/07/2025
Public Board	02/10/2025	23/09/2025
Public Board	04/12/2025	25/11/2025
Public Board	05/02/2026	27/01/2026
First meeting of 2026/27: Public Board	02/04/2026	24/03/2026