Board of Directors: held in public

Thu 24 July 2025, 09:00 - 12:00

Hybrid Meeting to be held on Microsoft Teams and Room 4.22 at New Mill

Agenda

09:00 - 09:05
5 min

1. Welcome and apologies for absence (verbal)

Sally Napper

Item 01.0 - Board of Directors Agenda - held in public - 24.07.25 - v2.pdf (3 pages)

09:05 - 09:05
0 min

2. Declaration of any conflicts of interest (enclosure)

Sally Napper

Item 02.0 - Board of Directors - Declaration of Conflicts of Interest July 2025.pdf (1 pages)

09:05 - 09:30
25 min

3. Learning from your experience: Natural England (presentation)

Phillipa Hubbard

09:30 - 09:35
5 min

4. Questions received (verbal)

09:35 - 09:35
0 min

5. Minutes of the previous meetings May/June (enclosures)

Sally Napper

Item 05.0 - Public Board minute 5 June 2025 CHAIR APPROVED.pdf (13 pages)

09:35 - 09:35
0 min

6. Matters arising (verbal)

09:35 - 09:40
5 min

7. Action log (enclosure)

Sally Napper

Item 07.0 - Board of Directors - Action Log - Public - July 25.pdf (2 pages)

Strategy and partnerships

09:40 - 09:50
10 min

8. Chair’s Report (enclosure)

Sally Napper

Item 08.0 - Chair's Report - July - RT and PH.pdf (4 pages)

09:50 - 10:00
10 min

9. Chief Executive’s Report (enclosure)

Phillipa Hubbard

9.1 NHS 10 Year Plan (included)

Item 09.0 - CE Report Public July 25 V2.pdf (8 pages)
Item 09.1 - Appendix A 20250704_HCW_Plan_FINAL.pdf (38 pages)

Trevally Rachel 22/07/2025 08:12:17

10:00 - 10:10
10 min

10. Strategic Assurance and Performance Report (enclosure)

Phillipa Hubbard

- Item 10.0 - Board Integrated Performance Report Cover Paper - July 2025.pdf (4 pages)
- Item 10.0 - Board Integrated Board Performance Report - July 2025.pdf (16 pages)

10.1. Strategic Risk Summary (enclosure)

Phillipa Hubbard

- Item 10.1 - Strategic Risk Assurance Report.pdf (9 pages)

10:10 - 10:20
10 min

11. Biannual report access/waiting list – (enclosure)

kelly barker

- Item 11.0 - Board Report Cover Paper Bi Annual Waits May- July Board 2025.pdf (5 pages)
- Item 11.0 - Presentation QSC May 25 Waits -for July Board.pdf (15 pages)

10:20 - 10:30
10 min

12. Medical Appraisal and Revalidation report (enclosure)

David Sims

- Item 12.0 - Medical Appraisal and Revalidatin Report front sheet - July 24.pdf (2 pages)
- Item 12.0 - Annex-A-Professional-standards-framework-for-quality-assurance-and-improvement 01042025.pdf (15 pages)

10:30 - 10:35
5 min

Break (10.30am – 10.35am)

10:35 - 10:45
10 min

13. Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held July (verbal)

Simon Lewis

10:45 - 10:50
5 min

14. Alert, Advise, Assure and Decision Report: Quality and Safety Committee held July (verbal)

Alyson McGregor

10:50 - 10:55
5 min

15. Complaints Annual Report (enclosure)

Phillipa Hubbard

- Item 15.0 - Complaints Annual Report - 2024-25 - July 2025.pdf (13 pages)

People and Culture

10:55 - 11:00
5 min

16. Alert, Advise, Assure and Decision Report: People and Culture Committee held July (verbal)

Mark Rawcliffe

Trawally, Rachel
22/07/2025 08:12:11

Finance and Sustainability

11:00 - 11:10
10 min

17. Finance Reports

Claire Risdon

17.1. Finance Report (enclosure)

Claire Risdon

Item 17.1 - Finance Report Trust Board (Month 3 - June 2025).pdf (10 pages)

17.2. NHS England Quarterly declaration (enclosure)

Item 17.2 - NHS England Quarterly Submission (Trust Board) Q1 25_26.pdf (4 pages)

11:10 - 11:15
5 min

18. Alert, Advise, Assure and Decision Report: Finance and Performance Committee held July (verbal)

Maz Ahmed

11:15 - 11:20
5 min

19. Senior Information Risk Owner Annual Report

Tim Rycroft

Item 19.0 - SIRO Report 24_25 Final.pdf (19 pages)

Governance and well led

11:20 - 11:25
5 min

20. Charity Strategy (enclosure)

Catherine Jowitt

Item 20.0 - Charity Strategy - Cover Sheet - July 2025.pdf (3 pages)
Item 20.1- Better Lives Strategy 25-28 draft.pdf (9 pages)

11:25 - 11:35
10 min

21. Annual governance review ToR/ sub committee annual gov reports/ effectiveness review updates (enclosure)

Phillipa Hubbard

Item 21.0 - Annual Governance Report and terms of reference and effectiveness review- coversheet.pdf (3 pages)
Item 21.0.1 - Charitable Funds Committee - Annual Report 2024-25 DRAFT V3.pdf (11 pages)
Item 21.0.2 - Terms of Reference - Charitable Funds Committee 07.2025 DRAFT.pdf (8 pages)
Item 21.0.3 - Audit Committee Annual Governance Report - 2024-25 Draft.pdf (12 pages)
Item 21.0.4- Terms of Reference - Audit Committee 07.2025 - DRAFT.pdf (11 pages)
Item 21.0.5 - People & Culture Committee Annual Governance Report - 2024-25 DRAFT V2.pdf (14 pages)
Item 21.0.6- People & Culture Committee Effectiveness Review Actions V1.pdf (2 pages)
Item 21.0.7- Terms of Reference - People and Culture Committee 07.2025 DRAFT.pdf (9 pages)
Item 21.0.8 - Mental Health Legislation Committee Annual Report 2024-25 Draft V.3.pdf (15 pages)
Item 21.0.9 - Mental Health Legislation Committee Effectiveness Review Actions V1.pdf (2 pages)
Item 21.0.10 Terms of Reference - Mental Health Legislation Committee 05.2025 v.01.pdf (8 pages)
Item 21.0.11- Quality & Safety Committee Annual Governance Report - 2024-25 DRAFT V2.pdf (17 pages)
Item 21.0.12 - Quality & Safety Committee Effectiveness Review Actions V1.pdf (4 pages)
Item 21.0.13 - Terms of Reference - Quality Safety Committee 07.2025 DRAFT.pdf (10 pages)
Item 2210.14 - Finance and Performance Committee Annual Report 2024-25.pdf (14 pages)
Item 21.0.15 - Terms of Reference - Finance Performance Committee - 06.2025 v.1.pdf (10 pages)

11:35 - 11:40
5 min

22. Alert, Advise, Assure and Decision Report: Audit Committee held June (enclosure) and July (verbal)

Trawally Rachel
22/07/2025 08:12

Christopher James Malish

Item 22.0 - Effective Oversight Escalation and Assurance - Audit Committee 19.06.25 - CHAIR APPROVED.pdf (2 pages)

11:40 - 11:40
0 min

23. Quality account (enclosure)

Information

- Item 23.0 - Final Quality Account 2024-25 - Cover Sheet.pdf (3 pages)
- Item 23.0.1 - Final Quality Account 2024-25.pdf (106 pages)

11:40 - 11:40
0 min

24. West Yorkshire Community Health Services Provider Collaborative – July 2025 (enclosure)

Information

11:40 - 11:40
0 min

25. West Yorkshire Commissioning Hub – AAAD Report – 30 July 2025 (enclosure)

Information

- Item 24.0 - WYCHS Escalation and Assurance Report - 1.7.25 v0.1.pdf (2 pages)

11:40 - 11:45
5 min

26. Any other business (verbal)

Sally Napper

11:45 - 11:50
5 min

27. Comments from public observers (verbal)

Sally Napper

11:50 - 11:55
5 min

28. Meeting evaluation (verbal)

Sally Napper

Date of the Next Meeting: 2 October– final details to be confirmed by Corporate Governance Team

Trawally Rachel
22/07/2025 08:12:11

Board of Directors – held in public

Date: Thursday 24 July 2025

Time: 9.00 until 12.00

Venue: Hybrid Meeting to be held on Microsoft Teams and Room 4.22 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)	SN	9.00
	2	**Declaration of any conflicts of interest** (enclosure)	SN	-
BQS	3	**Learning from your experience: Natural England** (presentation)	NC/KJ/PH	9.05
BUOR	4	**Questions received** (verbal)	SN	9.30
GG	5	**Minutes of the previous meetings May/June** (enclosures)	SN	-
	6	**Matters arising** (verbal)	SN	
	7	**Action log** (enclosure)	SN	9.35

Strategy and partnerships

All	8	**Chair's Report** (enclosure)	SN	9.40
	9	**Chief Executive's Report** (enclosure)	PH	9.50
	10	**Strategic Assurance and Performance Report** (enclosure)	PH & KB	10.00

Trowally, Rachel 24/07/2025 08:12:11

	10.1	**Strategic Risk Summary** (enclosure)	**PH**	**10.10**
	11	**Biannual report access/waiting list** (enclosure)	**KB**	**10.20**
	12	**Medical Appraisal and Revalidation report** (enclosure)	**DS**	**10.30**

Break (10.40am – 10.45am)

Quality and Safety

BQS	13	**Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held July** (verbal)	**SL**	**10.45**
	14	**Alert, Advise, Assure and Decision Report: Quality and Safety Committee held July** (verbal)	**AM**	**10.50**
BQS	15	**Complaints Annual Report** (enclosure)	**PH / RLH**	**10.55**
		People and Culture		
BPTW	16	**Alert, Advise, Assure and Decision Report: People and Culture Committee held July** (verbal)	**MR**	**11.00**

Finance and Sustainability

BUOR	17	**17.1 - Finance Report** (enclosure) **17.2 – NHS England Quarterly declaration** (enclosure)	**CR**	**11.05**
BUOR	18	**Alert, Advise, Assure and Decision Report: Finance and Performance Committee held July** (verbal)	**MA**	**11.25**
BUOR	19	**Senior Information Risk Owner Annual Report**	**TR**	**11.30**

Governance and well led

GG	20	**Charity Strategy** (enclosure)	**CJ**	**11.35**
GG	21	**Annual governance review ToR/ sub committee annual gov reports/ effectiveness review updates** (enclosure)	**PH / RT**	**11.40**
GG	22	**Alert, Advise, Assure and Decision Report: Audit Committee held June** (enclosure) **and July** (verbal)	**CM**	**11.50**
	23	**Quality account** (enclosure)	**For information**	**-**
GG	24	**West Yorkshire Community Health Services Provider Collaborative – July 2025** (enclosure)	**For information**	**-**

Tewgilly Rachel 23/07/2025 08:42:11

	26	**West Yorkshire Commissioning Hub – AAAD Report – 30 July 2025** (enclosure)	**For information**	**-**
	27	**Any other business** (verbal)	**SN**	**11.55**
	28	**Comments from public observers** (verbal)	**SN**	**-**
	29	**Meeting evaluation** (verbal) **Was the meeting conducted in line with the Trust values?** (verbal)	**SN**	**-**

Date of the Next Meeting: 2 October– 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**

Krawally Rachel
22/07/2025 08:12:11

Register of Interests - Board of Directors - 2025

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies)	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeing to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this information is already in the public domain - this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate.
Non-executive Directors								
Mac Ahmed	M&M Property (Stoke) Ltd: Director Advantage Advisory Ltd: Director Director of following subsidiaries of Wm Morrison Supermarkets PLC: - Wm Morrison Produce Ltd - Lowlands Nurseries Ltd - Wm Morrison Logistics Limited - Fatfish (Fish) Limited - Farmers Boy Limited - Farmers Boy (Deeside) Limited - International Seafoods Limited - Neerock Limited - Rathbone Kear Limited - Safeway Wholesale Limited - Wm Morrison At Source Limited	Nil	Nil	Nil	Nil	NHS Professionals Ltd: Non-Executive Director Bradford District & Craven Finance Committee	Operations Director: Wm Morrison Supermarkets PLC	Nil
Chris Mallish	Bradford College: Vice Principal Finance & Corporate Services *(declared 23/03/2024)*	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Simon Lewis	Nil	Nil	Nil	ASDA Foundation trustee/non-Executive Director *(declared 23/05/2024)*	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities). This also includes acting on behalf of the General Medical Council. *(declared 23/05/24)*	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities) *(declared 23/05/24)*	Independent Member of the ACAS Council (i.e. the Advisory, Conciliation and Arbitration Service: a non-departmental public body of the Department for Business, Energy and Industrial Strategy (BEIS)). *(declared 23/05/24* ASDA Foundation: trustee/non-executive director. (declared 23/05/24) Board member of the Bar Standards Board (i.e. the regulatory body for barristers and some others in the legal services market). *(declared 23/05/24* Fee-paid Deputy District Judge (including private family law cases, which can involve input from CAFASS, local authorities, NHS organisations, etc). *(declared 23/05/24* Newly-appointed fee-paid Tribunal Judge (mental health tribunal). Clearly I would not sit on cases involving applications from service users at BDCT. *(declared 23/05/24* Court Examiner. *(declared 23/05/24)* Junior Counsel to the Crown. *(declared 23/05/24)* England and Wales Cricket Board: chair of national safeguarding panel. *(declared 23/05/24)* The Football Association: independent chair of disciplinary/regulatory panels. *(declared 23/05/24)* British Cycling: independent chair of disciplinary/regulatory panels. *(declared 23/05/24)* England Boxing: independent chair/member of disciplinary panel. *(declared 23/05/24)* ACCA (the global accountancy body): independent member of disciplinary/regulatory panels. *(declared 23/05/24)* General Optical Council: independent statutory case examiner in fitness to practise (or similar) cases. *(declared 23/05/24)* Phone-Paid Standards Authority: Independent Chair of Code Adjudication Panel *(declared 23/05/24)* University of Bradford – Lay Member of Council *(declared 23/05/24* Premier League: Independent Oversight Panel *(declared 23/05/24)*	Burley Oaks Primary School: employee *(declared 23/05/24)*
Alyson McGregor	Nil	Nil	Nil	Altogether Better (NHS hosted organisation): Director *(declared 06/03/24)* Health Foundation Common Ambition Programme Advisory Group: Expert Advisor *(declared 06/03/24)*	Nil	Nil	Nil	Nil
Mark Rawcliffe	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sally Napper	Nil	Nil	Nil	Nil	Consultancy work within Hospice Sector *(declared 09/02/24)*	Nil	Nil	Nil
Linda Patterson	Nil	Nil	Nil	Nil	Nil	Nil	Independent Governor London Metropolitan University *(declared 01/03/24)* Trustee Royal Society of Medicine (declared 01/03/24) Fellow of Royal College of Physicians of Edinburgh and London (declared 01/03/24) Registered with General Medical Council (declared 01/03/24)	Nil
Executive Directos								
Therese Patten	Nil	Nil	Nil	NHS Providers: Trustee *(declared 07/03/24)*	Nil	Nil	Place Chief Executive Lead, Bradford District & Craven West Yorkshire Integrated Care Board, Accountable Officer, BaC Place NHS England National Director role, Place Development	North Yorkshire County Council: Practice Supervisor (Family Assessment and Support Team) *(declared 07/03/24)*
Phil Hudgell	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Quality Committee *(declared 04/03/24)*	Place based lead as part of the Place based system as Director of Nursing and Quality distributed leadership team *(declared 04/03/24)*	Langley Langtons: Employee *(declared 04/03/24)*
Ian Maudsley	Nil	Nil	Nil	Nil	Nil	Bradford District Council *(declared 01/03/24)*	Nil	Nil
Tim Byrcroft	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
David Sims	Nil	Nil	Nil	Nil	Nil	Bradford District & Craven Quality Committee *(declared 01/03/24)*	Nil	Nil
Mike Woodhead		Nil	Nil	Nil	Nil	Bradford District & Craven Finance Committee	Place based lead as part of the Place based system as Director of Finance	Close associate of MD of Elite Consulting Ltd*
Kelly Barker		Nil	Nil	Nil	Nil	Bradford District & Craven Quality Committee *(declared 28/03/24)* Bradford District & Craven Finance Committee *(declared 28/03/24)*	Nil	BDCFT: employee *(declared 28/03/24)*
Bob Champion	Nil	Nil	Nil	Nil	Nil	Nil	Employer representative on NHS Staff Council: Member of West Yorkshire Integrated Care Board, People Board *(declared 01/03/24)*	Nil

- *NB Elite Consulting are currently engaged in providing temporary programme management support for the Lynfield Mount capital redevelopment scheme. MW removed himself from the interview and selection process and from the executive decision making panel.

Trawalay,Rachel 2025.07.08 12:11:1

Agenda Item 05.0

Board of Directors Meeting in Public
On Thursday 5 June 2025 at 09:00
Hybrid meeting held on Microsoft Teams and in Room 4.03 at New Mill

Present in person:	Dr Linda Patterson OBE FRCP	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
	Claire Risdon	Deputy Director of Finance, Planning & Performance
	Dr David Sims	Medical Director
Present via MS Teams:	Maz Ahmed	Non-Executive Director (arrival 10.15am)
	Michelle Holland	Deputy Director of HR & Organisation Development
	Simon Lewis	Non-Executive Director
	Chris Malish	Non-Executive Director
	Mark Rawcliffe	Non-Executive Director (arrival 10am)
In attendance:	Emma Clarke	Green plan agenda item
	Ekta Gupta	Board story
	Suzanne Hala	Board story
	Mike Lodge	Lead Governor (observer)
	Natalie McMillan	Well Led Auditor (observer)
	Zubair Nadeem	Board story
	Vanessa Noble	Board Story
	Rachel Trawally	Head of Corporate Governance and Deputy Trust Secretary

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: Fran Stead, Trust Secretary, Mike Woodhead, Chief Finance Officer (C Risdon representing), Bob Champion, Chief People Officer (M Holland representing), Tim Rycroft, Chief Information Officer, Therese Patten, Chief Executive (P Hubbard representing), Farhan Rafiq, Executive	

Trawally, Rachel 22/07/2025 08:21:11

Item	Discussion	Action
	Director Transformation, Improvement and Productivity, Iain Macbeath, Director of Integration, Sally Napper, Non-Executive Director and Alyson McGregor, Non-Executive Director. The Chair welcomed the observers and representatives, including Mike Lodge from the Council of Governors, the presenters for the board story and Natalie McMillan, who was observing for the well-led review. Late arrivals were noted for Maz Ahmed and Mark Rawcliffe. The Board of Directors was not quorate for the first hour and therefore any items requiring approval during this time would be circulated via email for approval. **Action:** Circulate board minutes and Green Plan for approval.	**RT**
2	**Declarations of interest** (agenda item 2) No declarations of interest were made.	
3	**Board story: Smoke Free (agenda item 3)** David Sims, Medical Director, introduced Vanessa Noble and the team, presenting on the process of going smoke-free within the Trust. A presentation by V Noble provided an overview of the tobacco dependency treatment approach, emphasising the importance of addressing smoking among service users with severe mental illness, learning disabilities, and autism. V Noble highlighted the challenges and successes of the program, noting that smoking prevalence was higher among these populations. V Noble mentioned that the initiative was driven by the NHS Long Term Plan and the Healthy Minds Action Plan for Bradford District and Craven. The goal was to improve physical health and reduce premature mortality among people with severe mental illness, learning disabilities, and autism. The trust adopted a tobacco dependency treatment approach, offering bespoke smoking cessation services, including behavioural support and pharmacotherapy. The team trained mental health professionals to provide smoking cessation support and integrated these services into routine mental health care. V Noble shared that 35 service users had successfully quit smoking, and many others had reduced their cigarette consumption significantly. V Noble acknowledged the challenges in implementing the smoke-free policy, including managing nicotine withdrawal and ensuring staff engagement.	

Trawally, Rachel
22/07/2025 08:12:11

Item	Discussion	Action
	Z Nadeem shared a success story of a young patient who quit smoking after 10 years. The patient was initially smoking 30-40 cigarettes a day and successfully quit after three months of support, including nicotine replacement therapy and behavioural support. K Barker, Chief Operating Officer emphasised the importance of supporting staff during the implementation of the smoke-free policy. She acknowledged the initial fears and concerns of staff based on previous unsuccessful attempts to go smoke-free. K Barker highlighted the positive difference in how the smoke-free policy was implemented this time, noting that it was better received by both staff and service users. K Barker mentioned that the implementation team worked closely with staff to address their fears and provide practical training on safely managing situations related to smoking cessation. K Barker observed that the daily calls with teams about escalating concerns had significantly reduced, indicating that the smoke-free policy was being managed effectively. K Barker reiterated that the smoke-free initiative was about health promotion and not just restricting smoking, and praised the implementation team's efforts in making the policy work through positive engagement and support. S Lewis, Non-Executive Director raised concerns about the psychological impact on detained patients who were in crisis and had a smoking addiction. It was questioned how the smoke-free policy might affect their behaviour on the ward and potentially influence decisions about their discharge. S Lewis noted that while the science and logic behind the policy are clear, the challenge lies in communicating it effectively to patients who may not be rational at the time. Simon's discussion focused on the need to balance the implementation of the smoke-free policy with the psychological and behavioural needs of detained patients, ensuring that their treatment is compassionate and fair. V Noble explained that the addiction is to nicotine, not the cigarette itself. By providing the correct amount of nicotine replacement therapy, patients should not feel any different than if they were smoking cigarettes. This helps avoid withdrawal symptoms and associated agitation. Noting effective communication and compassionate handling are crucial in helping patients adjust to the smoke-free environment. K Barker added that the trust monitors data on admissions and violence/aggression to ensure that the nicotine replacement therapy is effective and that patients are not experiencing undue stress or agitation. The Chair acknowledged the efforts made and highlighted the significant amount of work done and expressed encouragement at seeing the progress and positive outcomes, and noted the necessity of ongoing data monitoring to	

Trawally, Rachel
22/07/2025 08:12:11

Item	Discussion	Action
	evaluate the impact of the smoke-free policy and make necessary adjustments.	
4	**Green Plan** (agenda item 4) E Clarke, the Energy Waste and Sustainability Manager presented the updated Green Plan, incorporating new guidance from NHS England. E Clarke explained it had been presented to Finance and Performance committee held on 28 May 2025 that recommended to Board the approval of the updated plan. E Clarke highlighted the successes of the past year, including securing external funding and improving communication and engagement efforts with various teams. E Clarke also discussed the challenges ahead, such as heat decarbonization, particularly at Lynfield Mount and the need for further engagement with community mental health teams. The Board discussed the importance of securing external funding for sustainability projects and emphasised the need for continued support and integration of sustainability efforts across various projects and services. K Barker highlighted the importance of linking green and blue therapies to health promotion and smoke-free initiatives. E Clarke responded by agreeing with the importance of these connections and mentioned ongoing efforts to embed sustainability into various projects, including working with the PMO office and the innovation team. E Clarke also highlighted the requirement to look at climate change adaptation and the potential tangible influence on the local environment through green therapy projects. C Malish suggested accessing public sector funding for boiler replacements, specifically mentioning the Salix funding round for replacing old boilers. E Clarke responded by acknowledging the importance of accessing such funding and mentioned that the trust had not been in a position to submit to Salix in previous years due to the need for a significant amount of preparatory work. She agreed to take this back to Shane Embleton and ensure that the estates team was aligned and prepared to pursue this funding opportunity going forward. C Risdon noted this could feed into the capital planning meeting being held next week. The Board agreed to **approve** the updated Green Plan, subject to final confirmation via email due to the meeting needing one more NED approval for quorum. **Action**: to circulate for approval via email.	**RT**
5	**Questions received** (agenda item 5) No questions had been received.	

Trawally, Rachel
22/07/2025 08:12:11

Item	Discussion	Action
6	**Minutes of the previous private meetings held on 29 January 2025 and 26 March 2025** (agenda item 6) The minutes of the Public Board of Directors held on 29 January and 26 March were approved as an accurate record, subject to approval via email circulation being required from one additional NED due to quorum. **Action**: to circulate for approval via email.	**RT**
7	**Matters arising** (agenda item 7) None	
8	**Action log** (agenda item 8) **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.**	
9	**Chair's Report** (agenda item 9) The Chair presented her report to the Board and highlighted the following: • Firstly, there was an emphasis on continued collaboration with local authorities, the Place Partnership Board, and the West Yorkshire Partnership Board. The Chair noted they continued to closely monitor NHS changes and contributing their views when asked. • The Chair confirmed completion of appraisals for non-executive directors, as well as the Chair's own appraisal with the Lead Governor, and the Senior Independent Director. Fit and proper persons compliance was also completed and would be submitted by 30 June 2025 to NHSE. • The Chair noted that regular meetings had been held with governors. These meetings focused on succession planning for upcoming non-executive director vacancies and the Chair's position. An extension of six months would be presented at the next private Council of Governors on 18 June and future planning discussions were underway regarding the recruitment process for two non-executive directors and the Chair's position. The options being considered include both internal and external recruitment. • The Chair emphasised the importance of ensuring a smooth transition and maintaining strong leadership within the Trust. The Trust would be working closely with the governors to manage the recruitment process for these key positions. P Hubbard, explained. C Malish's first term of office as Non-executive Director was due to expire in January 2026 and noted the expression of interest in a second term of office. This would be considered at Council of Governors on	

Trawally, Rachel 22/07/2025 09:12:11

Item	Discussion	Action
	18 June 2025. The recruitment process would be commenced for the new Chair and Non-Executive Director shortly, and the importance of reviewing the skills needed for the replacements was noted, to include expertise in Mental Health and Finance for subsequent replacements. **The Board noted the continuing engagement that had taken place with external partners, internally at the Trust and with the Council of Governors.**	
10	**Chief Executive's Report** (agenda item 10) P Hubbard, Director of Nursing, Professions and Care Standards, Deputy Chief Executi presented the key highlights on the behalf of the Chief Executive: • The Trust achieved veteran-aware accreditation, led by David, involving a working group and accreditation process. The focus would now be on raising clinical awareness and prioritising veterans in clinical work. • mentioned a celebratory event held on the 19th of March at Victoria Hotel, where staff and colleagues were recognised for their long service. Noted the Chair had served over 50 years in the health service, and the event was well-attended and appreciated. • discussed various initiatives to support staff well-being, including health and well-being roadshows, parents' events, and financial support awareness through Affinity Connect. Noted the positive impact of these initiatives on staff morale and trust operations. • significant improvements in the speed of pre-employment checks and a successful recruitment of 609 candidates. The turnover rate remained at 11%, but it has reduced. • noted the appointment of F Rafiq as the Executive Director for Transformation, Improvement, and Productivity, and A Green as the Head of the Programme Management Office. These appointments were expected to strengthen the Trust's focus on transformation and improvement. • The update concluded with a reminder about the annual members' meeting scheduled for the 25th of September at Victoria Hall. **The Board noted the Chief Executive's report.**	
11	**Strategic Assurance and Performance Report** (agenda item 11) **Strategic Risk Summary** (agenda item 11.1) P Hubbard and K Barker presented the strategic narrative report, which provided an overview of the Trust's performance and strategic priorities. The integrated performance report highlighted the Trust's progress against its strategic priorities, informed by governance structures and committee reviews.	

Trawally, Rachel 22/07/2025 08:12:11

Item	Discussion	Action
	Performance data showed positive trends overall, but areas such as out-of-area placements and RTT consultant waiting times for dental treatment remained below target. The Finance and Performance Committee and Quality and Safety Committee had been closely monitoring these issues. P Hubbard emphasised the importance of aligning committee structures with strategic risks to ensure effective governance and risk management, and mentioned that the Trust had been working on refreshing the terms of references and workplans for committees, particularly the Audit Committee, to strengthen its role in maintaining integrated governance and internal control processes. This includes reviewing internal audit reports and strategic objectives. P Hubbard also highlighted the need for further work on the risk assessment process, particularly in relation to the Trust's efficiency program. The Trust had identified areas of risk, such as workforce productivity and digital opportunities, and was working on developing robust plans to address these challenges. The organisational sustainability board and the PMO were involved in this process to ensure transparency and effective delivery. C Malish supported the above points and added that the Audit Committee oversees and reviews reports from various committees to ensure that they are providing the necessary assurance on strategic themes. C Malish mentioned that there was always work to be done, but the Trust was aware of the internal and external factors affecting risk and assurance. C Malish highlighted the importance of understanding the financial pressures and the need for clear and specific initiatives to address the Trust's financial challenges, and emphasised the need for detailed plans and milestones to ensure that the Trust could achieve its efficiency targets and maintain financial stability. **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 BAF Assurance levels as confirmed within each delegated committee, detailed within the report and in the AAA+D.** • **Noted the strategic risks identified by each Committee and discussed the implications for achievement of the Trust's overall Strategy.** • **Noted the update on ensuring an integrated model of good governance, assurance & risk was embedded robustly within the Trust.**	

Trawally, Rachel 22/07/2025 08:12:11

Item	Discussion	Action
12	**Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held 13 March and 22 May 2025** (agenda item 12) The reports covered two meetings, one in March and the other in May. S Lewis, Non-Executive Director explained in March, the committee focused on the recruitment and retention of associate hospital managers, the employment status of these managers, and the potential involvement of non-executive directors in hospital management meetings. Following an action raised at the previous committee, a significant discussion centered on whether cost considerations influenced the use of long-term depots for patients. A deep dive had been undertaken and the Chief Pharmacist and Chief Medical Officer assured the committee that decisions were based on clinical factors, not cost. S Lewis provided an overview of the committee held in May which had been chaired by A McGregor, the committee discussed the progress of the Mental Health Reform Bill, concerns about the quality of some reports, and the importance of staff attending Community Treatment Order hearings. An involvement partner raised concerns about the involvement team, which was followed up after the meeting with the involvement partner and C Dixon, Deputy Director of Nursing. The role of non-executive directors as hospital managers was also updated, with further clarity was expected soon. This would need to be considered in terms of the job description for the new Non-Executive Director appointments. **The Board of Directors noted the update on the AAAD's.**	
13	**Alert, Advise, Assure and Decision Report: Quality and Safety Committee held 21 May 2025** (agenda item 13) P Hubbard provided an update on the Quality and Safety Committee's activities, in the absence of the chair A McGregor, Non-Executive Director. The report highlighted several key areas of focus. The committee reviewed the draft quality account, discussed the Nottingham incident and the subsequent action plan, emphasising the importance of safeguarding service users and improving community transformation. The committee noted that there were no red shifts, indicating stable staffing levels, but acknowledged workforce challenges in district nursing. They also conducted a deep dive into patient safety complaints and incidents, reviewing the new patient safety framework and its implementation. The committee heard from the research and development team and discussed supervision performance, noting a slight reduction but still within target levels. **The Board of Directors noted the update on the AAAD.**	
14	**Alert, Advise, Assure and Decision Report: People and Culture Committee held 22 May 2025** (agenda item 14)	

Trawally, Rachel 22/07/2025 08:13:21

Item	Discussion	Action
	M Rawcliffe provided an update on the People and Culture Committee meeting held on 22 May. The main focus was on making the Trust the best place to work, with four strategic areas of focus. Three areas had high levels of assurance, while one area, new ways of working, needed more attention. The committee reviewed the integrated strategic performance report, covering recruitment, employee relations, rostering, and staff surveys. They also discussed the workforce race equality and disability equality reports, and the apprenticeship levy. M Rawcliffe highlighted strong levels of assurance around the committee's actions, such as reducing turnover and improving recruitment speed. However, there were concerns about the financial impact and the need to revisit the model roster. The committee also focused on creating a digitally enabled workforce and improving employee relations activities. They noted improvements in the workforce race equality standard but identified areas needing attention. The apprenticeship levy was being fully utilised, showing significant improvement. K Barker raised the importance of triangulation of information and the alignment of reports to ensure organisational sustainability. She emphasised the need for better sharing of information and articulation of where the Trust stands. K Barker also discussed the support for junior staff members and the importance of ensuring that the infrastructure supports their development. C Malish raised questions about the impact of the model roster on junior staff and whether additional resources were needed during their development. K Barker explained that the skill mix includes entry-level nurses and assistant ward managers, and emphasised the need for additional support during the preceptorship period. They noted improvements in reducing costs and the use of observations. K Barker confirmed that the need for additional resources was modelled within their plans, with support coming from various teams, including Phil Hubbard's team and professional leadership teams. C Malish asked about the reduction in clinical supervision and was assured that the reduction from 84% to 82% was still within their target of 80%. They monitored this trend throughout the year and maintained the target. **The Board of Directors noted the update on the AAAD.**	
15	**Freedom to Speak up Annual report** (agenda item 15) P Hubbard presented the report due to annual leave of R Wixey, the Freedom to Speak up Guardian. The Freedom to Speak Up annual report for 2024-2025 highlighted an increase in reported cases from 43 to 112. This increase was seen positively as it indicated trust in the process. There was a decrease in anonymous	

Trawally, Rachel 22/07/2025 09:12:11

Item	Discussion	Action
	concerns, and the percentage of people feeling disadvantaged after speaking up remained below the national average. The main concerns were around culture, leadership, and management, with specific areas like CAMHS, adult mental health, and 0-19 services seeing a hike in cases. The report also noted improvements in bullying and harassment cases, which had decreased. The Trust was focusing on developing leadership programs to promote compassionate leadership and better communication. The strategy was being refreshed, and drop-in sessions were being held to address clusters of concerns. S Lewis, praised the high-quality leadership from the Guardian and the support from the team. He emphasised the importance of separating the Freedom to Speak Up function from HR to maintain independence. S Lewis also noted that the increase in reported cases might reflect greater awareness and trust in the system. S Lewis reiterated the importance of the Freedom to Speak Up initiative and the need to continue promoting it. He highlighted the role of the National Guardian and the importance of aligning with national guidance and best practices. The discussion acknowledged the significant changes happening in the Trust, including leadership structure reviews and the need to do more with a reduced workforce and financial resources. The importance of encouraging colleagues to speak up and share their concerns was emphasised. Specific thanks were noted to J Cohen for his contributions, having covered as Guardian for two occasions of maternity cover in the team and E Cohen as providing long standing support in the team. **The Board of Directors noted the content of the report.**	
16	**Finance Report** (agenda item 16) C Risdon, Deputy Director of Finance, Planning & Performance presented the report and provided a recap on the system and planning component, highlighting the West Yorkshire system's break-even plan. The ICB submitted a surplus plan of £96.5 million, offset by an equal deficit, resulting in a break-even. NHS England provided £40 million in additional recurring support, contingent on maintaining a break-even status during 2025-26. Failure to do so would result in the loss of significant support. The ICB's plan recognised a £33.2 million gap that needed addressing. Conversations were held to determine how to meet place targets, considering data evidence and benchmarking. C Risdon explained for the Bradford District and Craven Place, £12 million was allocated as an efficiency target. Meetings were being held to agree on the allocation, with trust boards considering the approach.	

Trawally, Rachel 22/07/2025 08:12:11

Item	Discussion	Action
	In terms of month one, the NHS reported a £262,000 shortfall in work efficiency, primarily due to higher placement costs. Month two looked more favourable, but challenges remained. A full risk assessment of the efficiency program was conducted, identifying a likely risk of £6.6 million. Other risks included provider collaborative assumptions and paywall funding disparities. A contingency of £3 million was available to manage risks, with additional measures being considered to address the remaining gap. Further details were to be discussed in the private meeting of the Board and a further extraordinary Private meeting of the Board was being convened on 10 June 2025 to agree the next steps. **The Board of Directors noted the content of the report.**	
17	**Alert, Advise, Assure and Decision Report: Finance and Performance Committee held 28 May 2025** (agenda item 17) M Ahmed, Non-Executive Director provided an update on the Finance and Performance Committee held on 28 May 2025. M Ahmed acknowledged the hard work on the Cost Improvement Programmes (CIP) but noted that the Trust missed its target by £220K, which was significant given the back-end loaded savings. The Finance Performance Committee identified two key next steps: reassessing the risk of delivery in the likely scenarios presented and translating the organisation-wide efficiency improvement target into specific initiatives and emphasised the need for detailed plans. The discussion then moved to digital initiatives, highlighting the need for clearer milestones and financials to ensure progress. The Lynfield Mount redevelopment timeline had slightly shifted, but funding appears secure, and this does not impact the Capital Expenditure plan. The green plan also showed good progress. P Hubbard stressed the importance of robust processes, particularly around the Equality and Quality Impact Assessment process, to ensure decision-making considered all risk factors. They highlighted the need for confidence in deliverability and the importance of transparency in decision-making. The Organisational Sustainability Board was working to engage senior leaders through the Better Lives Together programme to ensure that the plans were realistic and achievable. The Trust was working to engage senior leaders through the Better Lives Together programme. P Hubbard noted the complexity of the system and the need to balance various factors, including potential 50% reductions in ICB (Integrated Care Board) funding. C Risdon emphasised the importance of being open about the difficult decisions and their impacts. **The Board of Directors noted the update on the AAAD.**	

Trawally, Rachel
22/07/2025 08:12:11

Item	Discussion	Action
18	**Alert, Advise, Assure and Decision Report: Charitable Funds Committee held 26 March 2025** (agenda item 18) M Rawcliffe provided an update on the Charitable Funds Committee held on 26 March 2025. The committee had reached a point of sustainability after facing challenges over the past few years. The focus had moved on to learning from those who have benefited from the charity. A recent session with the allotment and mental health team highlighted the positive impact of the funds. The committee was moving from reactive to strategic planning, aligning with the trust's ambitions. They were working on key projects, such as linking in with the Lynfield Mount redevelopment, and diversifying income streams through grants, legacies, and fundraising. A significant grant had been received for use over the next few years and details would follow. M Rawcliffe highlighted the importance of engaging staff and the community in supporting the charity's initiatives. The charity was in a positive position, with plans to finalise and discuss their strategy with the board. **Action:** to add the Charity Strategy on the next Board agenda. The committee was also aligning the charity's strategy with the trust's work, focusing on sustainability and financial support for schemes like sensory equipment for wards to manage distress proactively. **The Board of Directors noted the update on the AAAD.**	**RT**
19	**West Yorkshire Community Health Services Provider Collaborative – April 2025** (agenda item 19) **The Board of Directors noted the content of the report, which was provided for information.**	
20	**West Yorkshire Commissioning Hub – AAAD Report – 30 April 2025** (agenda item 20) The Board received the report for information, noting the ongoing work to align services across West Yorkshire. The Chair mentioned the importance of understanding the current state of services to plan for shared development effectively. **The Board of Directors noted the content of the report, which was provided for information.**	
21	**Any Other Business** (agenda item 21) No additional business was raised.	
22	**Comments from public observers** (agenda item 22)	

Rawally, Rachel 22/07/2025 08:[illegible]:11

Item	Discussion	Action
	There were no comments made.	
23	**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 noted the meeting was carried out in line with Trust values and closed the meeting. The Board agreed that the meeting had been productive, with all members having the opportunity to contribute. The chair noted the slightly reduced attendance due to holidays but commended the substitutes for their contributions. The Chair noted her apologies for the next meeting scheduled for 24 July and confirmed an alternative chair would be required. **Action:** Chair to be agreed. The meeting was closed at 11.33.	**LP**

These minutes were prepared with the assistance of AI tools and reviewed by the Deputy Trust Secretary and the Chair for accuracy and completeness

Trawally Rachel
22/07/2025 08:12:11

Agenda item
7.0

NHS
Bradford District Care
NHS Foundation Trust

Action Log for the Public Board of Directors' Meeting – July 2025

Action Key	**Green**: Completed	**Amber**: In progress, not due	**Red**: Not completed, action due

Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
05/06/2025	**Minutes of the previous private meetings held on 29 January 2025 and 26 March 2025** To circulate **for approval** via email as not quorate for that part of the meeting	**RT**	**July**	**Complete**
05/06/2025	**Green Plan** The Board agreed to **approve** the updated Green Plan, subject to final confirmation via email due to the meeting needing one more NED approval for quorum.	**RT**	**July**	**Complete**
05/06/2025	**Alert, Advise, Assure and Decision Report: Charitable Funds Committee held 26 March 2025** To add the Charity Strategy on the next Board agenda.	**RT**	**July**	**Complete:** on the agenda for 24/07/2025
05/06/2025	**Meeting evaluation** **Chair has sent apologies for 24 July meeting – chair to be agreed**	**LP**	**July**	**Complete:** SN stepped in to chair in the absence of LP Chair and SL Deputy Chair

Trawally, Rachel
22/07/2025 08:12:11

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**
16/03/25	Learning from your experience: Accessing Mental Health Services The Patient Experience & Communications Officer to share slides with the Corporate Governance Manager and Deputy Trust Secretary	**S Hala / R Trawally**	**June 2025**	**Complete**
16/03/25	Learning from your experience: Accessing Mental Health Services The Director of Nursing, Professions and Care Standards, Deputy Chief Executive to share positive feedback with The Complaints Team.	**P Hubbard**	**June 2025**	Complete

Trawally Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting held in public

24 July 2025

Paper title:	Chair of the Trust's Report	**Agenda Item** **08.0**
Presented by:	Dr Linda Patterson, Chair of the Trust	
Prepared by:	Corporate Governance team	
Committees where content has been discussed previously	People & Culture Committee	
Purpose of the paper Please check **ONE** box only:	☐ 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.

Pawalk Rachel 22/07/2025 08:12:11

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 ☐ Effective ☐ Responsive ☐ Caring ☒ Well-Led
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

Trawally Rachel
22/07/2025 08:12:11

Board of Directors – Meeting held in public

24 July 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:

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:

DATE	Meeting
04 June	Volunteer Celebration Afternoon Tea
06 June	Annual Charity Golf Day – Shipley Golf club – present prizes
10 June	Introductory Meeting Nadira Mirza (ICB acting Chair)
10 June	Extraordinary Board of Directors meeting
11 June	Meeting of Chairs Councillor Susan Hinchcliffe
11 June	Medical Council
13 June	Introductory Meeting – Rebecca Gray, Mental Health Network
13 June	Bradford District Care Fountain Trust Governor Elections: Governor Awareness
17 June	Bradford District and Craven Collaboration Board (CiC)
18 June	Council of Governors in (Private)
18 June	Council of Governors in (Public)
20 June	Bradford District and Craven Partnership Board – Development Session
25 June	Monthly Catch up with Susan Hinchcliffe Bradford Council
26 June	Extraordinary Board of Directors held in private (Annual Returns)
30 June	Elaine Appelbee/Trust Chairs Meeting
01 July	West Yorkshire Community Health Services Provider Collaborative Quarterly Meeting
03 July	10 Year Health Plan Town Hall
09 July	Review of the Well-led Report
10 July	Health Devolution Commission meeting at House of Commons
15 July	Private Briefing Session for West Yorkshire Partnership Board Members
15 July	West Yorkshire Partnership Board Meeting (in Public)
15 July	AAC Panel EIP Consultant.

Lowell Rachel
21/07/2025 08:12:11

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.

NHS Changes

Following the government's announcement on a substantial reduction to ICB funding, the Trust has been working closely with West Yorkshire ICB to assess the effects of staffing reductions and their implications for Trust services. Organisational changes within NHS England are being monitored while awaiting the release of the blueprint. NHS England is expected to be integrated into the Department of Health and Social Care, although a specific date for this transition has not yet been confirmed.

The NHS 10 year plan has been published Fit for the Future – the 10-year plan for health. The plan is the summation of substantial work over several months and substantial engagement with the public. It sets out ambitions for the coming period and should be read with the expectation that we will be developing three-year plans this Autumn, aligned with the spending review period

Appraisals

Annual appraisals of the Non-Executive Directors have been undertaken, and I have had my annual appraisal with the Lead Governor, Mike Lodge and Senior Independent Director Sally Napper, and this has been submitted to england.chairsappraisal@nhs.net to meet the 30 June 2025 deadline.

The Fit and Proper Persons Test has been submitted to NHS England on 30 June 2025 following approval at the council of governors meeting on the 18th May 2025.

Council of Governors

Recent Council of Governors Meetings

On the 18 June the Council of Governors approved the extension to the Chair tenure until 31 December 2025. At the meeting it was noted that Chris Malish as NED undertaking a second term to January 2029.

Trawalli Kaur
22/07/2025 08:12:

Approval for the recruitment of a Chair and two NEDs will take place as Simon Lewis and Maz Ahmed come to the end of their second term of office in November and April 2026 respectively

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

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting held in Public

24 July 2025

Paper title:	Chief Executive's Report	**Agenda Item** **09.0**
Presented by:	Phillipa Hubbard, Deputy Chief Executive	
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.

Trawden Radio 22/7/2025 08:12:11

Executive Summary	
The areas covered in this report include: ▪ Veteran Aware Accreditation ▪ Awards and Recognition ▪ CQC Notifiable Incidents, Regulatory Matters and Visits ▪ The NHS 10 Year Plan – fit for the future ▪ Plan for Health, Care and Wellbeing in Bradford District and Craven ▪ Establishment of Strategy Delivery Boards	
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	

Trawally Rachel
22/07/2025 08:12:11

Board of Directors – Meeting held in Public
24 July 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

Veteran Aware Accreditation

The Trust received Veteran Aware accreditation which relates to providing high standards of care for Armed Forces veterans. The accreditation recognises the Trust's commitment to improving care for veterans, including staff training, signposting to support, and tailored mental health services.

Annual Members Meeting

Planning has commenced for this year's Annual Members Meeting which will take place on Thursday 25 September 2025 at Victoria Hall, Saltaire.

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.

April-25	**We care - Lynfield Mount Hospital Food Services Team** For their work assisting our Aspiring Cultures' Staff Network in hosting the Iftar for staff to break fast during Ramadan. The team volunteered to work late to serve a delicious three-course meal. The Iftar enabled Trust colleagues of all faiths and beliefs to actively value differences in our religious practices and created a space where everyone could feel valued and included. **We listen - Heather Ward Manager, Rebecca Toland** For providing much needed stability and support as well as positive improvements after recent changes and challenging times for the staffing team due to acuity and short staffing. Since returning to Heather Ward, Rebecca has helped bring strong collaboration between multi-disciplinary team members, leading to improvements in patient care.

Trawally, Rachel
22/07/2025 08:12:11

	We deliver - Senior Finance Officer, Martin Molyneux For his help to colleagues during the busiest time for the finance team, year end. Martyn supported a new member of staff to settle in, sharing knowledge and providing support, training and encouragement. “He lives and breathes our value in delivering” and goes above and beyond - so much so he was nominated by two colleagues for this award.
May-25	**We care - Reception and Administration Co-Ordinator, Jenny Knaggs** For her outstanding care and support shown to a member of the public in need. Jenny went above and beyond her regular duties to provide a safe and welcoming environment, offered comfort, and helped connect the individual to the support they needed. Her kindness and initiative made a meaningful difference in the community. **We listen - Clinical Psychologist, Jodie Hunter** For her attentive and compassionate approach since joining the team. She has actively listened to both staff and service users, leading to the creation of a valuable coping skills group called “Catch up with a Cuppa" and the implementation of plans to support wellbeing and help reduce staff burnout. **We deliver - Fire Officer, John Killen** For his exceptional dedication in delivering fire training, particularly by going above and beyond to provide fire warden training for agency staff during a night shift at the Airedale Centre for Mental Health. His thorough and meticulous training approach was highly appreciated, with one participant emailing the ward manager with praise.

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	Total nominations received	Total awards given	Single nominations	Team nominations	Group nominations	Single awards	Team awards	Group awards
Apr-25	15	10	14	0	1	8	0	2*
May-25	7	3	6	1	0	3	0	0

*one of the group awards was given by merging two single nominations

4 People Matters

We are currently recruiting for Public and Staff Governors, details can be found on the Trusts website.

Formally Received 22/07/2025 09:22:14

The recruitment for a New Chair for the Trust will be commencing shortly as Dr Linda Patterson will be stepping away from the role at the end of December after serving her first term, an extension of six months was granted at the council of governors meeting in June 2025.

5 CQC Notifiable Incidents, Regulatory Matters and Visits (1 May – 30 June 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 have been no Mental Health Act visits during this time period.

CQC Notifiable incidents

Number by category	Detail
1 AWOLs	Baildon - Returned by staff within 24 hours

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

Seven 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 one case. There was no criticism made of the Trust by the Coroner in any of the cases.

The coroner's conclusions for all cases were:

- Drug related x 2
- Suicide x 2
- Alcohol related x 1
- Drug and alcohol related x 1
- Narrative x 1

Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported. Two new Patient Safety Incident Investigation (PSII) were reported one a suspected suicide (community) and one an unexpected death (inpatient).

Crawally Rachel
22/07/2025 08:12:11

Currently we have five open investigations. A number of other response approaches are being utilised regularly as per the PSIRP, such as Thematic Analysis, After Action Review and Local Learning Reviews. Five PSII were completed in the reporting period, 0 Thematic Analysis, 0 Local Learning Reviews and 2 Structured Judgement Reviews.

6 National Media

Launch of NHS 10 Year Plan – fit for the future

The government's 10-Year Health Plan has been published setting out a long-term vision for transforming health and care in England. Central to the plan are three major system shifts: from sickness to prevention, from hospital to community, and from analogue to digital. These shifts are intended to reorient the NHS around long-term population health improvement, greater use of technology, and care that is more integrated, proactive, and locally delivered.

The health plan provides a renewed focus on what good care looks like with a move towards a Neighbourhood Health Service to bring care into the places people live. It also aims to transform access to general practice and prevent unnecessary hospital admissions. There is an ambition to create the most digitally accessible health system in the world, where patients have a *doctor in their pocket* to provide 24/7 advice and guidance and staff are liberated from archaic IT systems. This aims to be a win for patients who will be better informed and empowered to access care that is local, flexible and responsive to their needs.

The plan puts provider trusts at the heart of the changes working closely with GPs, social care and the VCSE sector. The plan builds on the good work that is already happening across the country so the aim is to consolidate and scale up the work that improves outcomes and reduces pressure across the health and care system.

The health plan does not have a delivery chapter however details on implementation and timescales will follow. We are also awaiting the publication of a revised Long Term Workforce Plan which is expected to align with the commitments made in the health plan. There is much in the plan to be excited about as a Trust and we will of course work with our partners to ensure that we deliver for our communities. You can read the plan on the Government's website.

7 Place and System

Plan for Health, Care and Wellbeing in Bradford District and Craven

This Plan was commissioned by Bradford District and Craven Partnership Board, a committee of the West Yorkshire Integrated Care Board. The Plan looks forward to 2040, setting out the future state of our local population in terms of trends in their numbers, health, and wellbeing. It draws on population health management data sets and insights from our communities to ensure our plans are population needs led. It notes that without change the health of our population will not improve, and our services will be unable to meet the rising and changing needs of local people.

Edwards Rachel
23/07/2025 08:12:11

At the heart of this plan is a recognition that we need to re-balance where and how we deliver care, with care increasingly delivered closer to where people live. We know that we can only make the greatest impact on the health of our population for generations to come by taking an increasingly preventative approach across all sectors.

This plan acts a guide for how we use our partnership resources to improve population health. We describe it as our 'roadmap' – a high-level path towards our goals, a strategic document that guides the Partnership's overall direction. It has been developed through a series of development sessions with partners across the local health and care system including Bradford Healthwatch.

The Plan informs the development of the new Airedale Hospital, outlining the significant shift to more people cared for in their own home, or closer to home, with an increasing focus on neighbourhood health services and preventative primary, secondary, and tertiary care. This is described in a guiding principle that 'what happens in a hospital is that which can only happen in a hospital'.

At its heart, our new strategy moves us to a model of population health management, with a data driven shift to the left on the care continuum. It is essentially about moving from a largely reactive system (that is responding when someone becomes unwell) to moving to a much more proactive system (that is focusing on interventions to prevent illness, reduce the risk of hospitalisation, and address inequalities in the provision of healthcare). The plan considers the 'three big shifts' to prevention, community, and digital and our response to them through citizen activation, the development of integrated neighbourhood health services, and our programme of acute collaboration.

A key section of the plan sets out what we heard from citizen engagement, people's hopes and concerns about our health and care services. This chapter is based on the insights we have collected most recently using a participatory approach through our deliberative events and through our 'Listen in' programme. 'Listen in' is an ongoing programme of involvement, with focused periods of activity to have direct conversations with the public, visiting community groups and public spaces to help us understand what matters most to local people when it comes to health and care.

The Plan will form the 'health' chapter of the new District Plan and can be found in Appendix A.

Establishment of Strategy Delivery Boards

As part of ongoing efforts to align system resources with our core priorities, three new Strategy Delivery Boards (SDBs) are being established to focus on the delivery of our Health, Care and Wellbeing strategy. They will provide structured oversight and coordination for the following areas:

- Integrated acute care
- Integrated neighbourhood health
- Integrated corporate support and closing the gap

Trawm Report
22/07/2025 09:12:11

Over the coming weeks, each board will develop its scope and terms of reference. This work will help to clarify how we are deploying our limited capacity to focus on priority areas, while also enabling other partners across the system to lead in areas where they are best placed to do so. These boards will operate within the wider governance landscape and are not intended to replace existing statutory or operational groups. Functions such as the SEND governance arrangements and the Urgent and Emergency Care Board will continue as required, alongside other task-specific and time-limited groups established to support programme delivery.

Therese Patten
Chief Executive

Trawally Rachel
22/07/2025 08:12:11

Bradford District and Craven
Health and Care Partnership

ACTasONE

Proud to be part of the West Yorkshire Health and Care Partnership

Our plans for health, care, and wellbeing in Bradford District and Craven

July 2025

Trawally, Rachel
22/07/2025 08:12:11

Table of Contents

Foreword by our Chair 1

Introduction 2

Our Shared Purpose 3

Our strategic intent 3

Our Population 5

Our population data and future state 5

Our citizen activation, insight, and involvement 11

Our Place 15

Our integrated neighbourhood health and care support 15

Our acute services of the future 19

Our Partnership 23

Our financial plans 23

Our workforce plans 26

Our digital plans 28

Our infrastructure plans 30

Conclusion 34

Trawally, Rachel
22/07/2025 08:12:11

Foreword by our Chair

[DN: Vic to add with Elaine]

Why we are developing this plan, good stuff already doing, emphasis on tacking inequality.

In developing this strategy, leaders from across our partnership started to identify some bold actions that will be needed to make the future we've imaged real - from aligning our health and care delivery around meaningful local geographies, to embedding wraparound psycho-social support, enabling people to use their own health data, and rethinking how we use community spaces to bring services together. But we don't have all the answers.

That's why the next phase is about working together to turn ideas into action. We'll bring partners, workforce, and communities into a series of design groups and conversations to shape a clear, sequenced roadmap that reflects what matters most. This will be the work of many hands - drawing on local insight, professional expertise, and lived experience.

Add something on social value? Need this in plain English.

Wider benefits beyond purely financial ones that we create for society and the environment.

Encompassing the positive impact on communities, the economy and the environment including aspects like wellbeing, social capital, and sustainability.

Going beyond financial returns. Maximising positive change. Our CYP as an enabler.

Creating employment opportunities, supporting local businesses. 67% live in areas classified as high deprivation. Contribution of each sector in addressing this through our plans.

Our economic growth outpacing the UK. Survival, Hope, or Optimism?



Trawally Rachel
22/07/2025 08:12:11

Elaine Applebee

Chair, Bradford District and Craven Health and Care Partnership

Introduction

Acting to reduce health inequalities and improve the health, care, and wellbeing of our population is at the heart of everything we do. This plan is set out in support of our Health and Care Partnership vision, where we **Act as One** to keep people **Happy, Health at Home**.

Our plan is Informed by our work with **local people** as partners. We have made, and continue to make, significant efforts to reach seldom heard and underserved people and communities, working with trusted partners to achieve this. Our **active citizens** are shaping the future of health and care in Bradford District and Craven. We are connecting through community insight and continuing to take an asset-based approach in our neighbourhoods and localities.

Our plan is shaped by the **opportunities** made available to us through new capital investment, the establishment of provider partnerships, and by our shared understanding of our population. We know where we can work together to tackle inequalities, develop neighbourhood health and care, and thereby improve health now and for generations to come.

The underlying reason for this plan is the health and wellbeing of our population. While we have a relatively young population, when we look forward to **2040** our population demographic changes significantly. Our use of predictive modelling to **foresee the future** has shown us why we need to transform how we work, where we work, and the simple changes that can make a difference to people's access, experience, and outcomes of care. Without change, the health of our population will continue to deteriorate and our services will be unable to meet the rising and changing needs of local people. **Prevention** – primary, secondary, and tertiary – needs to become life-long, whole system, and at the heart of all that we do.

As partners, we take on the responsibility for the wellbeing of our population. We have a culture of collaboration that is a powerful enabler of change. We are guided by the principle of **subsidiarity**, with decisions taken as close to local communities as possible, and at a larger scale where there are demonstrable benefits or where co-ordination adds value. This requires us all to be leading and directing our organisations to facilitate the ambitions and duties of our Health and Care Partnership.

This plan helps us answer questions and take decisions as a Partnership.

We are not what we do now. Not the past, not tradition.

We are what we do next.

Trawally, Rachel
22/07/2025 08:12:11

Our Shared Purpose

Our strategic intent

Everyone deserves to expect a long, fulfilling, and healthy life. The health issues facing our population are not caused by any single issue, but a complex mix of environmental, economic, and social factors. We know that up to 80% of individual health outcomes stem from the non-medical drivers of health, many of which are influenced by where we live. This connection between the factors that affect everyone's lives is why we have set out our plans for the health, care, and wellbeing in Bradford District and Craven in line with the council plans of Bradford and North Yorkshire.

Whilst we have made good progress in aspects of our Partnership Strategy, there are still many instances where our population experience fragmented and reactive care. We expect our communities to fit their lives around the way we have organised health and care services, rather than the other way round.

Our plan is to create a health and care system across Bradford District and Craven that is increasingly **neighbourhood-focussed**, integrating services to enable people to lead healthier, more independent lives. We will make improvements across the breadth of factors that matter to local people, taking a **whole population** health, care, and wellbeing approach.

As a Health and Care Partnership we work through a distributive leadership model, taking place-based decisions together, taking responsibility for outcomes together, and taking accountability for the health of our population together.

The financial climate within which the Partnership operates, and the need to 'live within our means' has created a challenging environment for major service transformation to happen. We know that we will not achieve the aims of this plan without a more fundamental shift in ensuring our resources are community focused. This, in turn, requires us to work differently. By accelerating workforce transformation, we are increasing our ability to support people to recover from illness or manage multi-morbidity in their own home. A move to more personalised care.

To achieve this, we need to invest in the services and teams that operate in the community, and we need to ensure that there is more consistency (or parity) in access, experience, and outcomes of care for our population. We will plan for change based on predictive modelling to foresee future demand.

Prevention, improving health, and tackling health inequalities guides everything we do.

Trawenny, Rachel
22/07/2025 08:12:11

Our challenge

We cannot meet all the healthcare needs of our population if we continue to do what we do now. As we take decisions about the future we will be open and transparent about why.

People's needs are changing. People are living longer but not in better health. By 2040, there will be a 51% increase in people over the age of 65 and a 38% increase in people living with a long term, life-limiting condition. The major conditions that are collectively the greatest contributors to ill-health and early death are cardio-metabolic disease, MSK (musculoskeletal) disease, cancer, mental health disorders, and dementia. These conditions are not inevitable; they are driven by modifiable risk factors (such as smoking and obesity) and living conditions (such as poverty, housing, employment, and the environment).

We are not delivering 'best value' healthcare. One in six hospital admissions are driven by conditions that could have been avoided through timely and coordinated community-based care. One in five primary care encounters are considered non-medical and are driven by social issues like loneliness, housing concerns, debt, or relationship problems. The segment of our population with the most complex needs accounts for two-thirds of non-elective activity. We must use our resources in a way that maximises value, away from reactive care.

The Government has set out '3 Big Shifts' to meet this challenge

- **Analogue to digital**: embracing advances in data and digitally-enabled care to target our resources more effectively, identify patient risk, streamline and simplify communication, and empower citizens.
- **Hospital to community**: keeping people well and independent at home by wrapping the right support around them to avoid escalation of risk, using the full range of assets that exist in communities.
- **Treatment to prevention:** addressing the biological, psychological, and social drivers of ill-health and inequalities, to mitigate risk by intervening earlier and tackling the wider determinants of health.

Optimising our system architecture for delivery of the 3 Big Shifts

We must build capability and clear delivery structures to enact our plans for integrated neighbourhood care, integrated specialist care, and our integrated approach to population health management.

This plan sets out the **foundations** for our new 'system architecture'. Our system architecture defines how our local system is structured, behaves, and how our component parts interact. It guides our physical and mental models during the design, development, and implementation of our plan. It is our **roadmap** to build a sustainable health and care system.

Trawally, Rachel
22/07/2025 09:12:14

Our Population

Our population data and future state

Our plans are guided by data and intelligence, analysis, and insight to develop a deep understanding of our local population, their needs, and how these are likely to change over time. Bradford District and Craven Health and Care Partnership serves a GP-registered population of around **670,000 people**, with a mixed urban and rural, and ethnically diverse population. Overall, Bradford District has a relatively young population (compared to the UK). More than a third of our population live in poverty (mainly in wards around central Bradford and Keighley), whereas Craven has an older and further ageing population.

Office for National Statistics population projections predicts by 20240: a reduction of 16% in 0-19 year olds; 6% growth in the working age adult population (20-64 years of age); and a 27% increase in those aged 65plus, of which there will be a 53% in those aged 85 years and above (a high healthcare use cohort). When applied to our current population profile, the largest population changes will be seen in Shipley (5.1%), Keighley 5.8%), and Craven 7.6%).

Our population profile

Most of our population are either classified as being healthy (51%) or with long term conditions (LTCs) (38%). Of the remaining 11%, children with complex conditions (4%), and frailty and dementia (3.5%) are the largest groups.

It is inevitable that many people will develop long term conditions, and some will have multiple conditions. We need to support a trend towards a **healthier population** by:

- slowing the rate of transition of people from healthy to long-term conditions (via primary prevention);
- slowing the rate of transition of people with long-term conditions to more complex conditions (via secondary prevention and joined-up care); and
- by improving integrated pathways to better manage the health of people with complex conditions and multi-morbidity.

The **key differences** in the population health profile between **our six localities** are:

- Shipley and Craven have the lowest proportion of healthy population and highest proportion with long term conditions (likely caused by higher life expectancy and more people living with illness into older age);

Trawally, Rachel
22/07/2025 08:12:11

- The palliative care population is highest in Keighley and Craven, and frailty/dementia highest in Craven (although Bradford South has a high proportion of frailty/dementia in the under 65 years population); and

- Children with complex conditions make up a higher proportion of the population in Bradford East, South, and West.

If our current trends continue, the number of healthy people is predicted to fall by 2.2% by 2040, with those with long term conditions predicted to rise by 9%. Of concern is the large, predicted increase in those requiring palliative care support and treatment (increasing by 38%), and people with frailty and dementia (increasing by 29.4%).

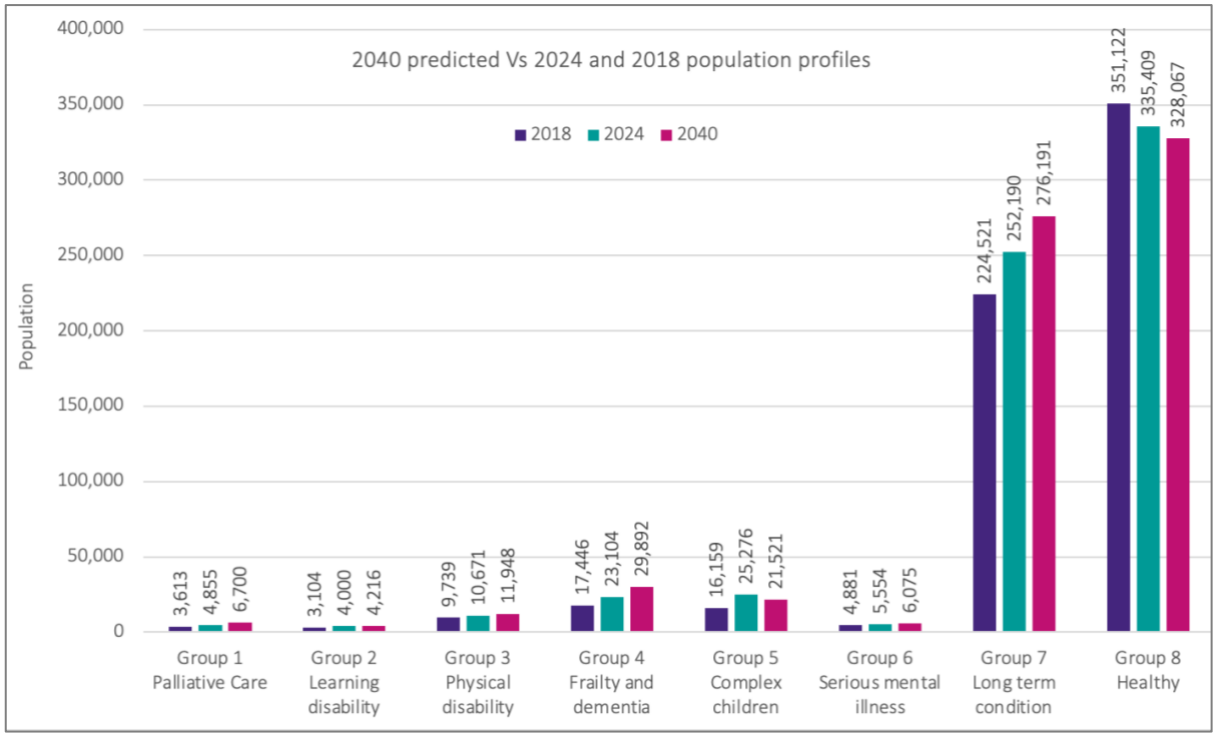


Figure 1: Predicted population profile for Bradford District and Craven 2018, 2024 and 2040

The 'healthy' population make up one third of Emergency Department (ED) visits and 20% of emergency admissions, although some of these people will have undiagnosed illness and not yet be on disease registers. Certain groups account for a much higher proportion of healthcare use, and should be priorities for coordinated care, including:

- People above 65 years with **serious mental illness** (approximately 900 patients), who have emergency admissions three times the average and six times the average bed days;

- **Children with complex conditions** (25,300), who have double the average secondary care use and three times more emergency admissions;

- **Frailty and dementia** patients above 65 years, who account for nine times the average emergency bed days;

Trawally, Rachel 22/07/2025 08:22:12

- **Palliative care** patients account for ten times the average level of elective care, eight times the emergency admissions and 22 times emergency bed days than the average; and

- **People with learning disabilities** (4,000 patients) have twice the average levels of ED attendees, and six times the mental health admissions and service bed days.

In deprived parts of our district, 5-10% of primary care lists are accountable for up to 40% of appointments, with a higher proportion of attendance for or caused by non-medical reasons. These reactive patterns leave less capacity for proactive and preventive work.

Key health conditions

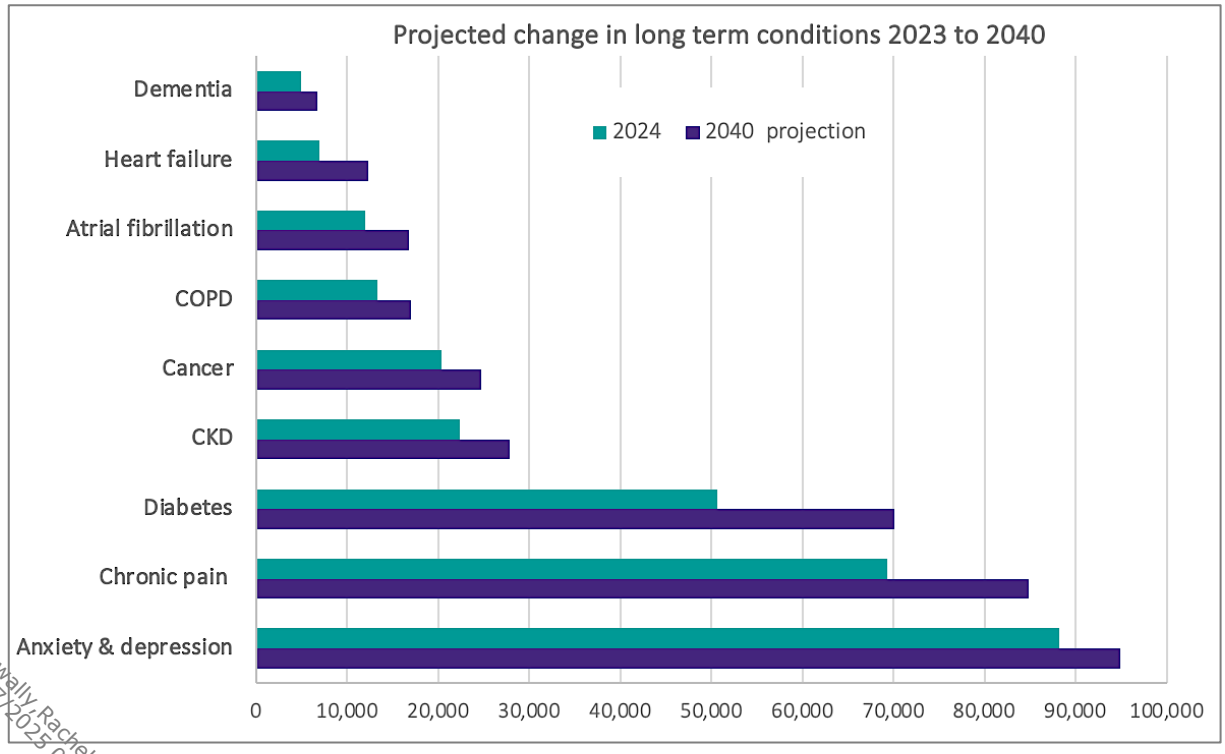
The key conditions that **cause ill health** across the life course in our district are for:

- Children and young people under 20 years: maternal/neonatal disorders, mental health disorders, and non-communicable causes (e.g. asthma, dermatitis);

- Adults 20-40 years: mental health and substance use disorders; increasing musculoskeletal (MSK) conditions with age;

- Adults 40-70 years: mental health disorders, MSK, diabetes, kidney conditions; increasing cardiovascular disease (CVD) and respiratory illness with age; and

- Adults over 70 years: cancer and CVD; with increasing neurological, sensory conditions, and unintentional injures with age.



Trawally, Rachel
22/07/2025 08:11:11

Figure 2: Projected change in long-term conditions 2023 to 2040

An ageing population and projected higher prevalence of some long-term conditions will lead to **sharp increase in demand** for healthcare if we do not adopt more **radical prevention** strategies. From national research, the **largest estimated increases** in patients by 2040 are for diabetes (49% increase), chronic pain (32%), and heart failure (92%); conditions which tend to be managed in primary care settings.

Multi-morbidity

In the UK, hospital admission costs are four times higher for someone with four LTCs compared to no LTCs. A high proportion of people with **chronic conditions** (e.g. cancer, CVD, respiratory disease, and mental health disorders) also have a recorded musculoskeletal condition (affecting muscles, bones, joints, nerves, and causing pain). The other area of high multi-morbidity is between recorded depression in people who have other long-term conditions. Development work on **multi-morbidity pathways** incorporating pain and mental health treatments is essential.

Our health inequalities

Life expectancy is the average number of years a person is expected to live. Life expectancy varies 8 years for women and 10 years for men across wards in Bradford District and Craven. Healthy life expectancy is the average number of years a person is expected to live in good health. Women living in parts of central Bradford can expect 49 years of healthy life expectancy compared to 72 years in Wharfedale, a 23-year difference. For men, healthy life expectancy varies from 51 to 71 years, a 20-year gap.

Deaths from circulatory diseases (heart diseases, stroke, and diabetes) and cancer contribute at least half of the life expectancy gap for people in our district. Over the last 3 years the death rate due to preventable cardiovascular disease has risen.

Across our 13 Community Partnership areas (2022/2023) there is **significant variation** in lifestyle, access to healthcare, and long-term conditions including:

- Lifestyle factors – smoking varies between 8% and 24% by Community Partnership (overall value 18%);
- Preventive interventions – flu vaccinations vary between 22% and 72% (overall value 42%);
- Healthcare access – pregnant women's access to maternity care by 10 weeks varies between 35% and 78% (overall 51%); and
- Long term conditions – Chronic Obstructive Pulmonary Disease (COPD) prevalence varies between 1.4% and 3.5% (overall 2.3%).

Trawally, Rachel
22/07/2025 08:22:11

Preventable mortality, i.e. preventable from public health interventions, is significantly higher than the England average in 17 of 30 council wards in Bradford District.

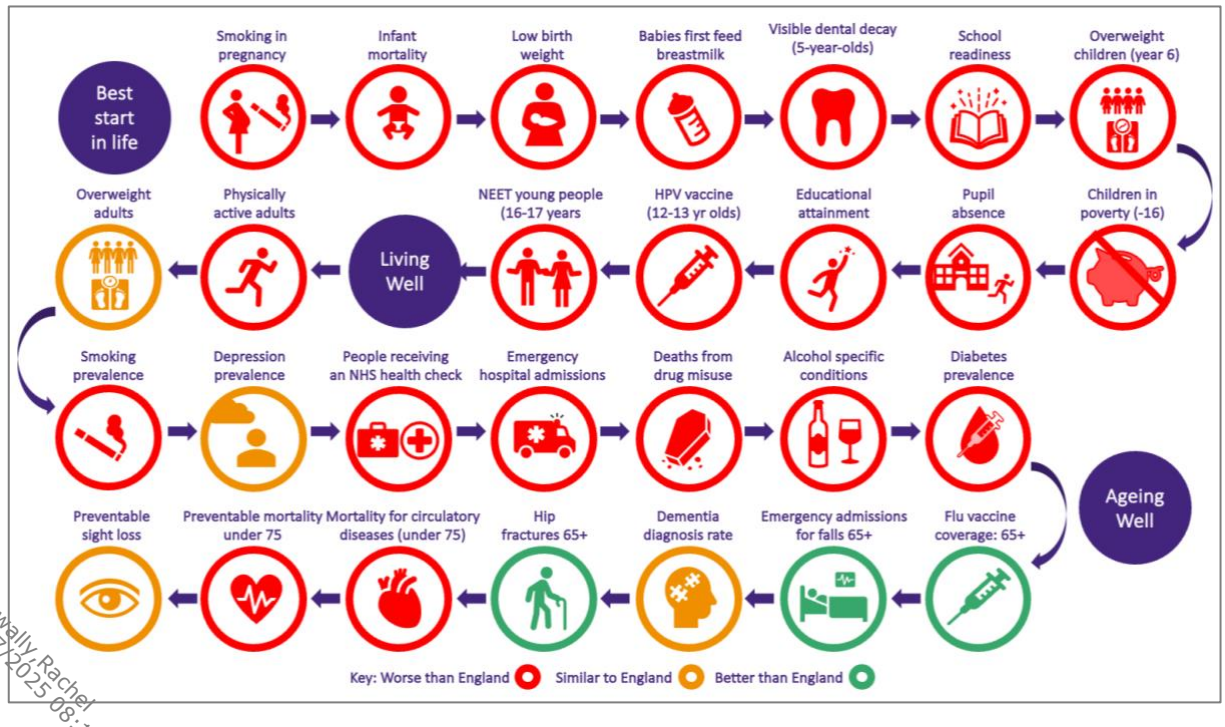
Lifestyle and prevention

In our district:

- Approximately 30% of the reasons for ill health are due to our **lifestyles** (including smoking (14% locally), gambling, our diet, and exercise, alcohol intake, substance use, and sexual activity;
- Whilst **smoking** rates have fallen over the last decade, two thirds of adults are overweight/obese with **obesity** rates above the national average for our children, a key area for prevention activity;
- Cancer, cardiovascular disease, stroke, and diabetes often share **common risk factors**, including obesity, smoking, high blood pressure, and unhealthy dietary choices; and
- Dementia and serious mental illness have common risk factors, including social isolation and limited early access to **mental health** care.

The following graphic demonstrates that in Bradford District many lifestyle factors for children, young people, and working age adults are worse than the England average.

It demonstrates **opportunities** to work on **preventive health** to improve health outcomes across the life course.



Trawally, Rachel 22/07/2025 08:12:21

Figure 3: **Life Course Statistics** in Bradford District 2024 (not available for Craven district)

Our nine key areas of action to improve the long-term health of our population

1. **Prioritise and embed prevention into communities and care pathways.** The development and progression of illness can be avoided or delayed through effective prevention. Maximise the uptake of existing prevention offers, and target those who would benefit most, to improve outcomes and manage future health and care demand.

2. **Design pathways with a greater consideration of health literacy.** Increase health literacy by tailoring language and messaging to overcome cultural barriers and stigma; and customise communications to specific population groups.

3. **Shift pathways into communities.** Deliver more interventions in community settings to improves access. Work with partners such as VCSE organisations to help understand community readiness for interventions and tailor health models accordingly.

4. **Improve our invites and appointment processes.** Develop a combination of approaches to improve uptake of services. Recognise that some groups require reasonable adjustments to attend appointments and develop digital solutions, avoiding a digital by default approach.

5. **Target specific groups and reduce variation.** Tackle unwarranted variation in care access and delivery, from screening to treatment, particularly in inclusion health groups and those with protected characteristics.

6. **Develop holistic and integrated care approaches to multi-morbidity.** Coordinated care approaches are needed for people with complex long-term conditions and multimorbidity. Generalist pathways and approaches, with support for single specialty care, using multidisciplinary teams where possible should be used for these cohorts to avoid fragmented care and to integrate mental and physical care needs.

7. **Support self-management.** Increasing the availability of, and access to, support tools will help people to be more actively involved in their care plans and to be more confident in managing symptoms and exacerbations. This includes the use of digital technologies where appropriate. Offers may need to be tailored to meet the needs of individuals, with a range of access options available.

8. **Take a population health management approach.** Use a data driven approach to identify the patients, communities, and conditions that account for the greatest numbers of unplanned and avoidable healthcare use, where greatest health gains can be made.

9. **Target inequalities.** Focus work on health and healthcare inequalities as a 'must do' from a social perspective, a statutory responsibility, and to achieve financial stability and sustainability of our healthcare system.

Trawegy, Rachel
22/07/2025 08:12:11

Our citizen activation, insight, and involvement

As a partnership we recognise the key role our communities play and will continue to play if we are to meet our ambitions. Through our strategy we have committed to 'inverting the power to act', this means that we devolve and share decision-making with our communities and support active citizenship. **Active citizens** don't sit around waiting for change to happen, they drive the change themselves. Active Citizens are people who feel inspired, who feel motivated and empowered to make a difference, because change can happen through us and not just to us. Our plans mean working with people as partners, shifting the relationship with people from passive recipient to **active shaper** of services.

This chapter is based on the insights we have collected most recently using a participatory approach through our deliberative events and through our **'Listen in'** programme. Listen in is an ongoing programme of involvement, with focused periods of activity to have direct conversations with the public, visiting community groups and public spaces to help us understand what matters most to local people when it comes to health and care.

Our future state…

In 2035, our Place is full of **motivated** citizens, communities relate to one another, and people take action to look after themselves and each other. We have 'let go' of some control and take risks, handing over money for communities to manage through participatory budgeting. People are **proud** of the place where they live and work; they are supported to put their ideas into practice and have confidence that they can make a difference.

Our children are **thriving** in schools, families are engaged, intergenerational links are benefitting everyone, and health and care services are designed with people in mind – the stories, voices, and experiences that we hear so we are proactively planning for the future while focusing on the now.

Our future state will be driven by our current and future populations, taking into account the changes we expect to see while still being one of the youngest places in the UK. To drive **positive health behaviours** for the future, we will focus on engaging with young people, working with schools as community anchors. We will do this by using existing structures as much as possible and programmes of work such as Child Friendly Bradford District. We will use population health data to bring to life people's **potential** future health outcomes. By working with partners to harness digital and creative approaches, we will empower our citizens to **'rewrite their stories'** and take control of their future wellbeing.

Our ambition is to have a place where we are 'doers', driven by a sense of pride in our neighbourhoods and understanding what matters to each of us in our communities.

Trawally, Rachel
22/07/2025 08:12:11

Understanding what matters to our communities

Our first year of Listen in activity rotated across the **six localities** of our place and has built or strengthened our relationships with communities and organisations. Our second year of Listen in is focusing on reaching into communities of interest and understanding the differing experiences of groups of our population to provide insight to drive forward our priorities.

Earlier this year, we held deliberative events that focused on our financial challenge. The events took part in the six localities covered by our place-based partnership – Bradford East, Bradford West, Bradford South, Craven, Keighley, and Shipley. The aims of these workshops were to engage in an **open and honest discussion** with local people about the financial pressures faced by NHS partners in Bradford District and Craven.

For this plan we have highlighted some of the key points from the report.

Shift from hospital to community, what we have heard

- People are **supportive** of care closer to communities. There was concern about community services completely replacing hospital-based care. People noted issues around timely access to appointments at their GP practice, suggesting that any shift to community should include suitable healthcare staff moving to community services.
- People value the support they receive from VCSE organisations, noting the trust they place in **culturally appropriate** services tailored to meet their specific needs.
- As well as looking at fixed community assets and buildings, people suggested the use of **targeted** mobile and home clinics. This would help overcome the challenges people regularly feedback on travel and transport issues affecting their ability to access services.
- There would need to be assurances that a shift to community-based care is **equitable** to avoid any form of 'postcode lottery' or creating any further inequalities.
- People cited the **variation** they see among services, for example the offer available from pharmacies can vary.

Shift from analogue to digital, what we have heard

- People could see the benefits of shifting to digital to support the health and care system. However, there was issues identified such as an age divide as to who are more likely to adopt digital services and wider **digital literacy/digital inclusion** issues.
- Throughout our work with communities, we have consistently heard how people can feel lost in a complex system. The move to digital was viewed by some as offering an opportunity for people to take **greater control** of their health and understand the services they are in contact with as well as see their **care journey**.

Trawally, Rachel
22/07/2025 08:12:11

- People felt that if all services adopted the **same approach** and technology, it would make it easier for services to communicate with each other.
- For those who access other services digitally, there was a strong view that health and care providers could offer more efficient services through **virtual appointments**.
- People want support when using a new digital service, so they can fully understand how they can use the technology to **take control** of their health.

Shift from sickness to prevention, what we have heard

- People understood the benefit of early intervention and **prevention**, although they would not want to see a 'trade off' that sees a reduction in funding to support prevention.
- There was a strong view that more support was needed to help people to manage their **mental health**, avoiding the need to access services where this was preventable and helping people overcome issues such as loneliness and isolation.
- People wanted more being done to address **wider issues** (determinants) that can lead to poor health such as poor housing conditions, lack of employment opportunities and education.
- There are **mixed views** on different preventative actions people can take with some receiving more support, such as screening programmes, and others having mixed or negative views especially when considering vaccinations.
- More focus should be given to **educating people** about the key actions they can take to stay well. This includes work with schools as well as through other community and VCSE organisations.

Our sessions involved our wider workforce. More specifically we have heard from colleagues working in the VCSE sector that they need stability through longer-term funding agreements to ensure they can provide community level support.

Enabling the '3 Big Shifts' and working towards citizen activation

Our plans should look to address, or work with agencies, to address the issues below, supporting our ambition of activated citizens in control of their health, care and wellbeing.

- Workforce capacity and retention – better working conditions and career pathways are needed.
- Smarter digital systems – patient records must be shared effectively to prevent delays, duplication, and frustration.
- Better hospital-to-community links – smoother discharge planning and faster follow-up care to prevent patients feeling abandoned.

Trawally, Rachel
22/07/2025 08:12:11

- Stronger VCSE partnerships – VCSE organisations are trusted but have highlighted that they need stable funding to deliver health support.
- Clearer access routes – people need to know where to go for care, including social prescribing and preventative services.
- Affordable and accessible transport – travel costs and poor public transport stop people from accessing healthcare, especially in rural areas.
- Support for unpaid carers – practical and emotional support for those looking after family members at home.

Citizen activation

Our work with local communities demonstrates that there is broad support. However, there are some overarching themes that continue to be shared by communities.

Overcoming mistrust –we have heard how some mistrust of big organisations can hamper the work especially around some preventative interventions. Through trusted community groups and community leaders or influencers, we can work with our local people to help them access information, advice, and support that they can trust.

Health and digital literacy –people would welcome additional support and education so that they can be more active in their own health and wellbeing. For some not only is health literacy an issue but also digital literacy and in some cases digital exclusion. To address this people have suggested how a programme of work can be established to give people greater health confidence.

Culturally appropriate services and support – there is a clear ask that the three shifts need to be culturally sensitive and appropriate, providing tailored advice especially when working with marginalised or under-represented groups. Greater efforts around adapted information and advice, support for community and VCSE organisations and improved health and digital literacy would help address some of the issues.

Clear articulation of the trade-offs needed – people want to be assured that the three shifts have trade-offs that do not affect what people would view as core services and that they will be there when people need them. An ongoing participatory approach to decision making will help people be involved in decision-making. This also demonstrates the scale of the challenge in an open and transparent way and involves communities in making tough decisions.

For our strategy to achieve **real and lasting change** we need to move from passive to activated citizens. This goes beyond listening to our citizens when proposing changes to services to **actively involving** them in decision making and helping people participate in activities that improves their wellbeing as well as that of their communities.

Trawallach Agenda 22/07/2025 08:12:11

Our Place

Our integrated neighbourhood health and care support

Our model

Our neighbourhood health and care model envisions **healthy communities** equipped with essential infrastructure that reflects local people's needs and makes use of local assets. This is underpinned by social prescribing, universal support, and avenues for citizen engagement, rights, and advocacy.

Our model is aimed at improving timely access to general practice, improving **continuity of care** for those with long-term conditions, reducing levels of emergency care and hospital admissions, and preventing avoidable long-term admissions to care homes. This encompasses **all types of care** that happens within our communities, whether for relatively straightforward and short-term episodic needs, continuity of care for those with more complex and on-going support needs, and community-based crisis response services for those with urgent needs.

Across each layer, a multidisciplinary team (MDT) approach ensures **'warm handovers'** where, if we identify that a person would benefit from what one team does not provide but that you know others do, we make the referral rather than simply signpost.

Our Partnership values people's **mental health** equally to physical health. We know there needs to be better connections between physical and mental heath services. Our plans must improve the experience of people who require help with mental ill health. We will tackle mental health issues with the same energy and priority as we tackle physical illness, with funding, commissioning, and training on a par with physical health services.

While there will be times when people need elective and emergency mental health care, sometimes with an admission to a hospital setting, we support most people at home. Our neighbourhood health and care offer will strengthen the help given to people to get advice and support, to **recover and live well**, with services available when people are in crisis.

Our integrated neighbourhood teams are not a single team rather a **'team of teams'**, reflecting that our patient cohorts and geographies vary. Our ambition is to ensure universal coverage of multi-agency team-based models within our local communities, where the membership and focus of those teams is **designed with and by the staff** working in those communities. What works best within the inner city and within the more rural areas to the north of the district will, naturally, vary.

Trawallyn Cache
22/07/2025 08:12:11

The primary goal of our model is to offer comprehensive, **person-centred care** in the community, ensuring that people receive timely, effective treatment closer to home. Our model will focus on preventive care, chronic disease management, mental health support, and early intervention to reduce the risk of people's conditions deteriorating or exacerbating need for hospital admissions. Importantly, it will focus on what is important to the people we support, working with them to **personalise** their care.

For certain aspects of treatment, care and support within neighbourhoods, these will remain most effectively led and provided by individual organisations (for example for a straightforward consultation for a medical need within general practice). For those who require more wrap-around continuity of care for multiple needs, an essential part of our approach are model brings together health and care staff from a diversity of backgrounds who can contribute together to help support the **whole needs** of individuals and families.

There is potential for a much greater shift of selected **secondary care** services into community-based settings. We will look to significantly increase the level of services such as rehabilitation, diagnostics, and urgent care through community hubs; helping people recover at home or in familiar environments. These will be delivered in **collaboration** with **primary care and community teams**, and through changing the current model for outpatient services. We will be offering more specialist clinics in the community, with expansion and greater adoption of remote consultations, monitoring, telehealth, and telecare solutions.

Our strong foundations

We need to strike the right balance between **enabling local design** and development of integrated care, ensuring all parts of our system are working broadly together towards the same goals, so that no communities are at risk of being left behind.

We have many good foundations to build upon. We have several multi-disciplinary hubs and wellbeing hubs offering comprehensive services, and that provide a space where general practice teams and community healthcare staff come together, working in shared spaces, providing **holistic care** that addresses the physical and mental needs of patients.

We will continue to transform our **intermediate care** offer aimed at supporting people to get home from hospital in a timely manner or for people to stay at home and avoid going into hospital. Wherever possible, people will be supported to return to their home for assessment to avoid the over prescription of care, and the harm that can be done by increasing dependency on care.

Trawsnant Rachel
22/07/2025 08:12:11

To shift more care from hospital settings to the community we need more initiatives involving community stakeholders to promote better health through social and cultural activities, addressing **social determinants** of health and potentially easing the NHS's burden.

Our **voluntary community and social enterprise sector** organisations play an important role in supporting people with wider wellbeing needs. Our partners provide creative therapies, health and wellbeing coaching, alternative crisis services, housing support and debt advice, and transport, linking people to a wide diversity of local wellbeing services and providing peer support networks. We have well-established models that are valued by local people.

What are the key ingredients and what needs to happen?

At the centre of this is building a 'One Team' approach within neighbourhoods around:

- **A focus on people and outcomes first**, then prevention of ill health, then high quality services, supporting people to adopt healthier lifestyle behaviours to improve their wellbeing and live well for longer.
- **Ease of access** to neighbourhood health and care services where every contact counts, there is no 'wrong front door', people have a range of access options and trust where to go, there is a physical and digital single point of access.
- Care models, pathways and interventions that are informed by **a comprehensive understanding of population health data and need**, that supports optimal targeting of health and care resources, and in a format digestible and actionable for staff working in neighbourhoods. Population health management needs to become the norm.
- **Digital interoperability** for staff from different organisations working together in neighbourhoods to enable better joint-working and seamless flow of information; plus, improved **digital skills** for staff to use data, IT, and wider digital technologies.
- **Self-care Apps** (plus better and more widespread utilisation of the NHS App) that supports individuals and staff with navigating where to go for (how to access readily) the most appropriate support, and to encourage improved self-management and agency, whilst ensuring digital inclusion and inequalities are not exacerbated.
- **For our workforce** – investment and training for staff working in neighbourhoods. This will be multi-skilled, where staff train together to help further foster working relationships, plus an emphasis on developing coaching skills to support individuals to self-care. Our future estates and infrastructure developments will consider opportunities for greater co-location.
- **Proportionate Universalism** – with greater intensity and scale for those facing the greatest need and poorer health outcomes, aiming to address health inequalities, in district wide programmes but also on a hyper local level.
- Building **wider partnerships** beyond the core health and care sector, e.g. with businesses and schools, that help build approaches to address the wider determinants of health.

Trawally, Rachel
22/07/2025 08:12:44

Our initial focus

1. Ensuring there is a **shared system approach** and priority for integrated neighbourhood health across the Partnership, working to a shared vision and goals

2. Defining and agreeing the enabling **financial framework** for integrated neighbourhood health that incentivises improvement in health outcomes, proactive care, integration by providers and where 'returns on investment' from keeping people well at home and in the community flow back to those providers. We will explore ways of moving towards 'one pot' of funding for accountable care.

3. Identifying and agreeing the **set of deliverables**, and what is required to enable the success, for integrated neighbourhood health and care, building on those that are already mandated. Developing our approach to **outcomes based accountability**, thinking and taking action to improve health.

4. Developing and implementing the **workforce transformation** approaches needed to both build sufficient staffing capacity and capability within neighbourhoods, and a 'one team' culture that fosters collaborative behaviours by staff from different employers.

Supported by 'Health on the High Street'

The principles underpinning health on the high street offer us the opportunity to redesign our services with our communities. We have a **generational opportunity** not only to rethink what NHS services could more effectively be delivered on the high street, but to sustainably embed them at the heart of a diverse new community offer. With relatively simple changes, our town centres can become a real driver for **social change** based around wellbeing.

Working with industries and ventures that exist, by bringing access to a range of health and wellbeing activities into the heart of our town centres, we will improve access to health and bring socio-economic benefits through increased footfall on our high streets.



Trawally, Rachel 22/07/2025 08:12:11

Figure 4: Health on the high street

Our acute services of the future

In 2025 we can look back with pride on the last 5 years of transformational service delivery across our partnership. We have designed new pathways, developed new services, secured additional funding, shifted resource into our communities and opened a new diagnostic centre. Our **Act as One ethos** has established a firm footing for the next stage of our collaboration journey. Everyone involved in the design and delivery of care has a role to play.

Our systems of care need to be designed with pathways that indicate clearly why and when a person needs to attend for a face to face encounter. We will minimise the **burden of treatment** for patients and carers where there are costs in terms of time and inconvenience. Our patients often have multiple appointments for tests that could be delivered at one appointment with little bit of thought, difficult journeys to reach distant clinics at inconvenient times, and a lack of consideration for the lives people lead outside of our care.

There are severe problems facing hospitals in the immediate term: financial deficits in trusts, a reliance on locum working, outdated equipment, and a growing maintenance backlog, to name a few. But underlying these problems is a profound set of **structural questions** as to how a hospital operates and whether this is the right model. We need a new approach that moves away from the supply driven model, organised around what clinicians do, towards a patient-centred approach organised around what patients need.

Hospitals within a system reorientated towards prevention and early intervention

The scale of patient access in a hospital is of a different quantum to the rest of the healthcare system. They are deliberately configured to maximise treatment volume in one location. The benefit of the hospital is the range and depth of **specialisms** it offers in one place. This includes both clinical expertise and equipment, enabling the most severe clinical needs to be treated.

The final **unique contribution** of the hospital is the speed at which it is designed to respond to urgent clinical needs. Unlike other parts of the health system, which operate around routine and pre-scheduled appointments often during the working week, hospitals are explicitly designed to respond to urgent care, constantly re-prioritising patients based on the severity of clinical need. Hospitals are open 24/7, 365 days a year and are constantly staffed at a level that enables them to respond adequately to every type of unscheduled medical emergency.

The core logic of hospitals is that they provide a range of services that draw on economies of scale, providing different forms of care to high volumes of patients using the same underlying infrastructure base. But socio-economic inequalities in access are evident in our system. The effect on a patient's health of waiting for treatment is not the same across different groups.

Trawallyreached
22/07/2025 08:12:11

Our hospitals need to work closely with primary and community care to reduce demand at the 'front door' of the hospital, and with social and community care to prevent delays to discharge at the 'back door' of the hospital. Realising the integration ambition at both a systemic level and at an operational level has proven difficult. This undermines the overall effectiveness of specialist care in our hospitals.

What will the hospital of the future look like? How will it operate?

Our hospitals of the future will be… More digital. More innovative. More efficient. More accessible. More integrated. More sustainable. More personalized.

Our future will be… hospitals without walls.

This shift will augment physical and virtual care in a meaningful and integrated way that delivers a better patient experience and better clinical outcomes. It will also impact the health workforce and reshape what, how, and where work is performed and by whom.

While the future still calls for brick-and-mortar hospitals, all but the highest acuity and specialist care and procedures will shift away from this setting and be delivered in the community; whether it is stepped-up/down clinics, retail locations, schools or community facilities, workplaces, or, most often, a patient's home. This move will be enabled through interoperable/joined-up data, digital technologies, remote patient monitoring, value-based payment systems, and by the expectations of our patients and citizens.

Care delivery transformation

People want more convenient health care; often delivered to them at home, in local pharmacies, in shopping centres, or at their workplace or school.

Modern hospitals and health systems are turning to cloud computing, artificial intelligence, 5/6G wireless technologies, and interoperable data and analytics to address current challenges and build 'digitally powered' care delivery models.

As we move to personalised care and care without walls, our hospital and community providers, and the wider health and care system, will position virtual health care as integral to delivery. We need a model that increases access and convenience while reducing the total cost of care.

Digitally powered care will require our health system to embed virtual health within the fabric of our delivery model. Solving for this will require thinking about virtual care and the hospital of the future as an essential part of the core business, alongside inpatient care, and not merely a discretionary add-on. This transformation will ensure that the care delivered outside of the hospital is just as safe and reliable, if not more so, than that delivered in person. We need to catch up.

Trawsfynydd Cabinet 22/07/2025 09:12:11

Acute Collaboration

There is an assumption that acute collaboration is about doing things differently in a hospital setting, but this is not our intent. There are several areas our teams can work across our hospital trusts in shared teams or more formalised pathways, but it is much more than this. Our neighbourhood health model will bring care closer to our communities and our examples of Rethinking Pain, community mental health transformation, health hubs in schools, and our proactive care team demonstrate the strength and outcomes that can be gained by our clinical and non-clinical services **combining their expertise** to deliver services in alternative venues to health sites.

The West Yorkshire Association of Acute Trust (WYAAT) service review is enabling provider trusts to focus on several areas, in particular what can be done once either as a **geographical partnership** or as part of a networked model. Through doing this collaboratively across several trusts, there is the potential to do some rapid mobilisation, learn and adapt, and maximise the potential of our fragile and limited services across our West Yorkshire footprint.

Secondary care as a service, not a building

The increasing sophistication of technology is normalising virtual care, and the potential for these to reduce costs while improving care is significant. A **reimagined model** of secondary care involves three core pillars of service delivery: in the hospital, in the community, and in the home.

Rethinking the division of care in a hospital raises questions about economies of scale, as well as logistical concerns about services, facilities and rotas. This will include how the workforce would need to adapt, the configuration of services, and scale.

As we shift to a more patient-centric model we will reconfigure our 'offer' to include:

- highly accessible **primary care** based in convenient locations delivering care for low acuity patients, and same-day access urgent care;
- **enhanced primary care** focused on patient segments/chronically ill in a model tailored to our underlying population and cultural norms. Patients receive 'whole person' care;
- **systemised surgery** models – high efficiency ambulatory surgery focusing on a limited set of interventions. Personalised convenient care pre, during and post surgery; and
- **specialist-led** integrated, multidisciplinary teams that wrap around the sickest patients across all care settings providing coordinated, comprehensive, highly personalised care.

Trawally Rachel
22/07/2025 08:12:21

Our revised model is an opportunity to markedly improve quality, access, and efficiency.

Our guiding principle: what happens in a hospital is that which can only happen in a hospital.

We know there are some **important questions** to consider, including how we go about addressing the following:

1. Our core focus

- Self-assess what should be done in the community to ensure a hospital is for specialised care and emergency care only, with urgent care moved to the community;
- Use this to inform the opportunity for a reconfigured hot/cold site model of care; and
- Transform urgent care, therefore, to be more planned and defined, with better use of appointments for scans, tests etc. that would otherwise be done in a hospital building.

2. Our geographical partnerships

- Learning from our work on stroke and the Community Diagnostic Centre, bring staff together sharing expertise and building resilience in clinical and professional teams;
- Partner with GPSI services in joint clinics/MDT approach to skill share – starting with ENT, gynaecology, cardiology, and ophthalmology; and
- Repatriate specialised care to maximise our local potential e.g. primary percutaneous coronary intervention.

3. Our shared workforce

- Outline our intent towards creating centres of excellence to attract new entrants to the workforce, e.g. joint appointments across areas of high specialism;
- Establish partnering opportunities with the independent sector to maximise estate, capacity, and skills; and
- Use our clinical expertise across Place to provide new service offers, for example neuro-rehabilitation for brain injury to repatriate our out of area patients.

4. Our emerging model

- Moving from single conditions to multi-morbidity clinics, with increasing patient self-management of their chronic condition;
- Expanding virtual appointments in our community hubs – using these trusted venues to enable people to 'Attend Anywhere' so they do not have to travel; and
- Supporting our workforce to work efficiently in a digitally-powered way, addressing capacity and demand challenges, removing duplication and waste, and creating time for care.

Trawally, Rachel
22/07/2025 08:[illegible]2:11

Our financial plans

Value and values

'Population healthcare' focuses primarily on segments of the whole population defined by a common need, which may be a symptom such as breathlessness, a condition such as arthritis, or a common characteristic such as frailty in old age, and does not involve institutions, specialities, or technologies. As a Partnership, we accept the social and moral need to reduce health inequalities. Population healthcare is the approach needed to allow a proper debate on **allocative value**, aligning funding and resources strategically with long-term population health outcomes, with value-based approaches to prioritisation.

To optimise allocative value, our budgets need to be expressed not in terms of institutions, such as hospitals or community services, but as they relate to **segments of the population**. Once it has been decided how much to allocate to each **programme budget**, it is necessary to ask how resources should be allocated within each budget. Shifting to a programme budgeting approach that reflects the population segmentation we have set out. Then allowing us to move resources and finances to reflect our **population health goals**.

There is no simple formula to resolve the dilemma in the allocation of finite resources

There is no ideal way to allocate resources. Every solution creates problems and tension between those who see themselves as losers and those who are seen as winners. We agree that the allocation of resources should **reflect variations** in need. We must ask ourselves:

- Has the money been allocated to different patient groups in a way that is equitable and that will optimise value for the whole population?
- Are the resources that have been allocated being used on the right interventions?
- Are all of the right patients, and only the right patients, being offered the high-value interventions?
- Are we sure that every individual patient is getting the right intervention in a way that is right for them?

Closing the Gap

'Closing the Gap' is our collaborative programme in response to the extreme financial challenges we face. The goal of Closing the Gap remains the same – to deliver a balanced net system financial position.

Trawally, Rachel 22/07/2025 08:12:13

Our Partnership must go **further and faster** to 'close the gap'. This will mean an increasing focus on large scale transformation, decommissioning of services that do not have the desired impact at the right scale; removing duplication and waste; shifting of services from expensive to less expensive settings; ensuring services are delivered in the right place by the best provider, and consolidating services that can be done once rather than several times. Undoubtedly the new acute hospital programme in Airedale will give us an opportunity to do this sooner rather than later.

The aims of 'Closing the Gap' are underpinned by the following

- Ensure that our decision-making is led by data and insight;
- Meet core health and care standards including critical safety standards;
- Where possible take preventive approaches to healthcare; and
- Mitigate the impact of health and wider social inequalities.

These aims provide a sound base for our medium-term financial strategy, and we will continue to work with these underlying principles.

There are 'red lines', such as patient safety, but we know that slowing or pausing some of our work may slow our ability to reduce inequalities. By using Quality and Equality Impact Assessments (QEIA), we look to **mitigate risks** – assessing each through the lens of equity and justice. We are approaching this as a whole Health and Care Partnership because no one part of our Partnership can address this alone. We will hold ourselves and each other to account. It is essential that we use our collective resource effectively, ensure efficiency, and build on value.

Collectively we will need to make some **difficult decisions**, to focus on what is best for our system resources and not our own organisations. We will need to be brave by committing to the design of a health system for the future.

Each health organisation has already developed a list of difficult decisions which we need to work through in 2025/26 to implement and make savings. As we work through these, we will need to make bigger decisions for the medium term and commit to the implementation of those changes. There is a pressing need to focus more broadly on **value not simply cost**.

Our significant, finite, funding will need to move with the redesign of our services, and we will need to test that every pound is providing **value**. Our financial strategy might change people's experience or access to services. Proportionate universalism is an approach to reducing health inequalities that recognises everyone should have **access to support and services** but that support should be **tailored and scaled** according to the level of need.

Trawellyteacher
22/07/2025 08:12:11

Our current financial planning has further highlighted the significant deficit gap that the health system has. At the time of writing there are no plans on how the system will get back to breakeven and sustain that. A more radical approach is required.

Fundamentally, a shift of resources is needed to support the medium-term strategy as hospitals become smaller and more specialist, and out of hospital care needs to expand and work efficiently to keep patients away from the hospital setting.

Our plans include:

1. Agreeing timescales for the difficult decisions we need to make. Acting through a robust programme and project structure, enact strategic commissioning and ensure we deliver those difficult decisions and the new services that follow to obtain better care. This will mean releasing the funding from a hospital-focused contract to a community-focused contract and delivering savings to close the deficit gap.

2. Collaboration between different partners. f one partner can deliver a service better, at scale, in a more cost-effective way, then we must move to that new model.

3. Choosing the best value option for any change to services even if it means a loss of income to any service provider.

4. Using growth funding differently year on year in the medium term. Reducing growth into the hospital sector by an agreed percentage to invest in care in the community setting. Integrated neighbourhoods, community services, and primary care will need to demonstrate that they are performing well, keeping patients out of hospital, and saving money in the acute sector to enable this shift.

5. Establishing a community investment standard so that growth funding in future financial plans can be diverted into integrated neighbourhood health and care.

6. Being open and transparent across all health and care partners on the current cost of services so that savings can be realised on a true 'cost out' basis and not on the basis of historic contract value. We may need a set timeline to remove stranded costs, but this will be agreed up front.

7. There should be no exclusions. No area is off limits other than statutory requirements and those aspect critical to safety.

We will hold ourselves accountable as a Partnership for financial stewardship, using the tools and resources at our disposal to improve equity and reduce inequalities, aligning our funding and resources strategically with our aspirations for the long-term health outcomes of our population.

Trawalin Rachel
22/07/2025 09:12:11

Our workforce plans

People's experience of health, care, and wellbeing services are shaped by the interactions they have with our workforce. Ensuring that we have the right number of individuals with the right skills and behaviours, working in the right roles, is central to the delivery of our plans for health, care, and wellbeing. This will require us to **attract, retain, support and develop** our workforce to meet changing patient and service user need.

There are currently over **40,000 people** working in health and care services across Bradford District and Craven, making us the largest employing sector in the area. Across our place, we employ over 4,000 nurses and midwives, nearly 2000 doctors and dentists, over 10,000 people providing direct social care, and over 12,000 people working across our VCSE sector.

Over recent years, the number of people employed within our health and care organisations has grown significantly, with our workforce growing by around 22% since 2018. Despite the growth we have seen across the workforce, we know that in many areas our services remain under significant pressure.

We also know that **our workforce is aging**, with 28% of Practice Nurses, 17% of GPs and 24% of social care staff approaching retirement age. To continue to provide high quality care we will therefore need to recruit, retain and, most importantly, transform our workforce in line with evolving models of care.

Providing health and care services in an environment of workforce shortages, high demand, and high workload is hugely challenging and we know that turnover is currently elevated across the sector. Our employing organisations must therefore **prioritise employee wellbeing** and a healthy work and life balance. This will mean continuing to support our people in working flexibly and creating compassionate, inclusive workplaces across all our employers.

As the biggest employer within the district, we can support both health and economic and social development through the provision of high-quality employment. To do this, we must work closely with our educational institutions, local authorities, and communities more broadly to create clear **pathways to employment** for people living within our place, ensuring that as a sector we are seen to be an employer of choice.

From an employment perspective, associate and support roles as well as an increased use of apprenticeships can help in creating more **entry level opportunities** with clearly defined pathways for progression within our organisations. To support this, we must work with colleagues in education to build a **pipeline of people** equipped to work in the health and care sector, including through the growth of T-levels (a two year qualification for 16-19 year olds designed in collaboration with employers).

Trawallycacher 22/07/2025 08:12:11

Meeting the needs of our diverse population means we must continuously improve access, experience, and outcomes. To do this we must ensure our workforce is representative of the people we serve. We will actively seek out candidates with a range of life experiences, including focusing on hiring more people with disabilities or long-term health conditions, neurodiversity, and those from different ethnic backgrounds. At the same time, we must make sure that all employees who have protected characteristics receive the support they need.

This strategic plan has shown that health and care services will need to change to meet the growing and evolving needs of patients, service users, and our population, with significant increases in the number of people with multiple long-term conditions. This will require our people to work differently, both in terms of the kind of roles they hold and the skills they require. To provide high-quality person-centred integrated care, we will need to work seamlessly across organisational, sectoral, and professional boundaries.

As more services are provided in community settings, a shift in workforce will be required to match. Our staff will increasingly be working in multidisciplinary, integrated neighbourhood teams which span organisational and sectoral boundaries. Whilst the last few years have seen a period of significant workforce growth, the vast majority of this has been focussed on the acute/provider sector, which has grown almost twice as quickly as community and primary care.

This process has already started as demonstrated by the increasing number of new roles created across our services. The use of these roles to develop multidisciplinary team roles has been prevalent in primary care, with 467 individuals employed under the Additional Roles Reimbursement Scheme (ARRS). These roles will play a key part in the continued move towards integrated community care.

Upskilling our workforce to both drive and adapt to these changes in service provision will be vital to meeting the needs of our population and will require us to work closely with our partners, particularly in the education sector.

As we will see in the digital chapter, digital and technology will play a vital role in how health and care are provided. Therefore, enhancing the skills of our workforce, creating an environment where people are equipped and able to utilise technology, with the skills and capacity to respond to changing needs and priorities will be essential.

Meeting the changing need of patients will also require our workforce to demonstrate a range of new skills, with professionals increasingly needing to work across systems to care for patients with a range of complex health and care needs. Understanding these needs will require us to develop our population health capacity to ensure that our services continue to match the changing population.

Trawallyn Attached 22/07/2025 08:12:21

Our digital plans

The local context

In 2025, our care delivery matures to a **neighbourhood centric** model where we need to ensure health and care organisations are able to access systems, services, and data seamlessly, from any location.

Our local programme will focus on enabling neighbourhoods to **flourish**. We will do this by fostering a collaborative an innovative digital culture, delivering improved connectivity and interoperable systems, enabling a Data Driven Intelligent System, ensuring our Digital Infrastructure is **modern, resilient and sustainable**, and providing access to approved tools that empower organisations and communities.

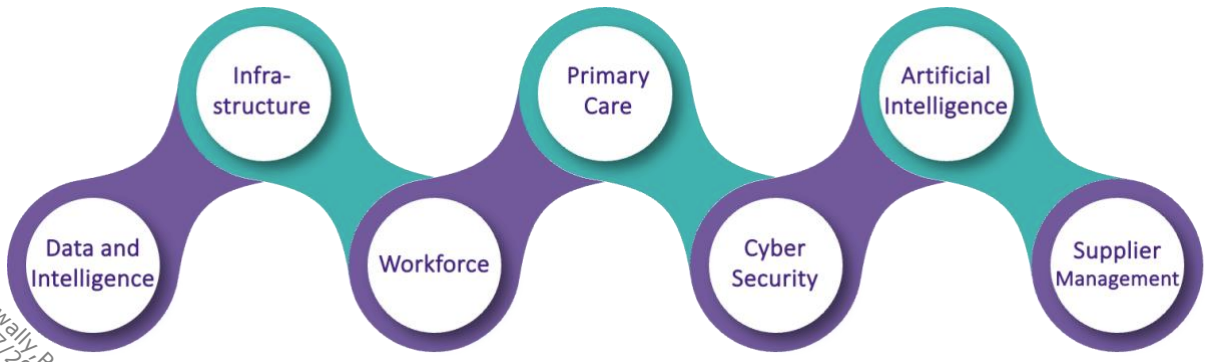
The national drivers

NHS England's national planning guidance for 2025/26 sets out a series of digital principles, requirements and ambitions. These are key enablers to transform services, cut waiting times, and improve care for patients across England.

In response to the national direction of travel, West Yorkshire ICB has set out a clear vision and ambition for digital and data to underpin, enable, and transform health care delivery for the local population, across the five places it serves.

By the Autumn 2025, a new ICB Digital, Data, and Technology (DDaT) strategy will be published. This is aligned to a revised vision that supports and enables a reduction in health inequalities, proactive and preventative care, seamless access to care, personalised services, and digital inclusion.

During the early stages of development of the DDaT strategy **seven key 'pillars'** have been identified. They focus on:



Trawally, Rachel 22/07/2025 08:11:11

Figure 5: DDaT strategy seven key pillars

Our digital strategic principles

1. Shared Care Record: maintaining and enabling the secure and seamless flow of information between our organisations to support care delivery and transformation, exploiting new opportunities and tools as they emerge.

2. Infrastructure and Interoperability: continuing to introduce and optimise digital healthcare solutions in an integrated, consistent manner, including getting the most out of the tools we already have.

3. Workforce: creating an environment where our workforce is equipped and able to use technology, responding to changing needs and priorities, supporting talent management.

4. Innovation: making the most of our resources and maximising our investments, aligned with our sustainability priorities through innovation and improvement.

5. Opportunities presented by new and emerging digital solutions: especially in the areas of Artificial Intelligence (AI), Rapid Process Automation (RPA) and Predictive Data Analytics (PDA) are exciting opportunities. Expanding and accelerating the adoption of new solutions to increase the efficiency and accuracy of time-consuming administrative tasks, continuing to explore ways of gaining workflow efficiencies. We will shift to predictive analytics, enhancing diagnostics and harnessing artificial intelligence to analyse our data, for personalised care.

6. Digital Empowerment: when patients have near real-time access to their own health information, they are more empowered to take care of themselves and be more engaged in self-care decisions. Personal technology also provides a closer patient-clinician relationship by allowing easily shared data to help with prevention and broader health decisions.

7. Digital Inclusion: digital poverty and access are recognised as a significant challenge and barrier to accessing services. We will tailor our approach towards neighbourhoods to increase the use of digital interactions, including but not limited to use of the NHS App.

8. Clinical Safety and Cyber: Ensuring systems are clinically safe both in their design and deployment is vital in the delivery of digitally enabled care. We will appropriately apply Clinical Safety standards and methods for all relevant systems and assist all our providers to engage and adopt these standards consistently. Cyber Security remains at the heart of our design, delivery and maintenance of all technologies and systems.

9. Data Driven Care across our place: proactively impacting care delivery using data driven intelligence and analytics. Using data to support decision making, service design, and research to improve the health of our population, with the adoption of the Federated Data Platform and the Making Data Count Methodology.

Trawally, Rachel
22/07/2025 09:12:11

Our infrastructure plans

At the heart of the desired future state is a strong primary and community neighbourhood model of care, that is fully aligned with our acute and mental health hospitals clinical services strategy.

This model of 'home first, strengths based, and digitally enabled' will determine what should be our community offer with our partners and will shape our community and primary care estate. It is key to supporting the shift of services out of the hospital setting and into the community, promoting self-care, and keeping people out of hospital for as long as possible.

Effective utilisation of all our infrastructure is also an important driver for our estates strategy to match our integrated neighbourhood team aspirations. This includes all local assets across Health, Bradford and North Yorkshire Councils, VCSE, and the private sector, building in flexibility to change as services develop with new ways of working and the digital future.

Current Position

Our current health estate has been categorised as either 'Core, Flex, or Tail' to inform our strategy for the retention, development, and use of our estate infrastructure. We will work with our system partners to ensure that we take a collective view of our estates infrastructure and look to re-purpose existing estate to support community-based service delivery, provide facilities to support digital service access, and promote integrated team working across health and care.

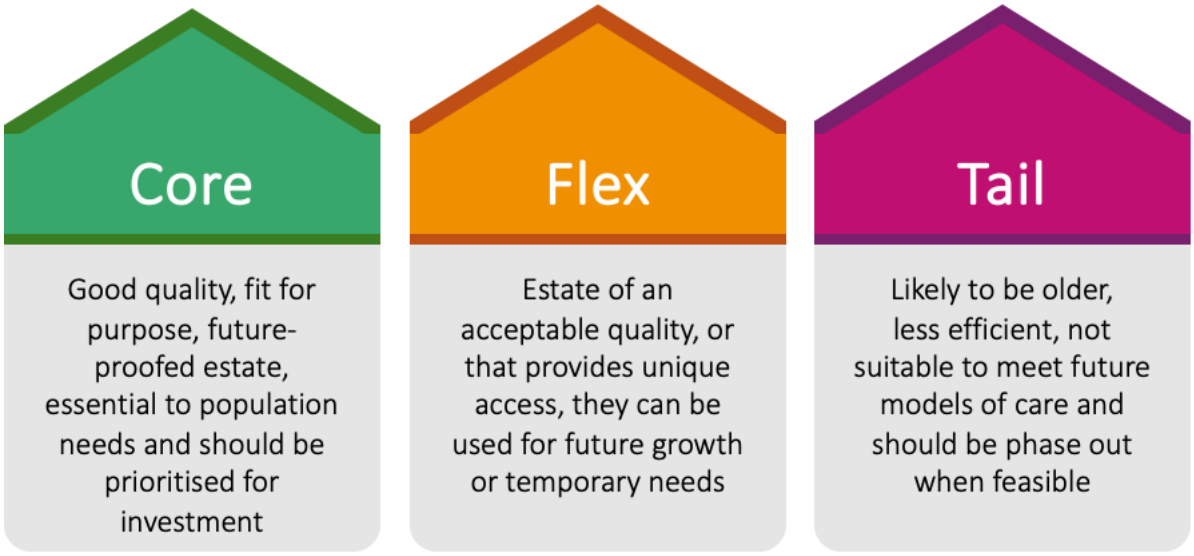


Figure 6: Categorisation of healthcare facilities

Trawalla, Rachel
22/07/2025 08:12:11

This categorisation of our estate reflects a combination of condition and functional suitability. Investment in some 'Flex' estate may result in re-categorisation as 'Core' where this aligns with strategic clinical and estate plans.

Estate categorised as 'Tail' reflects our priorities for estate that needs to be replaced when alternative estate becomes available and includes **Airedale General Hospital** (RAAC site due to be replaced under the New Hospitals Programme), **Lynfield Mount Hospital** (capital secured for partial replacement), and a small number of community Health Centres that continue to be used beyond their expected useful life.

The relatively high proportion of estate at **Bradford Teaching Hospitals** categorised as 'Flex' includes the parts of the Bradford Royal Infirmary and St Luke's hospital sites that are beyond their intended design life and continue in use, but which can only be modified with a very significant level of investment.

Primary Care 'Core' estate includes the seven LIFT (Local Improvement Finance Trust) sites, from which a range of primary and community services are provided, that have no backlog maintenance liabilities.

Key Challenges

The key estate challenges in our Health and Care Partnership include:

- Aged Estate, a significant proportion of our estate is operating beyond its expected useful life with our hospital estate (acute and mental health) carrying very high levels of backlog maintenance (£740m), of which £618m relates to critical infrastructure risk.
- Adequacy of estate and workforce to meet population growth (particularly demographic growth and the impact of additional housing) and the shift of more services into the community.
- Availability of capital, both NHS and private capital (the return on investment too low to attract investors, or results in schemes that are unaffordable).
- Securing core primary and community LIFT estate (seven sites in the Bradford District) where Lease Plus Agreements (LPA) on LIFT buildings expire starting in 2031. These buildings are modern, purpose-built healthcare facilities with no backlog maintenance that can be used flexibly with the potential for future expansion.
- Current economic climate with continuing cost inflation and high interest rates resulting in high capital development costs. Combined with the financial position of local Health and Care partners, this makes it even more challenging to address our infrastructure issues.

Trawally, Rachel
22/07/2025 08:12:11

- No common platform for space sharing, which means that we are not able to make best use of the space that we have.

Where do we want to be?

We want to provide high quality, fit for purpose infrastructure to enable us to deliver care, safely, collaboratively and in an innovative way.

To do this we will:

- Target our infrastructure resources to address the highest need and contribute to reducing health inequalities for our population.
- Ensure our strategic infrastructure planning reflects changing delivery models and aligns with future clinical service strategies to support effective service delivery for our population.
- Put in place a digitally enabled infrastructure that supports the analogue to digital shift and inter-operability across health and care.
- Adopt more flexible use of buildings and other infrastructure assets available to us to support integrated working across all Public Sector Partners, the VCSE and the private sector.
- Ensure our strategic infrastructure planning supports our strategy to attract and retain our local workforce through the provision of appropriate training facilities.
- Proactively maintain our assets, including rationalisation and backlog maintenance reduction.
- Develop our infrastructure in a sustainable way and delivering our Net Zero Carbon targets.

How will we get there?

We will make optimum use of our existing 'Core' and 'Flex' estate across health and care, re-purposing our estate where possible before adding more capacity, and in particular:

1. Manage the demand for space within the acute hospital setting through the shift of services into the community and driving benefits from acute hospitals collaboration. This will include taking the opportunity to use community base sites differently, e.g. extending our use of space in shopping centres, or VCSE sites to provide easier access to local services;

Trawally, Rachel
22/07/2025 08:12:11

2. **Retain** non-RAAC estate on the Airedale Hospital site for continued clinical use in line with the Place health, care and wellbeing plan;

3. **Retain** LIFT sites beyond the end of the initial concession period as key 'Core' community sites to support the development of community hubs; and

4. **Provide** additional primary care and community services capacity where required to respond to the impact of significant housing developments and replacement of estate, which is no longer fit for purpose.

Trawally, Rachel
22/07/2025 08:12:11

Conclusion

Keeping our focus

At the heart of our plan is a recognition that, over the last decade, **health inequalities** have been driving a shift to reactive hospital based care and away from community based care. We need to **re-balance** this by recognising that health inequalities exist in all our communities and require community-led solutions.

As partners we need to fully embrace **prevention** as a way of both improving the health of local people but crucially reducing demand on much needed planned and emergency care. We know we can do this by improving access to **resources** for preventative health.

Different community approaches to reducing health inequalities are required in localities depending on the local age structure, the main types of illness, social deprivation, the ethnic diversity, and local community assets. This will influence how local communities will access preventive services and support to achieve **optimal care**.

While we must plan on the basis that our population structure is getting older, ill health and disability in older age is not inevitable. Support for **healthy ageing** and dementia friendly communities; lifelong exercise to support independence into older age; and early access to screening programmes to stop or delay onset of disease will all support a more sustainable community health model. The greatest opportunities to influence health and wellbeing lie with the health choices of our children and young people.

In 2022, we set out our Health and Care Partnership **commitments** for our population, our place, and our partnership. As set out in our Plan on a Page below, we remain committed to our shared purpose of:

- Choosing equity as our way to reduce inequality;
- Positioning our collective resources wisely to focus on those with the greatest need;
- Inverting the power to act, for people to become active and engaged partners;
- Empowering our workforce to lead on behalf of the partnership, and
- As a Partnership, tackling the issues no one part of our Partnership can address alone, through public stewardship.

Our plans now will guide how we use our resources to maximise improved health and access to high quality care. Our focus is shifting from institutions to **population outcomes**, and we are targeting health inequalities by improving equity of access, experience, and outcomes.

We are what we do next.

Trawsnewid Rhondda
22/07/2025 08:12:21

Bradford District and Craven Health and Care Partnership

ACTasONE

our Vision

By meeting people where they are, working with them to access the tools and opportunities to enable them to live longer in good health...

we Act as One to keep people Happy, Healthy at Home

our Added Value

Our Population

Our priorities supporting a better experience of health and care for local people

Our Shared Purpose

All working to the same goal, for our population to have more chances to lead healthier lives

Our Partnership

Greater value through the best use of our collective resources, minimising duplication and waste

our Purpose

Narrowing the Gap

Positioning our collective resources to focus on the greatest need to improve health and wellbeing



Our Workforce

Empowered to lead on behalf of the Partnership and the people we serve





Equity and Justice

Choosing equity as our way to reduce inequality because more equal societies benefit everyone

Inverting the Power to Act

Sharing responsibility and power, for people to become active and engaged partners

Our Partnership Plan

Tackling the issues no one part of our Partnership can address alone, through public stewardship

our Commitments

We will all:

- **Prioritise as One** those who have the worst outcomes for health and wellbeing
- **Understand as One** what matters to local people
- **Work as One** with people in our system and our community to achieve what matters
- **Integrate as One** to better enable people to achieve what matters to them

We will all:

- **Commit as One** to our role in making our district a great place to live, work and thrive
- **Plan as One**, taking actions now that create a legacy for future generations
- **Focus as One** on preventing the causes of ill health
- **Measure as One** our impact on health and wellbeing through one data

We will all:

- **Lead as One** in partnership with our population, in their communities
- **Share as One** the power and responsibility to make the best use of our collective assets
- **Grow as One** to strengthen our relationships, trust and our ambition; improving together
- **Deliver as One** through our shared, skilled and trusted workforce

Trowell, Rachel
12/01/2023 08:12:11

our Population **our Place** **our Partnership**

Report contact: clare.smart@nhs.net



Trawally, Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting Held in Public

24th July 2025

Paper title:	Board Integrated Performance Report – September 24 Data	**Agenda Item** **10.1**
Presented by:	Phil Hubbard, Director of Nursing, Professions & Care Standards Fran Stead, Trust Secretary	
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

Trawsgrifiad
22/07/2025 09:12:11

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.

At the start of July 2025, the new NHS Performance Oversight Framework was launched. The changes and potential impacts of this are currently being review whilst we await the full guidance and technical documents that will support the framework and scoring criteria.

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.

May 2025 data has been presented for all operational performance, workforce and quality and safety sections.

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

Maxwell, Rachel
22/07/2025 09:12:11

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 FPC – **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 MHLC - **Significant**

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.

Travers Rachel
22/07/2025 08:12:11

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: • 2509: Community nursing services demand exceeding capacity • 2609: Organisational risks associated with out of area bed use (finance, performance and quality) • 2672: Lynfield Mount Hospital – Estate condition, associated impacts & redevelopment requirements
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Effective ☒ Responsive ☒ Caring ☒ Well-Led
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.

Trawally, Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors
Integrated Strategic Performance Report and Board Assurance Framework

24th July 2025



Trawally Rachel
22/07/2025 08:12:11

Introduction

Bradford District Care NHS Foundation Trust

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.

Trawally Racha
22/07/2025 08:12:11

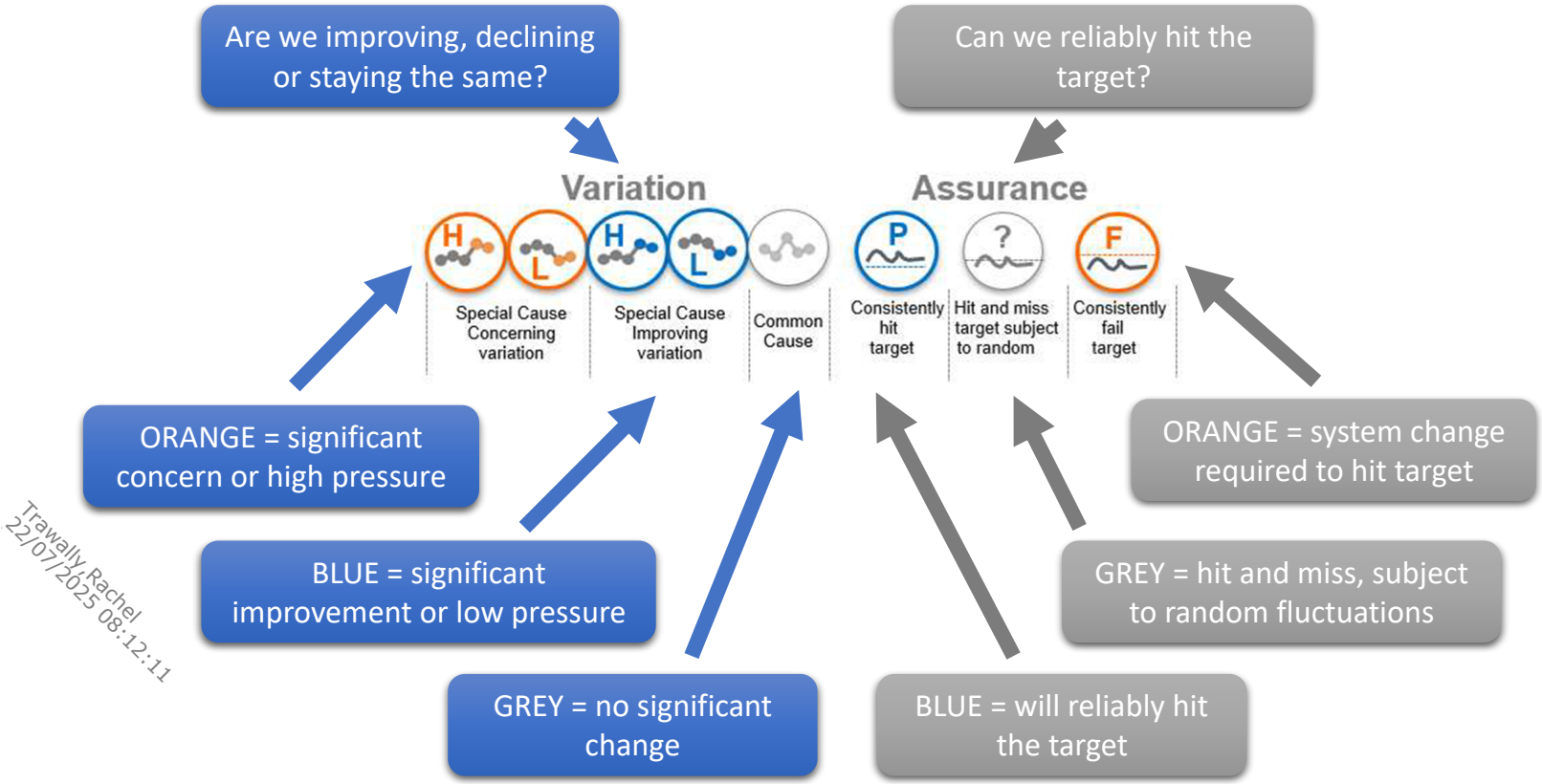
By combining the Board Assurance Framework and the performance report into one document, Committees and Board are better able to understand the breadth of evidence supporting the Trust's level of confidence in being able to achieve its objectives.

A note on SPC charts

NHS
Bradford District Care
NHS Foundation Trust

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.



Trawally Rachel 22/07/2025 08:12:11

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 1: Looking after our people – we will • Ensure our people have a voice that counts. • Strengthen the recognition and reward offers for our people. • Support our people to be active in improvement and innovation efforts inside and outside the organisation. • Embrace the principles of trauma informed practice across all of our services.	**We will know we have been successful when:** • 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 year, indicating 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.	**PROPOSED Current Assurance Level:** **4. High**
Theme 2: Belonging in our organisation – we will • Continue to nurture compassionate, supportive and inclusive teams in our Trust. • Build on our collective learning to shape an increasingly diverse, culturally competent, flexible and inclusive workforce that represents our communities. • Continue to empower our staff networks, ensuring people can engage and act as a voice for the unheard voices. • Continue to measure and improve the experiences and progression of our staff from protected equality groups. • Encourage greater use of our comprehensive wellbeing offer so people are safe, healthy, thrive in their place of work and have a good work/life balance. • Organise all our leaders to lead by example and demonstrate values, behaviours and accountability in action	**We will know we have been successful when:** • We can demonstrate that our workforce, including our senior leadership, is representative of the community it serves. • Our 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.	**PROPOSED Current Assurance Level:** **4. High**

Agenda Pack 15.10.24

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.

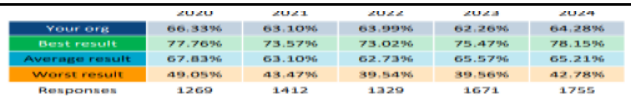
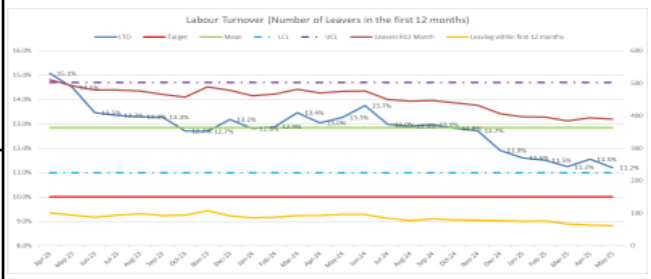
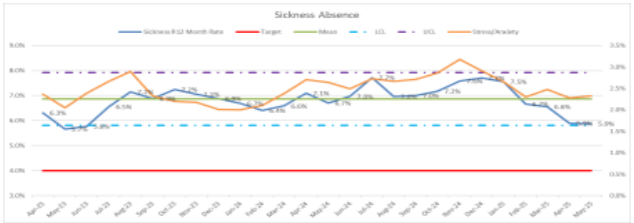
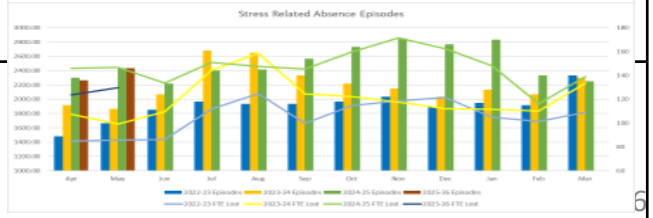
Theme 3: New Ways of Working and Delivering Care - we will • Make sure that our physical places of work are accessible, well-resourced, high quality and maximise opportunities for new and integrated ways of working with our partner organisations. • Create a digitally enabled workforce through training, education and support, and embedding digital clinical leadership across the organisation.	**We will know we have been successful when:** • 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.	**PROPOSED Current assurance level:** **3. Significant**
Theme 4: Growing for the future – we will • Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities.	**We will know we have been successful when:** • 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.	**PROPOSED Current Assurance Level:** **4. High**

Trawally Rachel 22/07/2025 08:12:11

Key Performance Indicators

NHS Bradford District Care NHS Foundation Trust

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

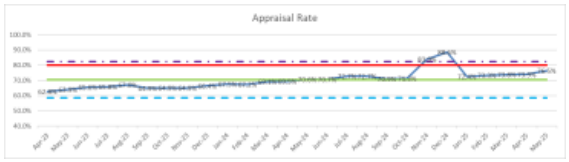
Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Staff survey – engagement levels	Strategic	7.08	2024	7.08	7.4 (best)	Staff engagement score remains stable/increased slightly at 7.08 (0.03);
Staff survey - % would recommend the Trust as a place to work	Strategic	64.28%	2024	64.28%	63% (sector)	
Labour turnover	Strategic	13.68%	May 25	11.19%	10%	
Number of leavers in 1st 12 months of employment	Supporting	93 (19.3%)	May 25	62 / 389 (15.9%)	N/a	The top 3 reasons for leaving (excluding resignation – other/not known) are retirement, VR – Relocation and VR – promotion. 10.28% left due to the end of a FTC, 17.99% through retirement and 4.88% through dismissal.
Sickness absence related to stress / anxiety	Strategic	2.6% of the 6.6% (39.04% of all absence)	May 25	2.3% of the 5.88% (39.55% of all absence)	N/a	
Sickness absence (Overall)	Supporting	6.6%	May 25	5.88%	4.0%	
Return to Work Interviews –% (based on RTW's being recorded in a timely manner)	Supporting	N/a	May 25	44.82% (based on all absences in the last 12 months)	95%	

Crawally, Rachel 22/07/2025 08:12:11

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	2024/25	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	2024/25	6/12 improved	12/12	
Gender pay gap (number areas improved out of 2)	Strategic	1/2 improved	2024/25	1/2 improved	2/2	The average (Mean) GPG in favour of males increased from 2024. The median GPG reduced however is still 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)	May 25	2 Grievances 17 Disciplinaries (43% of all ER Casework- excluding sickness)	N/a	
Annual Appraisal Rates	Strategic	69.08%	May 25	76.46%	80%	

Trawally Rachel
22/07/2025 08:12:11

Key Performance Indicators

NHS Bradford District Care NHS Foundation Trust

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	May 25	87.0% 5.2% Agency 81.8% Bank 12.97% Unfilled	100%	An increase in bank and an increase in agency nut a reduction unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
Bank and Agency Shifts	Strategic	5956 requested 395 Agency 5051 Bank 510 Unfilled	May 25	5560 requested 289 Agency 4550 Bank 721 Unfilled	N/a	
Bank & Agency Usage (WTE)	Strategic	30.01 Agency 313.70 Bank Ratio: 8.73% Agency 91.27% Bank	May 25	42.32 Agency 287.96 Bank Ratio: 12.81% Agency 87.19% Bank	N/a	
Vacancy rates	Strategic	7.4%	May 25	9.3%	10%	Reduction

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

Trawaw Record 22/07/2025 06:12:11

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Number of apprenticeships	Strategic	116	May 25	120	63	Reduction
Number 'new' roles recruited to (inc NAs and ANPs)	Strategic	1	May 25	1	N/a	Increase

Strategic Priorities – Assurance Level

Bradford District Care
NHS Foundation Trust

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

Theme 1: Access & Flow – we will • 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 know we have been successful when:** • 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 • Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families. • Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste.	**We will know we have been successful when:** • We consistently adopt a continuous improvement approach, share learning and creating opportunities for our people to develop their improvement and innovation skills. • We have a vibrant portfolio of research that guides clinical and service decisions	**Confirmed Current Assurance Level:** **3. Significant**

[illegible] 2015 16:12:11

Strategic Priorities – Assurance Level

Bradford District Care
NHS Foundation Trust

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

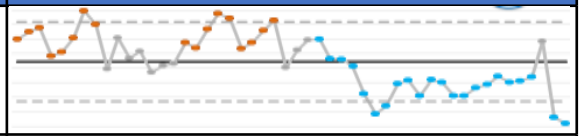
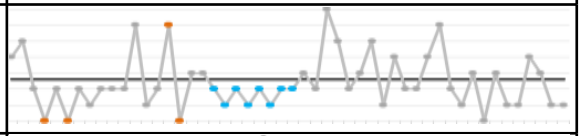
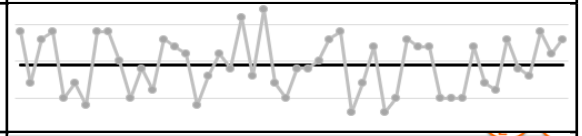
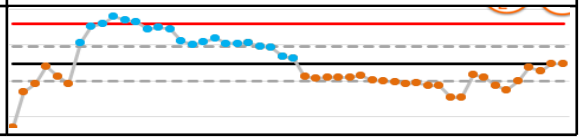
Theme 3: Improving the experience of people who use our services – we will • Embrace and apply the principles of trauma informed care in the way we offer services to people and their families consistently, underpinned by training and development for staff. • Ensure the voices of people in our services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

Trawally Rachel
22/07/2025 08:12:11

Key Performance Indicators

NHS
Bradford District Care
NHS Foundation Trust

Best Quality Services: Theme 1: Access & Flow

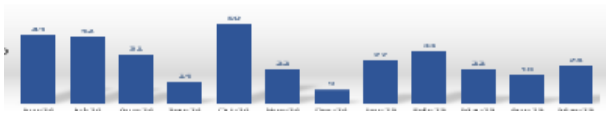
Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Reportable Out of Area Placements Monthly Bed Days – Inappropriate	Strategic	May 25 Mar-May (3m)	116 961		L		546	
Number of people with inpatient length of stay <=3 days (Acute wards)	Strategic	May 25	1	TBC			3	
Number of people with inpatient length of stay > 60 days (Acute wards)	Strategic	May 25	18	0		F	14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	May 25	69.4%	92%	L	F	69.6%	

Trawally Rachel
22/07/2025 08:12:11

Key Performance Indicators

NHS
Bradford District Care
NHS Foundation Trust

Best Quality Services: Theme 2: Learning for Improvement

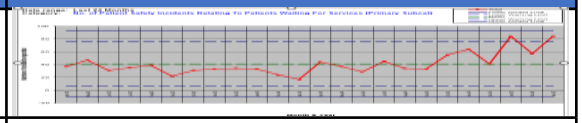
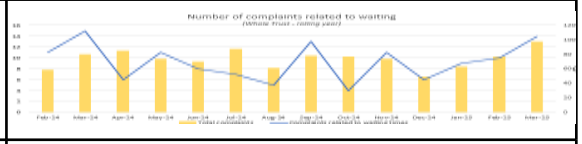
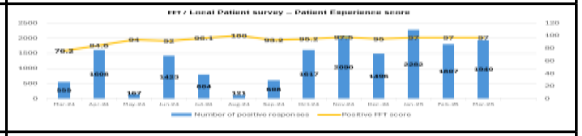
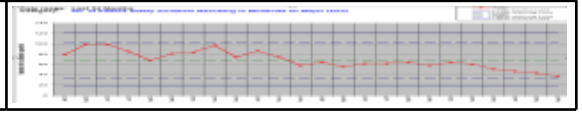
Metric	Type	Reporting month	Performance	Target	Summary
Number of staff speaking up through Freedom to Speak Up Guardian Route	Supporting	(YTD) May 25	43	N/A	
% of staff trained as a CTW Champion	Strategic	May 25	43.6%	50%	
% of staff trained as a CTW Leader	Strategic	May 25	22.1%	20%	
% of staff trained as a CTW Practitioner	Strategic	May 25	33.1%	3%	
% of staff trained as a CTW Sensei	Strategic	May 25	72.5%	0.5%	
No of participants in research studies (YTD)	Strategic	May 25	24	400	

Trawally Rachel
22/07/2025 08:12:11

Key Performance Indicators

NHS
Bradford District Care
NHS Foundation Trust

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

Metric	Type	Reporting month	84Performance	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	March 25	84	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	March 25	14	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	March 25	97	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	March 25	37	0	N/A	N/A	N/A	

Trawally Rachel
22/07/2025 08:12:11

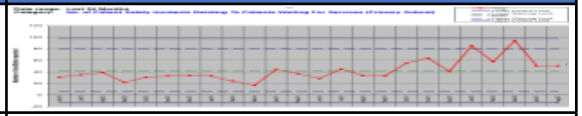
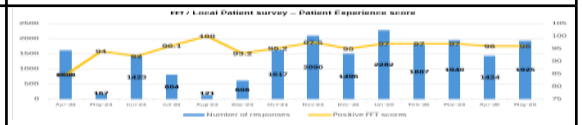
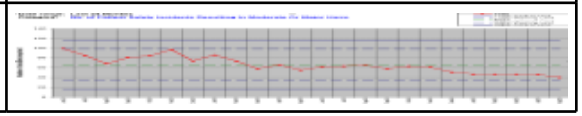
** defined by subcategories: Admission: Bed Shortage, Failure/Delay to access service, Cancellation of clinic/appointment, Cancelled therapeutic activity, Delay in referral, Treatment or procedure delay/failure*

*** defined by subcategories: Appointment Cancellations , Waiting For Appointment/Visit, Length Of Waiting List*

Key Performance Indicators

NHS
Bradford District Care
NHS Foundation Trust

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

Metric	Type	Reporting month	84Performance	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	May 25	51	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	May 25	12	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	May 25	96	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	May 25	40	0	N/A	N/A	N/A	

Trawally Rachel
22/07/2025 08:12:11

** 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*

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**

Rachel Rayner 21/03/2023 09:12:11

Strategic Priorities – Assurance Summary

Bradford District Care
NHS Foundation Trust

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

Trawally Rachel
22/07/2025 08:12:11

Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting held in public

24 July 2025

Paper title:	Strategic Risk Assurance Report	**Agenda Item** **10.1**
Presented by:	Phil Hubbard, Director of Nursing, Professions & Care Standards	
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

Trawally, Rachel
22/07/2025 08:12:11

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

The development work has now been completed for the Trust Audit Committee. This included a refresh of the terms of reference, 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. The Audit Committees integrated approach, it will have effective relationships with other key Committees so that it understands processes and linkages.

The annual effectiveness review has been undertaken at Committee level, and following an analysis of the survey results a board development session was held in April 2025. Actions to be taken forward from the annual effectiveness review of the Committees are presented to the Board meeting in July 2025 in a separate agenda item.

The findings will be monitored for each Committee within a new development plan and will be incorporated into the modifications made to the 2025/26 work plan for each meeting. The intention is to integrate these actions within the well-led audit action plan, as there is significant overlap in the areas identified for improvement

Trawally Rachel
22/07/2025 08:12:11

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. • Note an additional column has been added to the strategic risk table to include an update on progress.

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 ☐ Effective ☐ Responsive ☐ Caring ☒ Well-Led
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

Trawally Rachel
22/07/2025 08:12:11

Bradford District Care
NHS Foundation Trust

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

Yawar Rasool
23/11/2023 08:12:11

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	Progress update
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.	Incident reports and the Safer Staffing Subgroup ensure close oversight of inpatient band 2 and community nursing.
	BPTW BQS	T1 T3	Continued demand & acuity in a number of services including acute inpatient, community MH,	New pressures on existing situation.	September 2023	Limited.	Complaints, concerns, and FFT data are closely monitored and analysed.

Trawally Rachel
22/07/2025 08:12:11

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Progress update
			Children & Adults, Podiatry, LAC will have a negative impact on patient experience and outcomes.				
	BPTW BQS	T1 T3	Recruitment challenges to roles & services having a negative impact on wellbeing & culture.	New pressures on existing situation.	September 2024	Limited.	Ongoing issues with Band 2 inpatient positions
	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	These are monitored through LA contract arrangements and reported to CQC. Raised with WY ICB

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Update on Progress
People & Performance Committee	BUOR BPTW BQS	T1 T1 T3	Continuing medical locum usage, associate quality & financial pressures associated with this strategic risk.	Existing.	September 2023	Limited.	On going – some progress (Jo Wilson leading for Medical Directorate) this is now also monitored via OSPB
	BUOR BPTW BQS	T1 T1 T3	Workforce utilisation and effective rostering as part of the Model Roster 3 programme and Health Roster roll out	New pressures on existing situation.	May 2024	Limited.	Model Roster 3 is still in use in several In Patient areas and is supported as part of BAU. However work to roll out Health Roster has been supported as part of

Trawally, Rachel
22/07/2025 08:12:11

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Update on Progress
							OSPB and this is ongoing in a small number of clinical areas and across some Corporate Services.
	BPTW	T1	Manager capability & competence, in light of new financial pressures/challenges.	New pressures on existing situation.	May 2024	Limited.	
	BPTW	T1	Threat to culture change in light of additional performance/financial pressures as 2025/26 progresses.	New pressures on existing situation.	July 2024	Limited.	Work on OSPB continues across various Project mandates

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Progress Update
Finance & Performance Committee	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 – whilst there are in-year savings plans and mitigations in place, the risk to deliverability remains	• Improved completeness and detail in PMO workbooks (implementation plans) • Pipeline group established.

Trawally Rachel
22/07/2025 08:12:11

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Progress Update
						very high, exacerbated 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	• £50m DHSC capital funding agreed • additional £15m ICS support agreed June 2025 • Positive engagement with DHSC on revised timelines and flexibilities • Re-confirmation from Cabinet Office of "assure" status despite changes to £ envelope and timelines (so no additional lengthy processes to follow).

Trawally, Rachel
22/07/2025 08:12:11

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation/Management	Progress Update
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.	Existing	September 2023	Significant	
	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 rapid way, to estates issues and/or innovations.	Existing	January 2024	Significant	
	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.	Existing	March 2024	Significant	
	BQS	T3	Risk of sub-optimal application of "best interests" principles.	Existing	May 2024	Limited	
	GG		Risk that the Trust may not act in a fully compliant / best practice way in relation to AHMs.	Existing	July 2024	Limited	

Trawally, Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting Held in Public

24th July 2025

Paper title:	Bi – Annual Waiting Time Summary Report	**Agenda Item** **11.0**
Presented by:	Chris Dixon Deputy Director Nursing Michelle Holgate Deputy Director of Operations.	
Prepared by:	Kelly Barker, Chief Operating Officer Cliff Springthorpe, Head of Business Support	
Committees where content has been discussed previously	Quality and Safety 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

Trawally,Rachel
22/07/2025 08:13:21

Purpose of the report

The purpose of the presentation is to update Board on work taking place across operational services to achieve the ambitions within our strategic priority relating to Best Quality Services with a specific focus on access and waits. The presentation provides Board with:

- Summary overview of available key waiting time data – bi-annual update (May 25)

- Summary on the actions and approaches underpinned by Care Trust Way methodologies that seek to:

  - maintain oversight and governance of waiting times, impacts (harm & experience), reductions/improvements, mitigate risks (data led and informed)
  - Develop innovative approaches to assess, monitor and mitigate risk of harm to people experiencing long waits
  - Develop innovative approaches to offering support to people whilst they are waiting
  - Develop innovative ideas that support waiting improvements (stop waits increasing, reduce waiting times)
  - All the above to be understood through the lens of health equity

Executive Summary

Our Trust strategy refresh and priorities sit within the context of post COVID recovery. We acknowledged that our communities are growing, and their health and care needs are changing with many facing significant health inequalities as illustrated by our place '10 miles and 20 years apart' depiction. We are seeing more people reaching out for support for our services often later and with greater levels of complexity meaning that access and waits is a challenge.

'Best Quality Services' is one of Our Trusts 4 strategic priorities with a key focus on improving access, outcomes and experience for our communities with a focus on reducing health inequalities.

Delays in accessing the right support can contribute to a further deterioration of a persons health and wellbeing resulting in at times more health and care needs and intervention, poorer outcomes and experience of our services. Not only does this impact upon people accessing services, but the impacts of waits can also be felt across the organisation in terms of impact on staff wellbeing and morale, recruitment and retention, financial sustainability and Organisational reputation.

Delivery of the ambition and measures of success relating to Best Quality Services and its associated themes are being tracked through a set of agreed measures and outcomes to include meeting local and nationally agreed waiting times, tracking of incidents relating to impacts of waits and measuring the experience of people who are using our services.

Formally Received 22/07/2025 09:12:21

System-Wide Challenges and Quality Improvement
Across all services, there is a continued increase in demand and complexity of referrals. Workforce pressures, including high sickness rates and national shortages, are impacting

service delivery. Data limitations in some services hinder automated tracking of waiting times. Health inequalities persist, with individuals in deprived areas experiencing longer waits and poorer outcomes.
To address these challenges, the Trust is leveraging Care Trust Way (CTW) methodologies, AI-supported triage and intervention pathways, targeted recruitment, outsourcing, and pre-diagnostic support initiatives. These efforts aim to improve service access, reduce waiting times, and support service users during delays.

Service-Specific Highlights

Talking Therapies (IAPT)
- Increased acuity and complexity of referrals, with 30% of Step 3 cases being PTSD.
- Workforce shortages with high sickness rates (~8%) and national staff shortages.
- AI-supported triage and intervention models under development.
- Outsourcing and targeted recruitment to manage waiting lists.
- Exploration of a West Yorkshire virtual IAPT offer to enhance resilience.

Memory Assessment (MATS)
- Rising referrals due to demographic changes and increased awareness.
- Increased complexity and risk of deterioration while waiting.
- Additional clinics and digital assessments introduced.
- Pre-diagnostic support for those waiting over 6 months.
- Pathway redesign and capacity enhancements underway.

CAMHS
- Increased referrals and complexity, especially in specialist CAMHS.
- New leadership team and quality-focused roles embedded.
- Daily oversight and risk stratification of waiting lists.
- Partnerships with VCS for interim support.
- Improvement in access and wait times through recovery plans as reported within previous Board report providing deep dive on CYPMH services.
- Neurodevelopmental assessment, diagnosis and treatment waiting times and size of caseload remain a significant issue and is subject to place and system wide strategic commissioner work – following national trends and challenges

Adult & Older People CMHT
- High referral volumes with 50% not requiring CMHT intervention.
- Waiting times for assessment and intervention within Adult CMHT are above 4 weeks – less than optimal waiting times into this pathway increase the likelihood of a person needing higher levels of intervention, contributing to increased crisis and inpatient presentations
- Interface issues with primary care and data quality issues relating to activity recording and outcome measures.
- New dashboards and national recovery plans implemented to improve data quality and recording of outcomes
- Value stream underway as part of Purposeful and Productive Adult Mental Health Pathway Programme
- Patient Carer Race Equality Framework (PCREF) underpinning CTW improvement activity and data an intelligence being tracked through governance structures

22/07/2025 15:58:11

Speech & Language Therapy
- Workforce gaps and training needs, especially in dysphagia and stammering.
- Service redesign and transformation leadership in place.
- Student-led clinics and revalidation initiatives.
- Recruitment and risk mitigation plans for specialist roles.

Podiatry
- Rising demand and staffing mix challenges.
- Delays in wound care and foot protection follow-ups.
- Improved triage and skill mix adjustments implemented.
- Temporary cessation of non-essential services to release capacity
- positive impacts from all above

Continence
- Long waits and high DNA rates post-COVID.
- Service review and SMS reminders introduced.
- Skill mix optimization and short-notice waiting lists implemented.

Falls Service
- Post-COVID recovery challenges and small team size.
- Triage prioritization and reassessment policy changes.
- Pathway collaboration with partner services.

Health Equity and Risk
A health equity lens is applied to the monitoring of data and informs all improvement work relating to access and flow. Structural and social barriers such as deprivation, digital poverty, urban v's rural communities are considered alongside our communities cultural backgrounds and all other protected characteristics. PCREF is providing a vehicle and structure to promote anti racist practice within mental health services and aligns and supports the Trusts Belonging and Inclusion Strategy and is underpinning our work across all menta health services.

Governance and Oversight
Governance structures include bi-annual updates to the Quality & Safety Committee, monthly oversight via QUOPS and Accountability Groups, and weekly operational cells for real-time monitoring. Service-level quality improvement activity is ongoing in key areas such as CAMHS, MATS, SALT, Adult Mental Health Services.

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**

Trawally, Rachel
22/07/2025 08:12:11

Recommendation(s)
Receive and note the data and narrative updates. - Support ongoing actions to improve oversight, mitigate risks, and reduce waits. - Take assurance from the structured governance and improvement efforts in place.

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: • 2609: Organisational risks associated with out of area bed use (finance, performance and quality)
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Effective ☒ Responsive ☒ Caring ☒ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: NA

Trawally Rachel
22/07/2025 08:12:11

Bi-Annual Update Access & Waits

Board Update July 2025, and as presented to Quality & Safety Committee May 25

Kelly Barker, Chief Operating Officer
Chris Dixon, Deputy Director of Nursing

Trawally,Rachel
22/07/2025 08:12:11

NHS Talking Therapies for Anxiety and Depression Service - Waiting Times

Bradford District Care
NHS Foundation Trust

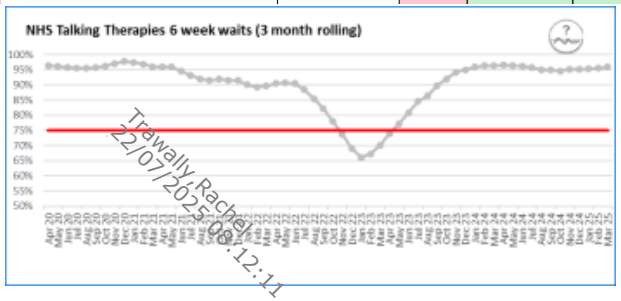
Commissioned Service

Service helps people manage everyday problems such as feeling low, having problems sleeping, feeling anxious and experiencing stress, providing online courses, group courses, phone advice or on-to-one 'talking' therapies (video call or face to face). Service is for individuals who are aged 16 or over and are registered with a GP in the Bradford, Wharfedale, Airedale and Craven area, via self-referral or referral from a health professional. BDCFT is the lead provider with some elements delivered by voluntary, community and social enterprise (VCSE) organisations.

3622 completed a course of talking therapy in 2024/25 (up to Oct 24)

Performance

Indicator	Target	Actual											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A referral has moved to recovery if they were defined as a clinical case at the start of their treatment ('at caseness') and not as a clinical case at the end of their treatment	23/24- 50% 24/25- 52% (by Year-end)	49.5%	51.4%	52.0%	53.5%	51.2%	50.8%	50.0%	50.9%	50.6%	50.2%	51.4%	52.3%
		48.0%	56.0%	53.0%	53.0%	48.0%	51.0%	51.0%	51.0%	51.0%	49.0%	55.3%	52.8%
A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores	24/25 - 67%	66.0%	71.0%	69.0%	68.0%	70.0%	67.0%	72.0%	68.0%	71.0%	68.0%	71.2%	73.3%
A referral has reliably recovered if they meet the criteria for both the recovery and reliable improvement measures.	24/25-48%	46.0%	53.0%	49.0%	50.0%	47.0%	49.0%	50.0%	50.0%	48.0%	48.0%	52.0%	49.6%





Challenges

Workforce shortages

- High levels of sickness averaging 8 % during 2024 – comparable to the previous 2 years
- Improving labour turnover, but several vacancies, with national shortage of qualified staff.

Increased acuity and complexity

- There is a continued increase in the acuity and complexity of referrals.
- Talking Therapies is a stepped-care model, which means that patients are allocated to different treatments (steps) depending on their presenting needs. Increasing intensity in steps 2 and 3. 30% of step 3 are Post Traumatic Stress Disorder (PTSD).

Actions

Oversight of waits & targeted interventions to address challenges and improve waits

- Waiting list management processes in place, with visual control and escalation of outlier meeting in place, with review of outliers
- AI supported pathway to support process of referral and assessment – developing AI model to support delivery of interventions at Step 2 to support changes in complexity, standardise interventions & improve outcomes
- Outsourcing to support management of waits and interventions
- Targeted recruitment plan – trainee posts and qualified therapists
- Further developing our AI offer and testing models of AI supporting intervention models

Focus on IAPT Workforce Issues at West Yorkshire Level

- Consideration of a West Yorkshire 'virtual' IAPT offer on behalf of all places to increase service resilience and allow places to focus on face-to-face provision in their locality.

Trajectory

Referral to 1st Treatment
→ maintain waiting times above national targets

Referrals waiting over 90 days between 1st and 2nd treatment
→ maintain waiting times within target

New Metrics Introduced (Reliable Recovery and Reliable Improvement) – Achieving national target of 48% and 67% respectively → maintain performance above target

Memory Assessment and Therapy Services (MATS) - Waiting Times

NHS Bradford District Care NHS Foundation Trust

Commissioned Service

The service offers:
- assessment of the person's cognition & memory.
- guidance and advice on managing memory problems.
- the likely cause of the memory problem e.g. anxiety, depression, or conditions like Alzheimer's Disease.
- treatments that might help to limit or control the memory problem and links to other agencies and services who offer practical and/or emotional advice and support.

Team	% of total referrals received 23-24
AireWharfe	24.1%
Craven	13.8%
Bradford City & North	34.3%
South and West	27.6%

People are given the option of attending a clinic, being assessed in person at home or via video-link.

450 appointments per month

Indicative commissioned activity
1,400 - 1,500 referrals per annum.
Current Referrals = 1,919 per annum (last 12 months)

Performance

Indicator	October	November	December	January	February	March
Average Wait from Referral To 1st Appointment Days	248.1	228.1	214.8	271.3	193	189.4
Average Wait from Referral To 1st Appointment Weeks	35.4	32.5	30.6	38.7	27.5	27
Clients waiting from Referral To 1st Appointment At end of reporting period	1079	1043	1036	1038	995	1010
Average Wait from Referral To Dementia Diagnosis (Days)	350.1	380.9	333.1	396.3	316.4	350.4
Average Wait from Referral To Dementia Diagnosis (Weeks)	50	54.4	47.5	56.6	45.2	50
Number of MATS referrals with Dementia Diagnosis	71	49	50	49	59	41
Clients waiting for Dementia Diagnosis At end of reporting period	1560	1526	1522	1557	1527	1552

Tragally Retired 2025-10-07 12:25:08:12:11

Note: Currently no national target. NHS England is testing new proposed standard that adults and older adults should start to receive help within 4 weeks from request for service (referral). Notional national ambition of 6 weeks from referral to diagnosis for people accessing Memory Assessment Services.

Trajectory (*inc capacity enhancements*)

Average Referrals
Current Ref average = 161.1 per month

Diagnoses Average
→ Current non-dementia average = 16 per month
Current Diagnosis average = 62 per month

Challenges

Increased demand

- Increased referral rate & incidence of dementia due to demographic growth of 65+ population, and greater awareness of dementia treatment, leading to more people with mild cognitive impairment/subjective memory impairment coming forward for assessment.
- Continued increased complexity of cases, with longer duration in service. Increased risk of acute presentations due to deterioration whilst awaiting diagnosis and treatment, increased carer stress due acute presentations and deterioration in mental health.

Actions

Voluntary, community and social enterprise partners commissioned to deliver pre-diagnostics pathway to support service users and their families whilst waiting for a memory assessment.

Oversight and Support (Quality Assurance)

- Weekly dashboard figures that provide total numbers of people waiting, length of wait and people who have received a diagnosis.
- Monthly monitoring of waiting list at older people's mental health quality and operations meeting.
- Capacity, demand and flow work ongoing with the Royal College of Psychiatrists

Clinical Pathway and Estates

- Revised offer to enhance digital assessment.
- Continue to work via the 4 clinical hubs (Westbourne Green, Canalside, Woodroyd, Ashcroft) to deliver memory services and other older people's mental health clinics.
- Currently mapping the model going forward. Occupation therapy focus on mapping early onset pathway. Aim to also map potential for BAME-facing clinics and neuro-complex clinics.
- Pre-diagnostic support offered to those waiting in excess of 6 months.
- Review of medical model for Bracken ward. Outcome is the release 12 PA of medical resource, modelling on how job plans will be re distributed to include MATS capacity across 24/25

Recruitment and Outsourcing – increasing capacity

- Recruited additional staffing non recurrently:
  - Continued additional capacity of 1 clinic per week provided by GP with Special Interest, increasing to 2 clinics per week utilising non-recurrent monies.
- Increased admin support and operational management support

Child and Adolescent Mental Health Service (CAMHS) - Waiting Times

Bradford District Care
NHS Foundation Trust

Commissioned Service

Block contract for specialist CAMHS including community eating disorder service. Treatment options include family therapy, group work, play therapy, art therapy, psychotherapy, cognitive behavioural therapy, anxiety management, parental counselling, medication.

Over 47000 contacts with children and young people (CYP) (last 12 months)

CYP aged 11-15 years most commonly referred, but increases in all age groups

Referrals of ethnic minority CYP are 19% of all referrals (last 12 months)

Performance

		2024/25											
Service	Indicator	April	May	June	July	August	ptemb	Octobe	ovemb	ecemb	anuary	ebruar	March
CAMHS	Average Wait from Referral To 1st Appointment (Assessment)	110.4 Days 15.7 Weeks	98.2 Days 14.0 Weeks	71.7 Days 10.2 Weeks	147.0 Days 21.0 Weeks	157.3 Days 22.4 Weeks	73.6 Days 10.5 Weeks	70.4 Days 10.0 Weeks	62.0 Days 8.8 Weeks	59.4.0 Days 8.4 Weeks	100.0 Days 14.2 Weeks	59.5 Days 8.5 Weeks	64.7 Days 9.2 Weeks
	Average Wait from Referral To 2nd Appointment (Treatment)	153.0 Days 21.8 Weeks	191.0 Days 27.2 Weeks	116.3 Days 16.6 Weeks	237.8 Days 33.9 Weeks	223.1 Days 31.8 Weeks	148.3 Days 21.1 Weeks	172.2 Days 24.6Weeks	102.9 Days 14.7 Weeks	143.0 Days 20.4 Weeks	201.2 Days 28.7 Weeks	172.0 Days 24.5 Weeks	126.4 Days 18.0 Weeks

Note: Currently no national target. NHS England is testing new proposed standard that children and young people and their families/carers should start to receive help within 4 weeks from request for service (referral).

Service	Indicator	Target	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
CYPED	CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment	95%	100% (10/10)	100% (10/10)	100% (14/14)	100% (8/8)
	CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment		93.7% (15/16)	100% (19/19)	90.9% (20/22)	72.4 % (21/29)

Jayvalli Rachel 23/06/2025 08:13:11

Note: Data quality checks underway on recording of outcomes for routine care. Intitial work indicates target is being met.

Trajectory

CAMHS
→ improve current waiting times

CYP with Eating Disorders
→ maintain national targets

Note: trajectories are based on current levels of demand. Locally and nationally, continuing to see growing and more complex demands for children and young people's mental health services.

Challenges

Increased prevalence, acuity and complexity

- Continued increase in demand across all CYP mental health services however early indications show some stabilisation in rates of referral
- Proportionately more referrals into specialist CAMHS than previous years and more preventative services - families are accessing support later and/or in more need and complexity

11,000+ Referrals in 2024/25
11,344 referrals in 2023/24
11,561 referrals in 2022/23
6,368 referrals in 2021/22

Workforce

- Reduction in vacancies in Specialist CAMHS – Improvement from 23/24 when vacancies stood at 25 WTE
- Staff wellbeing – sickness rates remain around trust target levels of 4%
- New leadership team now embedded with additional quality focused roles to support oversight and assurance to better support the team

Improvement & Oversight

- Continued daily oversight of waiting list, all patients on waiting list are risk assessed, with Red Amber Green rating of cases and regular contact to re-assess risks
- Worked in partnership with voluntary and community services to develop an offer to those waiting allocation. This includes support calls and goal-based interventions
- Demand, Capacity and Flow PDSA value stream – RCPSY Improvement work plus recovery plans in place with noted improvement in access and waits across Core CAMHS and also PMHW
- Recording of outcomes for routine cases

Waiting Times - 4 Week Mental Health Standard (Adults and Older People Community Mental Health Services)

NHS Bradford District Care NHS Foundation Trust

Commissioned Service

Block contract for Adults and Older People community mental health services.

2024/25 = 2800 appointments on average per month – 37.5% are **face-to-face contacts**

2024/25 = 408 referrals on average per month

Trajectory

→ 2024/25 – continued work towards 4-week standard in all key service areas; Adult CMHT, Older People CMHT, Intensive Outreach

Performance

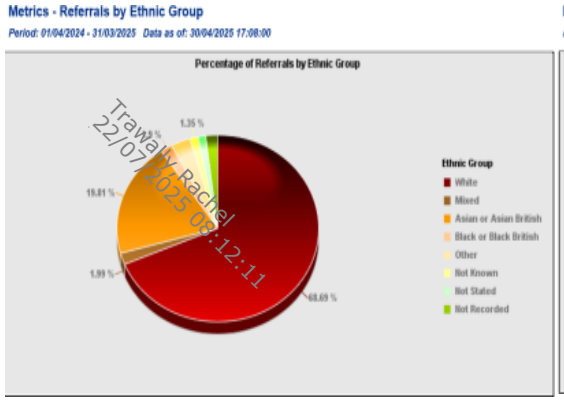
Waiting Times & Access - Monthly	2024/25											
Indicator	April	May	June	July	August	September	October	November	December	January	February	March
Average Wait from Referral To 1st Appointment	75.0 Days 10.7 Weeks	74.0 Days 10.5 Weeks	75.1 Days 10.7 Weeks	84.4 Days 12.0 Weeks	66.6 Days 9.5 Weeks	80.8 Days 11.5 Weeks	70.7 Days 10.1 Weeks	67.8 Days 9.6 Weeks	64.4 Days 9.2 Weeks	70.8 Days 10.1 Weeks	66.5 Days 9.5 Weeks	76.2 Days 10.8 Weeks
Average Wait from Referral To 2nd Appointment	123.5 Days 17.6Weeks	122.8 Days 17.5Weeks	123.3 Days 17.6Weeks	130.7 Days 18.6 Weeks	137.4 Days 19.6 Weeks	128.3 Days 18.3 Weeks	124.4 Days 17.7 Weeks	118.3 Days 16.9 Weeks	117.0 Days 16.7 Weeks	141.8 Days 20.2 Weeks	130.1 Days 18.5 Weeks	140.6 Days 20.0 Weeks
Clients waiting from Referral To 1st Appointment At end of reporting period	1047	1014	1007	960	959	1042	1165	1157	1223	1177	1145	1139
Clients waiting from Referral To 2nd Appointment At end of reporting period	1531	1494	1482	1479	1480	1527	1607	1701	1781	1773	1756	1767

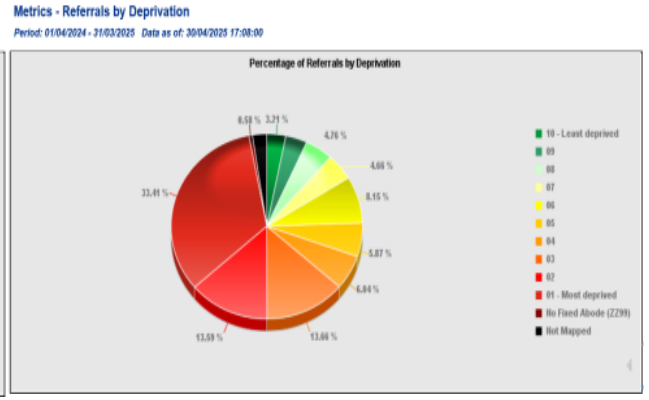
Note: The 4-week standard was first announced by NHS England in July 2021. This is now being actively monitored via Trust performance reports.

Challenges & Risks

- High level of referrals to assessment teams (450 per month) of which 50% do not require a CMHT intervention. Evidence in 24/25 that referral rates are stabilising in adults – early indication of CMH Transformation across Healthy Minds is embedding
- Work with primary care to understand and address interface and communication issues highlighted by them
- Emerging themes and trends in concerns & complaints and patient safety related incidents

Introducing new KPI: 90th Percentile waiting time between referral and the end of the reporting period for 2nd appointment





Actions

Oversight and Support (Quality Assurance)

- Dashboard figures that provide total numbers of people waiting, length of wait, etc. in weekly report outs
- Development of new dashboards for CMH transformation
- Ongoing capacity, demand and flow work.
- Review the long waiters and address any data quality issues – introduction of national recovery plan for all community service long waits to include mental health

Clinical Pathway Review

- CTW value stream map work relating to access into secondary mental health services in underway– to address Access & Flow issues identified and associated risks – Experience, Equity, safety and recovery outcomes
- Implementing Dialog and MaST to capture outcome measures and improve care planning process

Speech and Language Therapy Core Service - Adults - Waiting Times

Bradford District Care
NHS Foundation Trust

Commissioned Service

NHS commissioned speech and language therapy for paediatrics, adult community, AAC, voice and adult metal health. Services provided include communication, complex needs, stammering and dysphagia.

Challenges

Workforce

- Recruitment challenges until Sept 24 when team leader commenced.
- Some sickness throughout the year.
- Current team capacity is insufficient to address the backlog.
- Junior Speech Therapists undergoing Dysphagia training, requiring supervision and shadowing to develop competencies, ongoing impact on waiting list.

Performance

Core Adult													
Indicator	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
18 week RTT Clock Stopped %of patients starting treatment within 18 weeks from referral	95%	69%	77%	75%	76%	88%	71%	75%	73%	65%	60%	66%	66%
18 week RTT Clock Running %of patients on incomplete pathways waiting less than 18 weeks from referral	92%	76%	74%	71%	69%	63%	62%	60%	59%	61%	63%	65%	70%
Longest Wait (Incomplete)	18 week	56	58	62	66	71	74	78	73	78	67	71	69
Number Waiting Over 52 Weeks	0	3	5	7	9	14	15	19	20	21	13	12	5

Reviewed by Rachel
2/4/2025 08:12:11

Actions

- Service redesign commenced for adult community to improve service delivery and improve capacity. Supported by a fixed term transformation lead.
- Dysphagia training courses commenced for the b5-6 development roles. Two therapists should graduate in Spring 25.
- Waiting list revalidation completed – reduced numbers waiting.
- Exploring student led clinics.
- Exploring WY ICB funded waiting list initiative. Will require agency staff.

Speech and Language Therapy Core Service - Paediatric - Waiting Times

Bradford District Care
NHS Foundation Trust

Commissioned Service

NHS commissioned speech and language therapy for paediatrics, adult community, AAC, voice and adult metal health. Services provided include communication, complex needs, stammering and dysphagia.

Performance

Core Children SLT													
Indicator	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
18 week RTT Clock Stopped % of patients starting treatment within 18 weeks from referral	95%	85%	90%	84%	86%	82%	84%	81%	87%	85%	89%	80%	90%
18 week RTT Clock Running % of patients on incomplete pathways waiting less than 18 weeks from referral	92%	87%	87%	88%	90%	90%	87%	86%	85%	86%	87%	87%	83%
Number Waiting Over 52 Weeks	0	0	0	0	0	0	2	2	4	4	3	3	2

Trawally,Rachel
22/07/2025 08:12:11

Challenges

Workforce

- Nationally there are a low number of highly trained Speech and Language therapists in areas such as Dysphagia and stammering.
- No staff currently have specialist skills for hearing impairment due to ELSEC secondments.
- Performance is currently below the RTT target of 95%, however above the target from the Written Statement of Action target of 75%
- Dysphagia, YJS SaLT offer and Stammering now in BCP and on the risk register.
- Dysphagia (babies 0-6 months and 6-12 months) no skills in the team to deliver. Currently one band 7 has left and the other is on LTS. Band 6 newly trained and some gap in getting competencies signed off.
- Capacity V demand work complete shows high complexity and need in children. Current skill mix and resource doesn't meet the demands which impacts on high waiting times.
- An increase in complaints due to high wait times or not enough sessions or support being received.

Actions

- Recruitment of like for like posts now live
- Business case approved for short term vacancies to backfill seconded and maternity leave pressures.
- Dysphagia – Recovery plan and risk updated. Locum support being explored and 1 WTE band 7 Dysphagia role out to recruitment.
- YJS – contracting meetings planned to explore options of contracting 25/26.
- Stammering – 1WTE vacancy now out to recruitment
- Fixed term vacancy out to recruitment
- Grow your own – band 5 vacancy will support in development roles across all specialties – core, YJS, stammering and Dysphagia (older children)
- Work has started to identify critical priorities for the first 3 months, 6 months and 12 months.
- Work around releasing capacity and productivity in the team
- Full review of CYP SaLT pathway/s to commence with briefing paper to Clinical Borad and to progress once leadership restructure completed (end June)).

Podiatry - Waiting Times

Commissioned Service

Block contract for specialist podiatry services. Treatment includes rapid access multi disciplinary foot care, biomechanics interventions, foot protection services, nail surgery, diabetic foot assessments, wound care and core podiatry provision.

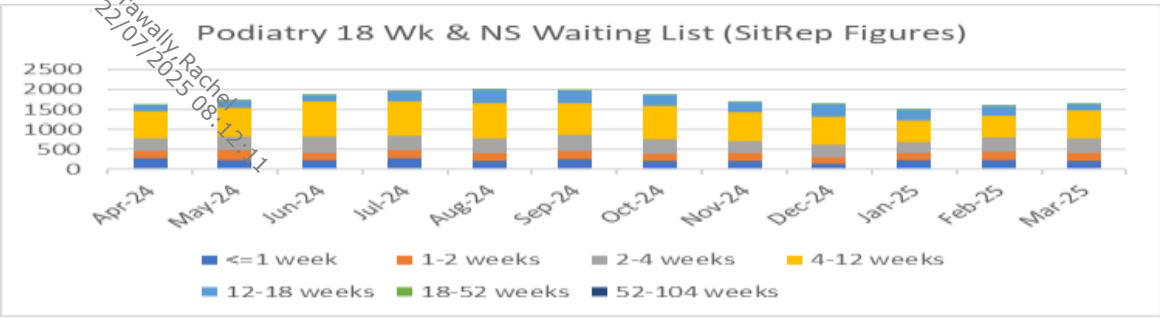
Staff
42.17 WTE budget
(inc HEE)
40.89 WTE in post

Performance

Podiatry Wait Times													
Indicator	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
18 week RTT Clock Stopped %referrals with a clock stop within 18 weeks from referral	95%	98%	99%	99%	99%	96%	97%	97%	99%	97%	96%	94%	96%
Nail Surgery Clock Stopped %referrals with a clock stop within 40 working days of referral	95%	99%	100%	99%	98%	93%	97%	99%	97%	97%	100%	99%	98%
Rapid Access Clock Stopped %referrals with a clock stop within 2 working days of referral	95%	93%	97%	98%	90%	86%	90%	87%	87%	96%	92%	89%	73%

Podiatry Outcomes				
Indicator	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4
%reporting improved pain score at end of treatment intervention	90%	96%	83%	86%
%reporting improved/maintained foot health at end of treatment intervention	94%	90%	92%	93%

Waiting Lists



Challenges

Meeting Rapid Access MDFT demand:
- Number of referrals vary month on month but follow an upward trend.
- Awareness raising with GPs and CNS colleagues thought to have contributed to increased referrals.
- 2 working day target immediately impacted by bank holidays/staff absence
- Additional sessions have been delivered to increase capacity but this is not sustainable.

Foot Protection follow up:
- Foot protection clinics aim to prevent breakdown and thus reduce demand on other areas of podiatry provision, e.g. Rapid Access MDFT. Follow up is based on clinical need but is generally every 4 to 10 weeks. 3 snap shots of domiciliary waiting lists since July 2023 indicate around 60% of patients were overdue a follow up appointment.

Community Wound Care – domiciliary and clinic:
- New referrals for non-diabetic foot wounds currently waiting 3 weeks, best practice is 5 days.
- Referrals are increasing.
- The lack of capacity impacts the MDFT as patients cannot be discharged to the wound care service if no appointments are available.

Staffing:
- Ideally foot protection and wound care activity should be carried out by Specialist Podiatrists at band 6 or above. A review of activity over an 11-month period indicated 13.2% and 6.7% respectively was carried out by band 5 or 3 staff creating a quality/safety risk.
- An increased number of staff are requesting reduced hours.
- The service has seen increased sickness levels

Actions

- Continued daily oversight of staffing and demand.
- Regular caseload review to ensure those at highest risk are offered appointments.
- Improved triage.
- Reallocation of staffing resource to support high risk cohorts, i.e. wound care and foot protection.
- Temporary cessation/reduction of non-essential offers, e.g. shockwave therapy to release capacity.
- Skill mix to create more capacity, already done with band 3s and recommendations for higher bands have been developed.

Continence Service - Waiting Times

Bradford District Care
NHS Foundation Trust

Commissioned Service

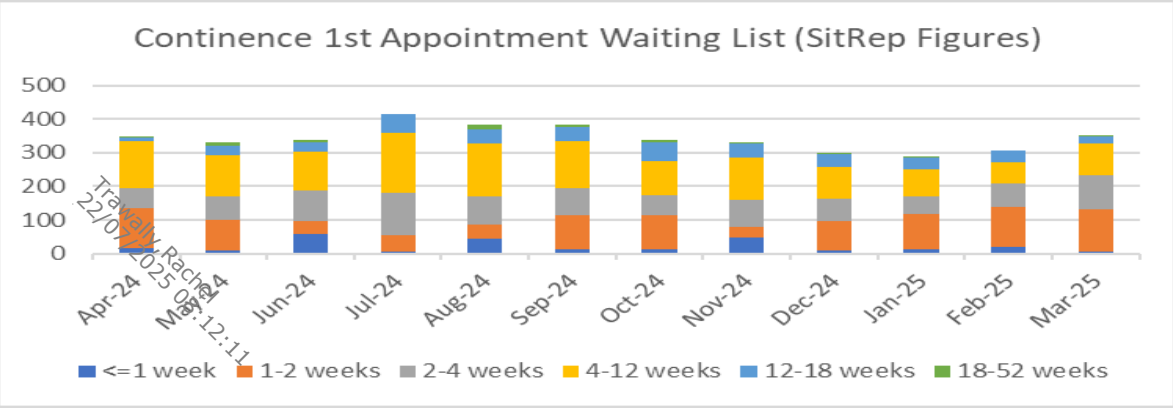
Block contract for specialist continence service offering comprehensive assessment and management for adults presenting with bladder and bowel problems in primary care. Conservative treatments are offered, including the prescription of medication with the aim of cure or management.

Staff
11.40 WTE budget
10.80 WTE in post

Performance

Continence Referral to Appointment Offer												
Indicator	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Referrals triaged within 1 working day	96%	96%	97%	95%	95%	98%	96%	95%	97%	97%	97%	96%
% referrals offered an appointment within 4 weeks of referral	51%	50%	51%	53%	52%	47%	50%	56%	49%	51%	56%	59%
% referrals offered an appointment within 8 weeks of referral	75%	82%	82%	80%	80%	72%	73%	79%	75%	82%	80%	87%

Waiting Lists



Challenges

Achieving 95% target for referral to appointment offer:
- COVID-19 pandemic - Redeployment of staff left a significant backlog which the service is still recovering from in addition to new demand.
- High DNA rates/late cancellations
- Increasing numbers of referrals requiring an appointment with a band 5/6 continence nurse.
- Urotherapy waiting list 3 years – leads to more people accessing the continence service & products.

Capacity:
- Insufficient capacity to reduce waiting times whilst maintain BAU referral activity
- Focus on referral to appointment offer impacts capacity for follow up appointments.

Actions

- Opt in process implemented in an attempt to address DNA/late cancellation issues. Further work ongoing with involvement lead to engage with patients to identify reasons and potential solutions – in equalities lens acknowledging correlation to deprivation and high DNA rates in elective waiting lists (The Kings Find 2023)
- establishing appointment reminder SMS messaging, reliant on support from Digital colleagues.
- Review of clinic provision to identify potential options to ensure convenience for patients, reliant on support from Estates colleagues.
- Frequent review of band 6/5 skill mix to ensure maximum capacity.
- Service review undertaken to identify 'bottlenecks' to improve patient flow.
- Short notice waiting list implemented to fill late cancellation slots and optimise capacity.

Falls Service - Waiting Times

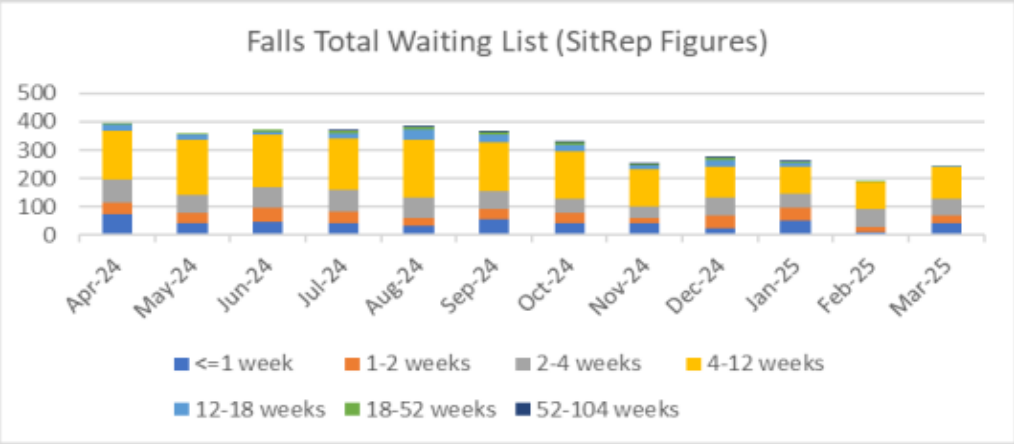
Bradford District Care
NHS Foundation Trust

Commissioned Service

Block contract for provision of specialist falls exercise programmes and delivery of comprehensive assessment and prevention interventions (previously delivered via the District Nursing Service).

Staff
7.61 WTE budget
7.46 WTE in post

Performance – Waiting List



Trawally Rachel
22/07/2025 08:12:11

Challenges

Timely assessment:
- The service aims to carry out assessment where is has been identified as being required within 4 weeks of referral.
- The service has not recovered since the redeployment of staff during the COVID-19 pandemic.

Capacity:
- Insufficient capacity to reduce waiting times further.
- The relatively small size of the service means any absence immediately impacts waiting

Actions

- Agreement to cease automatically booking reassessments for every patients and only conducting reassessments when deemed clinically necessary.
- Cease taking reassessment referrals from other services, e.g. ACCT/Bradford Virtual Ward.
- Discharge patients referred to Bradford & Airedale Therapy Services rather than keeping them on the caseload.
- Work with partner services to improve pathways for specific cohorts of patients, e.g. Mental Health services.
- Continued regular review of waiting lists and caseloads.
- Continued robust triage to ensure most vulnerable are prioritised.
- To develop closer working with the APH Pharmacy Technician and community therapy services.

Dental - Waiting Times

Commissioned Service

The service offers:
Dental care to patients who are vulnerable or have additional needs, these groups may include people with learning disabilities, challenging medical conditions and people who are housebound.

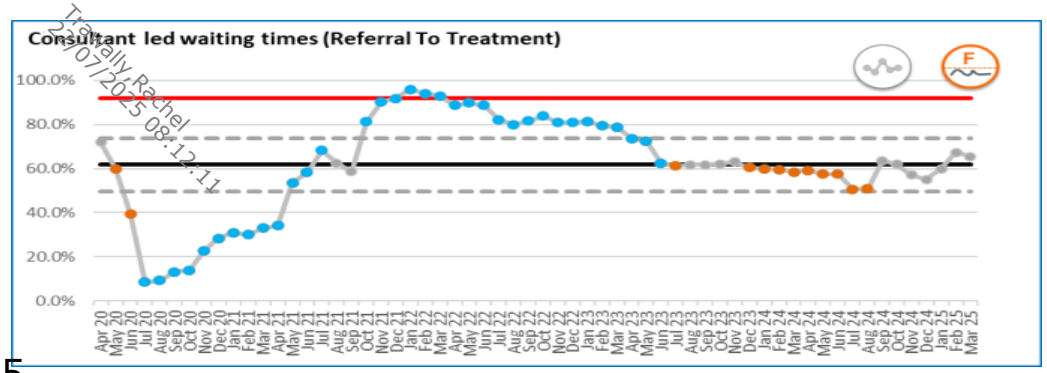
Team	% of total referrals received
Paediatric	79%
Adult Special Care	21%

General dental treatment is provided as well as treatment with sedation or in hospital under general anesthetic. We have a mobile dental unit which provides dental care to vulnerable and hard to reach groups, including the homeless.

From April 2025 BDCFT are the Lead CDS Provider across West Yorkshire.

Performance

Numerator/Denominator/ Requirement	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Proportion of patients waiting 18 weeks or less at end of reporting period (incomplete)	92%	59.1%	57.5%	57.5%	50.6%	50.8%	63.7%	62.0%	57.2%	55.0%	60.0%	67.3%
Longest wait (incomplete)	18wks	62.86	67.29	65.86	64.14	68.57	65.43	69.86	66.57	68.00	72.43	65.14
Number waiting over 52 weeks	0	7	12	8	12	20	21	18	21	16	17	11
Number waiting over 104 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Indicative courses of treatment	9021	570		671	695	654	790	743	734	648	717	660



Challenges

Complex paediatric and adult patients are now waiting over a year to access treatment under general anaesthetic. The extended wait to access treatment will see an increase in patients attending for emergency dental care , increased levels of dental disease impacting on patients' treatment plans.

For these care groups extended waits for dental treatment has the potential to impact on their general health and behaviour as they can tolerate dental treatment under general anaesthetic.

The service has been significantly affected by industrial strike action, which has reduced the available capacity significantly.

Patients are being kept under regular review with clinicians. Patient are seen within 24 hours if they need emergency access.

Actions

Patient support officers, support patients and carers through the GA pathway. This is at the pre-assessment appointment prior to the GA and where appropriate at the hospital on the day of the GA. Reducing the likelihood of them not attending.

Oversight and Support (Quality Assurance)

- The waiting lists for general anaesthetic are regularly validated and scrutinised.
- 6 weekly report out in place to review the pathways in, operational delivery and talk through specific cases.
- Hospital lists are allocated to paediatric and adults based on longest waits.

Clinical Pathway and Estates

- Streamlining processes to ensure that the CDS is supporting the hospital trust in the implementation of 6-4-2
- Reviewing clinical pathways across West Yorkshire to enable a more standardised approach.

Recruitment and Outsourcing – increasing capacity
The dental service requires further investment in two areas :

- To increase regular theatre capacity to support the treatment of adults and children with complex needs. NB staff capacity will dictate the number of additional sessions provided.
- The service would also need to secure additional waiting list initiative funding, potentially through the ICB, with a view to rapidly reducing the waiting lists, mitigating the clinical risks.

In Summary.....

- Impacts of COVID, On going recovery of services
- Increased referrals into services (number & complexity) – need to shift to earlier intervention & prevention
- Workforce challenges (vacancies, LTO, staff wellbeing)
- Not all services have automated data available to give oversight of waiting times – manual manipulation, data capture, hidden waits
- Positive work happening across teams using CTW methodology to oversee, manage and mitigate
- Risks identified within the risk register and reviewed through Accountability Structures

Trawally,Rachel
22/07/2025 08:12:11

‘Waiting Well & While you are waiting’

Communication, Engagement & Co Production

Drill down data sets to show health equity in access & flow now flowing in MH	Services using data sets relating to waits within Accountability Structures, triangulating operational measures, impacts (incidents) & experience (concerns, complaints, FFT etc) – (ongoing)	Services to continue to review SOPs relating to clinical risk management of those waiting	***Prioritisation of targeted improvement work (support whilst waiting, reduction in waiting times/lists)– commenced through operational planning with QI activity in train**	Tracking of impacts as a result of prioritised targeted improvement work – through Care Group Accountability Structures into SLT and committees.	‘Waiting Well/While you are waiting’ – comms & engagement workstream with ICB comms leads – provide compassionate information regarding waits, what support is available whilst waiting & where to go for reassurance & advice

PCREF

Trawally Rachel 22/07/2025 08:12:11

* Prioritisation - based on assessment of risk and triangulation of impacts on service user safety, quality of care and experience, plus organisational performance, reputation and financial implications

Service level Quality improvement activity ongoing -

SALT

Adult Mental Health CMHT (Assessment Team, Care Co Ordination)

CAMHS Core & Crisis

MATS

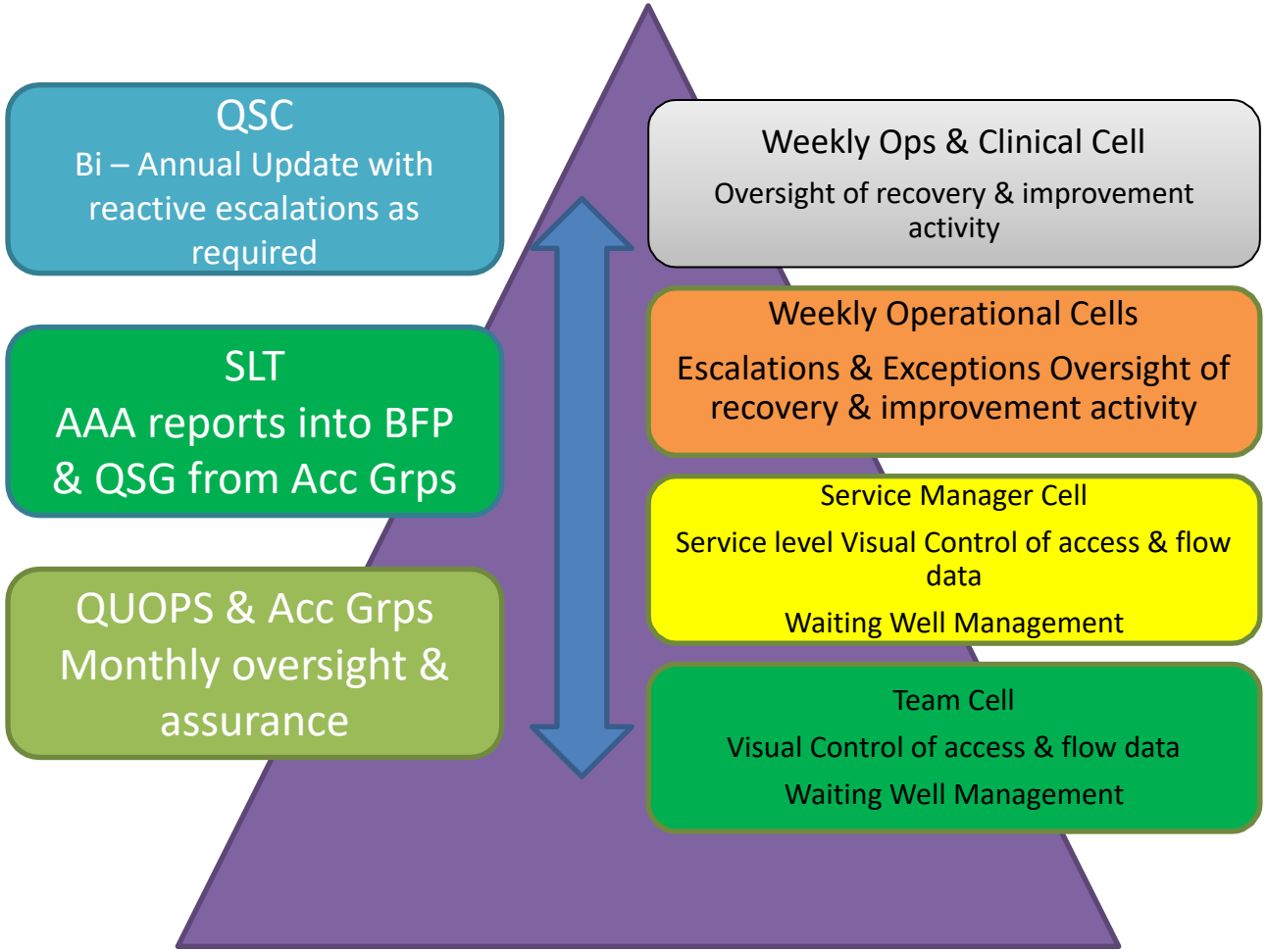
Continence

Dental

Trawally,Rachel
22/07/2025 08:12:11

Oversight & Assurance

Bradford District Care
NHS Foundation Trust



Trawally Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting held in Public

24 July 2025

Paper title:	Medical Appraisal and Revalidation Report	**Agenda Item** **12.0**
Presented by:	David Sims, Medical Director and Responsible Officer	
Prepared by:	David Sims, Medical Director and Responsible Officer	
Committees where content has been discussed previously		
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	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	
	Learning for Improvement	X
	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 assurance document provides the trust board statement of compliance to NHS England in regard to medical revalidation

Trawwy Rachel 22/7/2025 08:14:11

Executive Summary	
• The trust continues to provide effective oversight of revalidation through the responsible officer advisory group. • The trust has plans through additional senior administrative support to better coordinate the work of oversight of medical staff.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	☐ **Yes** (please set out in your paper what action has been taken to address this) ☐ **No**

Recommendation(s)
The Board of Directors is asked to: • Receive assurance of ongoing compliance with national framework for revalidation • Request Chief Executive to sign the document for NHS 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: • No risk linked
Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Effective ☐ Responsive ☐ Caring ☐ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • No implications

Trawally Rachel
22/07/2025 08:12:11

Annex A

Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

The content of this template is updated periodically so it is important to review the current version online at NHS England » Quality assurance *before completing.*

Section 1 – Qualitative/narrative
Section 2 – Metrics
Section 3 - Summary and conclusion
Section 4 - Statement of compliance

Section 1 Qualitative/narrative

While some of the statements in this section lend themselves to yes/no answers, the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to use concise narrative responses in preference to replying yes/no.

1A – General

The board/executive management team of

can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:	None
Comments:	The Responsible Office is the Medical Director
Action for next year:	

Trawally, Rachel
22/07/2025 08:12:11

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes / No:	Yes
Action from last year:	Review appraisal data and audit the new online appraisal system
Comments:	An internal audit took place and a programme of QI work has begun including:- • Appraisal prompt sheets to ensure appraisal data is consistent • The Medical Compliance Officer to work closely with the appraisal software team to ensure development of BDCT online appraisal system • Creation of Appraisal Handbook • Creation of Sharepoint page for appraisals with all information and policies in one place
Action for next year:	Introduction of Mandatory Training Compliance report for all appraisals

1A(iii)An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Action from last year:	Continues monitored through the Responsible Officer Advisory Group
Comments:	Compliance officer monitors prescribed connections with Responsible Officer
Action for next year:	No action required

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Trawally, Rachel
22/07/2025 08:12:1

Action from last year:	An updated Appraisal policy has been sent to LNC for comment prior to approval
Comments:	The Appraisal Policy has been approved and shared with consultants

Action for next year:	Review in Responsible Officer Advisory group after 6 months to check for any concerns

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Action from last year:	Peer Review
Comments:	This year we concentrated on implementing the online appraisal system and will look in to a peer review after year 2
Action for next year:	Confirm partner and plan review

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Action from last year:	Update local induction for locum/fixed term medical placements
Comments:	Additional support available for local induction
Action for next year	Continue to act on feedback

1B – Appraisal

1B(i) Doctors in our organisation have an annual appraisal that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Trawally, Rachel
22/07/2025 08:12:1

Action from last year:	We had 2 appraisals not carried out last year due to long term sickness
Comments:	1 was conducted and the 2nd is being arranged

Action for next year:	

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year	
Comments:	We have understanding as above and plans to get the appraisal completed in this year
Action for next year:	

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:	In place
Comments:	The appraisal policy was ratified in April 2024 and being implemented.
Action for next year:	

1B(iv) Our organisation has the necessary number of trained appraisers[1] to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:	We have a number of high quality appraisers = We currently have 12 qualified appraisers and are actively recruiting

Trawally Reuter
22/07/2025 09:04:12 (v1.1)

[1] While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

Comments:	We have increased appraiser numbers to 20 and now offer new appraiser mentoring
Action for next year:	Monitor appraiser quality through appraisal lead

1B(v) Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent).

Action from last year:	Our appraisers continue to participate in events and reviews led the Appraisal Lead
Comments:	We hold 4 Appraiser Peer Support meetings a year and have just recently all undertaken appraiser refreshers training together
Action for next year:	Continue

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:	All appraisals are reviewed by the Responsible Officer to monitor quality and we recently acted on an internal auit.
Comments:	There is an ongoing internal appraisal audit and the Medical Compliance Officer is checking all appraisals before submitting to the Responsible Officer
Action for next year:	

1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Trawally, Rachel
22/07/2025 08:12:11

Action from last year:	All recommendations made on time

Comments:	
Action for next year:	

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Action from last year:	All recommendations are communicated. No deferrals or non-engagement in the trust
Comments:	**We use the RO advisory group to consider all potential deferrals and offer appropriate support to doctors.**
Action for next year:	**No additional actions required**

1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:	Clinical Directors all participate in care group governance
Comments:	**We have a well established medical council reporting through clinical board in to trust governance and board committees.**
Action for next year:	

1D(ii) Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation.

Trawally, Rachel
22/07/2025 08:12:11

Action from last year:	We have a system at present but will update as we move to online appraisals by April 2024

Comments:	The Medical Compliance Officer is monitoring and communicating to the trust RO Advisory Group. We now have an online system that is working well and continually being developed with feedback from doctors.
Action for next year:	**Further embedding capacity and demand information in to job planning as available**

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Action from last year:	We have a system at present but will update as we move to online appraisals by April 2024
Comments:	The Medical Compliance Officer is continually developing more comprehensive appraisal data reports. We now have an online system that is working well and continually being developed with feedback from doctors.
Action for next year:	**No additional action required for appraisal**

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:	This is managed through the Responsible Officer Advisory Group
Comments:	**The RO maintains strong links with regular meeting the GMC employment liaison for Yorkshire**
Action for next year:	**No additional actions at present**

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Trawally, Rachel
22/07/2025 08:12:11

Action from last year:	Internal audit are currently looking at job plans which is a recognized are for development in the trust
Comments:	**Audit completed and moved from loa assurance to significant assurance**
Action for next year:	**Medical Compliance Officer to act on feedback from doctors and work with the ejob planning provider to develop BDCT job plans**

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year:	This is managed using GMC advised routes
Comments:	
Action for next year:	**No additional action**

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year:	We use HMC approached in the Responsible Officer Advisory Group
Comments:	
Action for next year:	

Trawally,Rachel
22/07/2025 08:12:11

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

Action from last year:	**We have recently facilitated an update on the new Good Medical Practice for all mental health trusts in Yorkshire from GMC.**
Comments:	
Action for next year:	

1D(ix) Systems are in place to review professional standards arrangements for all healthcare professionals with actions to make these as consistent as possible (Ref Messenger review).

Action from last year:	
Comments:	**Clinical board reviews professional standards as part of timetabled work**
Action for next year:	

1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:	**In place**
Comments:	
Action for next year:	

1F – Organisational Culture

Trawally, Rachel 22/07/2025 08:12:11

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Action from last year:	
Comments:	**This is part of the trust strategy work**
Action for next year:	

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Action from last year:	
Comments:	**This is based in the trust values.**
Action for next year:	

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Action from last year:	
Comments:	**We work closely with the Freedom to speak up Guardian**
Action for next year:	

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Trawally,Rachel
22/07/2025 08:12:11

Action from last year:	

Comments:	**These are in place**
Action for next year:	

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the Equality Act.

Action from last year:	**This is an action with our IMG champion.**
Comments:	**We review progress in Responsible Officer Advisory Group**
Action for next year:	

1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Action from last year:	
Comments:	**We participate in the reginal mental health RO network. The RO is current chair of this group.**
Action for next year:	

Trawally,Rachel
22/07/2025 08:12:11

Section 2 – metrics

Year covered by this report and statement: 1 April 2024 to 31 March 2025 .

All data points are in reference to this period unless stated otherwise.

2A General

The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March	62

2B – Appraisal

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions is as recorded in the table below.

Total number of appraisals completed	**56**
Total number of appraisals approved missed	**6**
Total number of unapproved missed	**0**

2C – Recommendations REVALIDATION DATA

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	9
Total number of late recommendations	0
Total number of positive recommendations	9
Total number of deferrals made	0
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	0

Trawally,Rachel
22/07/2025 08:...:11

2D – Governance

Total number of trained case investigators	**6**
Total number of trained case managers	**1**
Total number of new concerns registered	**0**
Total number of concerns processes completed	**0**
Longest duration of concerns process of those open on 31 March	**N/A**
Median duration of concerns processes closed	**N/A**
Total number of doctors excluded/suspended	**0**
Total number of doctors referred to GMC	**0**

2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation	5
Number of new employment checks completed before commencement of employment	5

2F Organisational culture

Total number claims made to employment tribunals by doctors	0
Number of these claims upheld	0
Total number of appeals against the designated body's professional standards processes made by doctors	0
Number of these appeals upheld	0

Trawally Rachel
22/07/2025 08:12:11

Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report
Last years actions: **The appraisal system provides continued assurance that our doctors are meeting their commitment to Good Medical Practice.** **We have identified that a specific role to support this process in the medical directorate will improve the communication in the system. In particular the coordination of job plan, appraisal and rostering will be enhanced.**
Actions still outstanding
We are still implementing transfer of all job plans to electronic system.
Current issues
Developing capacity and demand in e jobplan
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

Trawella, Rachel
22/07/2025 08:12:11

A successful year of implementing change with clear understanding of how to use job plan through capacity and demand to promote consultant work within teams.

Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of the designated body:	

Name:	
Role:	
Signed:	
Date:	

Trawally,Rachel
22/07/2025 08:12:11

Bradford District Care
NHS Foundation Trust

Board of Directors: Meeting held in Public

24 July 2025

Annual Report: Patient Advice & Complaints

Paper title:	Patient Advice & Complaints Annual Report 2024/25	**Agenda Item** **15.0**
Presented by:	Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive, Director of Nursing and Quality for Bradford District and Craven Health and Care Partnership	
Prepared by:	Rebecca Le-Hair, Head of Quality Assurance, Compliance and Patient Experience Liz Hadley-Day, Senior Patient Experience Manager	
Committees where content has been discussed previously	Quality and Safety Committee: 16 July 2025	
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

Trawally, Rachel 22/07/2025 08:12:11

Good governance	Governance, accountability & oversight	x

Purpose of the report

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Trust must prepare an Annual Learning from Complaints report each year.

This report is the Annual Patient Advice and Complaints report 2024/25.

Executive Summary

This report presents annual information for 2024/25. The report must specify the number of complaints received and the number of complaints which the Trust decided were well-founded.

The report highlights the following:

- The number of complaints and enquiries received during 2024/25
- The trends arising in service areas
- Feedback on complaints processes by complainants and staff
- Parliamentary Health Service Ombudsman (PHSO) complaints status

The Trust Board monitors complaints via it's delegated internal governance meetings such as the Complaints Assurance Review Panel, the Senior Leadership Team Quality and Safety Group and the Quality & Safety Committee.

During 2024/25 the Quality & Safety Committee received monthly data on complaints via the Integrated Strategic Performance Report (ISPR) and a combined Patient Safety, Incidents and Patient Advice and Complaints report, which is now produced quarterly.

Comparable yearly information is limited due to changes that have been made to, and continue to be made to, the Safeguard system to ensure appropriate capture of the complaints handling process. Any yearly information should be considered in this context.

Trusts are required to publish this Annual report, which will follow approval by the Trust Board. The report was approved by the Quality and Safety Committee on 16 July 2025, prior to the Board of Directors.

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**

Conway, Rachel
22/07/2025 09:22:11

Recommendation(s)

The Board of Directors is asked to:

- Approve the content of the report ahead of publishing

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 ☒ Effective ☒ Responsive ☒ Safe ☒ Effective ☒ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Regulation 16: Receiving and acting on complaints • Regulation 17: Good Governance The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Trawally Rachel
22/07/2025 08:12:11

Board of Directors: Meeting held in Public

24 July 2025

Annual Report: Patient Advice & Complaints

1. PURPOSE

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Trust must prepare an Annual Learning from Complaints report each year.

This report is the Annual Patient Advice and Complaints report 2024/25 and provides information on:

a) the monitoring arrangements for complaints handling in the Trust
b) trends in complaints in 2024/25
c) the Parliamentary and Health Service Ombudsman (PHSO) Status

2. OVERVIEW

The Patient Advice and Complaints Service (PACS) in Bradford District Care Trust has undertaken a programme of improvement work since October 2023, to address a backlog of complaint cases (now complete) and to improve the service offered to complainants.

Key figures for the Patient Advice and Complaints service in 2024/25:

- There has been a decrease in total number of complaints received, with 696 cases recorded, compared to 810 cases in 2023/24.
- There has been a decrease in MP/Councillor contact during 2024/25, with 39 MP contacts recorded, compared to 75 in 2023/24.
- The number of compliments has increased. This year the Trust recorded 243 compliments.
- In 2024/25 the Trust were notified by the PHSO that 3 cases had been referred to them. Of these, 2 cases have been closed and the other remains open and at investigation stage with the PHSO.

3. RECORDING COMPLAINTS

Contacts with the PAC Service are classified into Early Resolution cases (level 1), Closer Look cases (level 2) and Serious/high profile (level 3) as described in the Trust's Complaints Policy. This is in line with NHS complaints regulations and the PHSO Complaints Standards which identify any contacts that cannot be resolved by the end of the next working day from receipt, should be processed as a complaint.

Towally Rayel
22/07/2025 09:12:11

Currently all contacts resolved within by the end of the next working day are logged as rapid response (sometimes referred to as a concern).

Compliments are recorded the same way as previously reported and are generally received via services.

4. COMPLAINTS DATA

The table below shows the total number of complaints, signposts and compliments recorded during 2024/25.

Complaint Types	Number Received
Signpost	71
Compliment	243
Rapid Response	27
Early Resolution (L1)	303
Closer Look (L2)	319
Serious Or High Profile (L3)	8
MP/Councillor Correspondence	39
Total	**1010**

Of the cases recorded in 2024/25:

- 38 complaints (across levels 1, 2 and 3) were withdrawn by the complainant.
- **All complaints were resolved within 6 months**, in accordance with the NHS complaints regulations statutory requirement. This is a marked improvement compared to 2023/24 when 64 complaints (level 2 and level 3) breached this regulation.
  This is a positive reflection of the improvement work that has taken place during 2024/25.

5. PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)

Should a complainant feel the complaint response they receive does not fully address their concerns, they are invited to contact the Trust again to see if the case needs to be re-opened. However, if they remain unhappy once local resolution attempts are complete, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO).

The role of the PHSO is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England. The figures for 2024/25 are below;

Tattwally Rachel
22/07/2025 08:12:11

Referral year:	2024/25
Closed – upheld	0
Closed – partially upheld	0
Closed – not upheld	2
Intention to investigate / under investigation	1
Notified of assessment stage	0
Closed after further response by Trust	0
Closed at assessment stage	0
Total	**3**

6. ACKNOWLEDGING COMPLAINTS

The NHS complaints regulations statutory requirement is that 100% of complaints must be acknowledged within 3 working days. In 2023/24, 97.2% of cases achieved this requirement.

Improvement work has been carried out in this area over the past year, and as a consequence 98.1% of cases met the target in 2024/24. The majority of the cases that breached the 3 working-day requirement occurred during first half of the year; and in Quarter 4 of 2024/25 just one case exceeded the regulatory requirement. Learning was shared within the PAC team to help prevent a reoccurrence of the issue that lead to the breach.

7. COMPLAINT CATEGORIES

The following table shows the top 20 reported categories of all complaints.

It should be noted that the figures do not correspond to the number of total complaints received as each complaint can include more than one category of complaint. Themes are highlighted to services throughout the year and since November 2020, teams have had access to live data from the Safeguard system via web dashboards, which enables them to view and analyse the trends and themes proactively and with relevance to their service(s).

20 highest reported complaint categories 2023/24	2024/25
Service Provision	63
Information	53
Lack Of Support	52
Attitude Of Staff	49
Refused	45
Waiting For Appointment/visit	43
Medication	39
Length Of Waiting List	38
Commissioning Services/Issues	30
Customer Services	27
Discharge Arrangements	24
Access To Treatment Or Medication	22
Values And Behaviours (Staff)	21
Diagnosis Problems	18
Appointment Cancellations	15

Trave[illegible]
22/07/2025 08:[illegible]:11

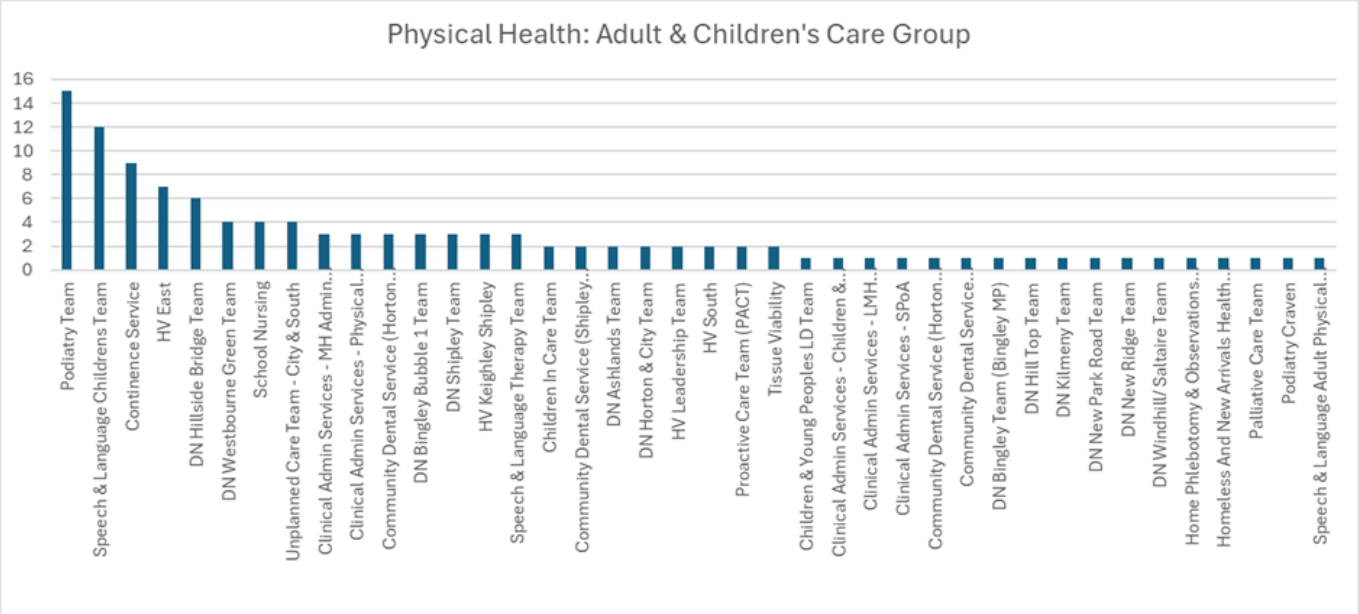
Nursing Care	14
Failure to Follow Procedures	11
Breach Of Confidentiality By Staff	9
Corporate Decision/Policy Decision	9
Incorrect Entry On Medical Records	9

8. COMPLAINTS BY DEPARTMENT

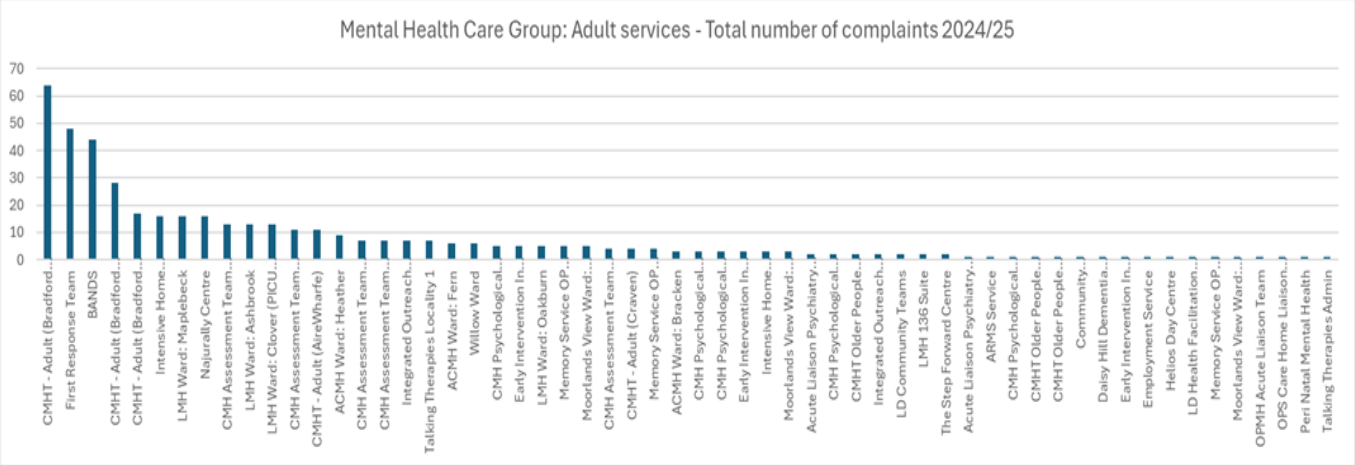
8.1 The following graphs show the number of complaints by department. It should be noted that complaints can relate to more than one department and there might be duplication in the numbers reported.

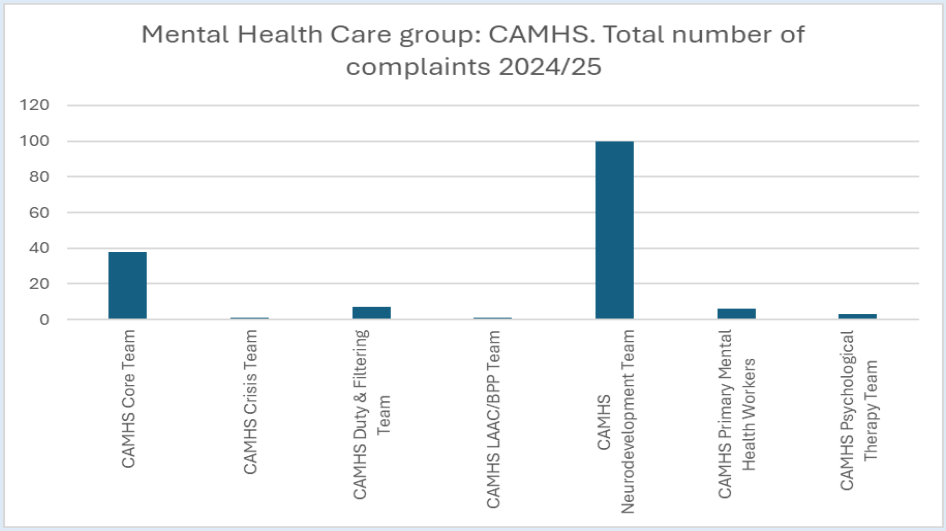
Information, including themes and trends, from complaints is uploaded monthly onto a Trust dashboard for operational services to review.

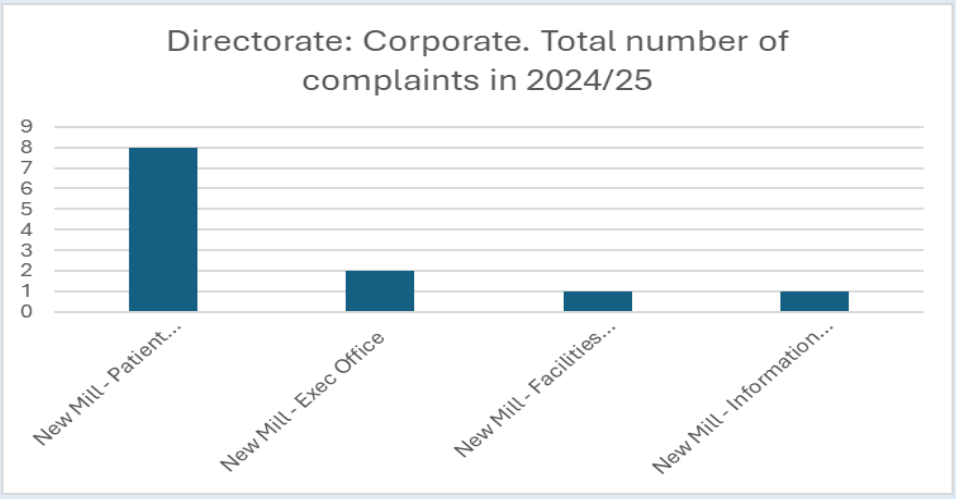
Whilst these graphs demonstrate the spread of complaints across different departments, it is notable that these service areas vary in size, patient population and complexity of service; therefore, the number of complaints received by each service does not always correlate to a higher level of dissatisfaction or risk.



Trawally,Rachel
22/07/2025 08:12:11







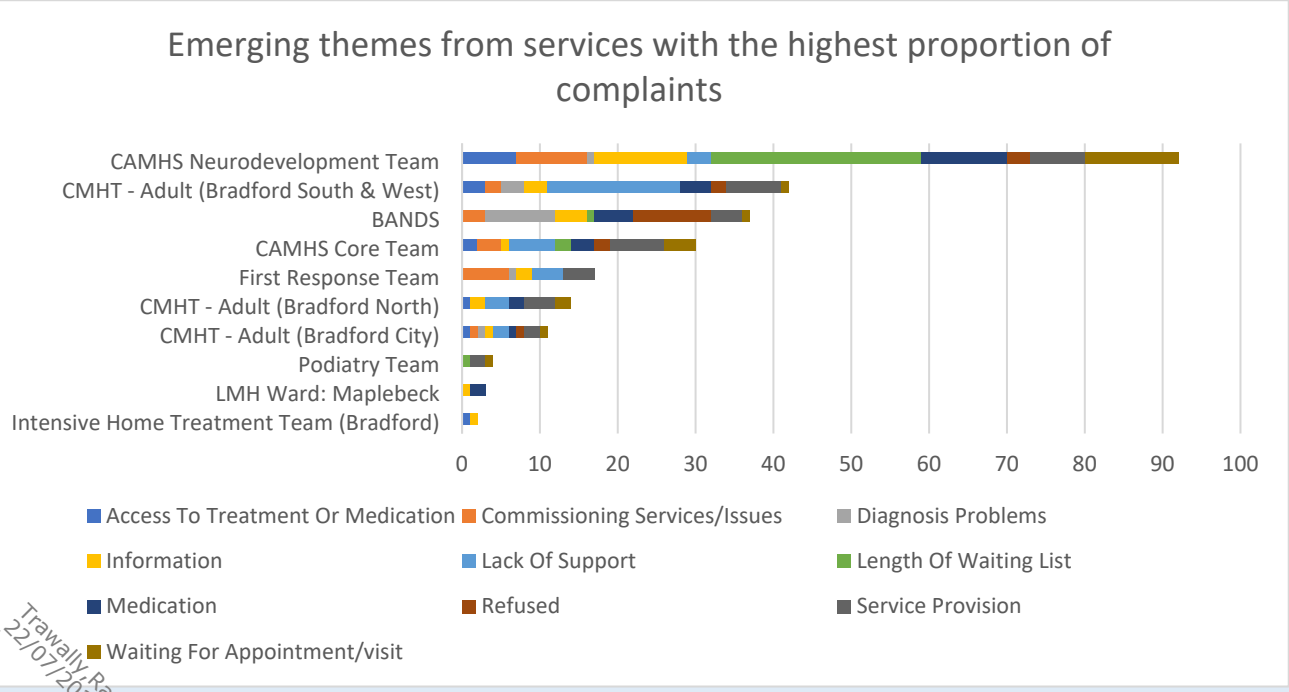
8.2 The table below identifies emerging themes raised from complaints relating to clinical services receiving the highest proportion of complaints with Themes from complaints upheld are described in section 9.

Strawally, Rachel
22/07/2025 08:12:11

Red: top 3 most common themes
Orange: second most common themes
Yellow: third most common themes

Service

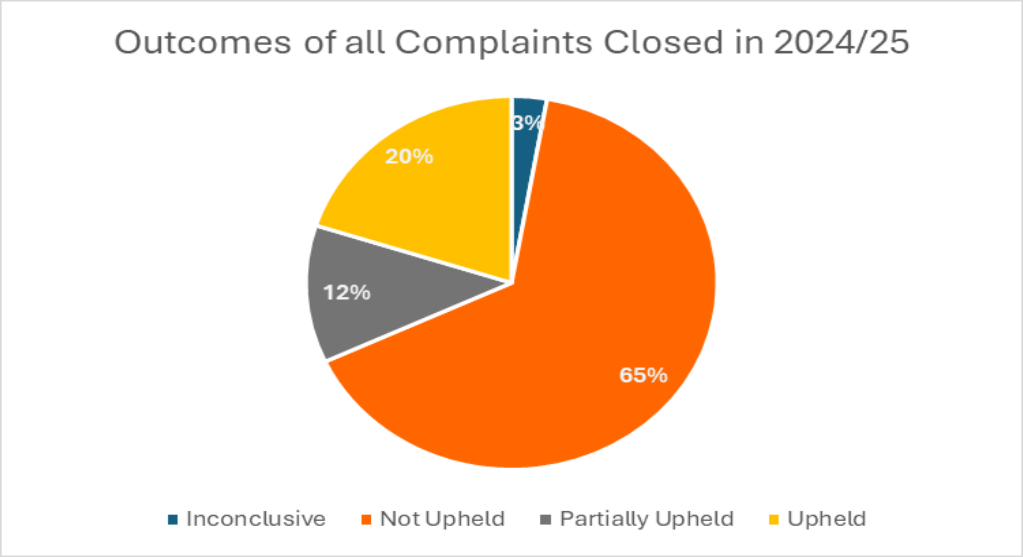
	Access To Treatment Or Medication	Commissioning Services/Issues	Diagnosis Problems	Information	Lack Of Support	Length Of Waiting List	Medication	Refused	Service Provision	Waiting For Appointment/visit
CAMHS Neurodevelopment Team	7	9	1	12	3	27	11	3	7	12
CMHT - Adult (Bradford South & West)	3	2	3	3	17	0	4	2	7	1
BANDS	0	3	9	4	0	1	5	10	4	1
CAMHS Core Team	2	3	0	1	6	2	3	2	7	4
First Response Team	0	6	1	2	4	0	0	0	4	0
CMHT - Adult (Bradford North)	1	0	0	2	3	0	2	0	4	2
CMHT - Adult (Bradford City)	1	1	1	1	2	0	1	1	2	1
Podiatry Team	0	0	0	0	0	1	0	0	2	1
LMH Ward: Maplebeck	0	0	0	1	0	0	2	0	0	0
Intensive Home Treatment Team (Bradford)	1	0	0	1	0	0	0	0	0	0



Trawally, Rachel
22/07/2025 08:12:11

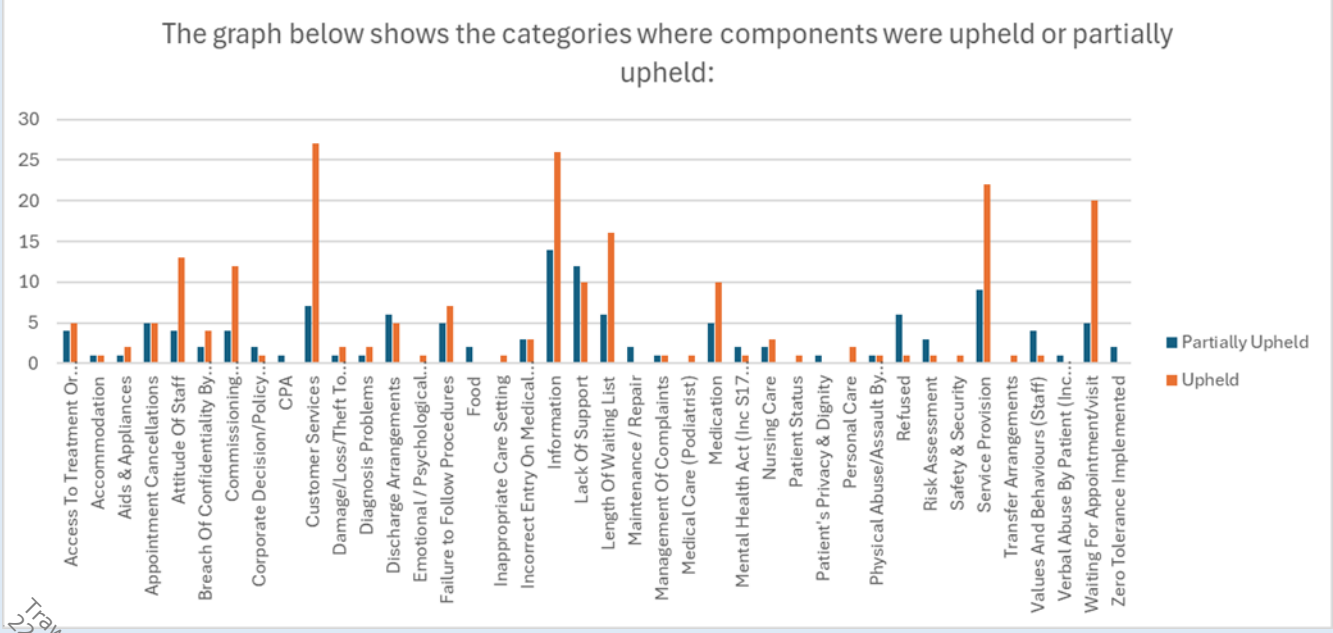
9. COMPLAINTS UPHELD

Each complaint might contain more than one subject matter within it. Some complaints have multiple elements that span a range of different categories. These are considered separately, and each specific element may be upheld, partially upheld, not upheld, or found to be inconclusive independently of each other. The number of complaint elements upheld is thererfore often higher than the number of complaints received.



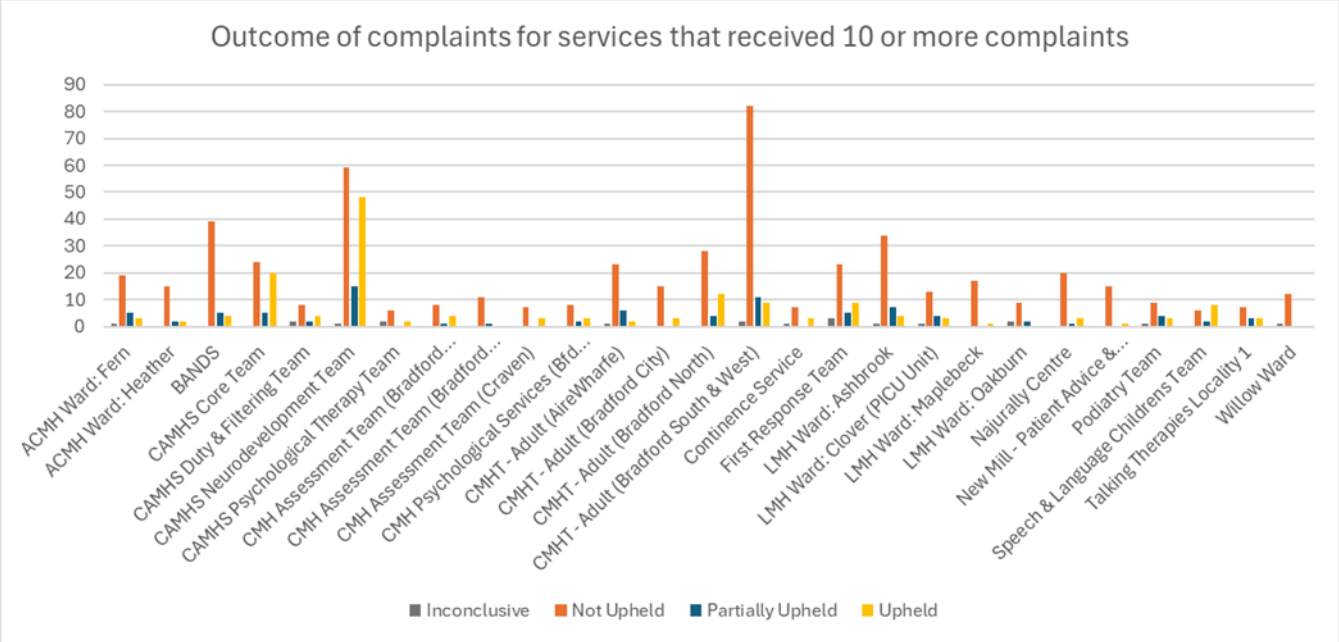
NB. the 'inconclusive' category has now been phased out.

The graph below relates to those complaints that were upheld or partially upheld.



Trawalla Reading
22/07/2025 08:12:11

The below graph shows the outcome of complaints for services that received 10 or more complaints in the year 2024/25:



10. EQUALITY MONITORING DATA

The equality form asks for information in relation to age, gender, race/ethnic group, sexual orientation, religion or belief and if the complainant has a disability. It is important to capture this data to help us identify any gaps in the populations we are hearing from in relation to their experiences of our services.

Improving our collection of equality data and how this is captured on the Safeguard system has been identified as an area for development in 2025/26.

11. COMPLAINTS PROCESS FEEDBACK

11.1 Feedback from complainants

For us to know if our complaints process is accessible, we need to gather feedback from complainants following closure of their complaint to invite them to share their experience of the complaints process and identify any areas for improvement. In previous years a questionnaire was sent to complainants with level 3 cases only, and responses were minimal.

In 2024/25 there were no responses. Work will be undertaken in 2025/26 to implement an improved process for seeking feedback from all of our complainants to ensure a process of continuous improvement of our processes for handling complaints.

11.2 Feedback from staff

Strawally (Kadar) 22/07/2025 08:21:...

Gathering feedback from staff has also been inconsistent to date. We currently receive feedback by exception or via the Complaints Assurance Review Panel which meets monthly and is attended by leadership representatives from clinical and operational services.

As part of the work planned for 2025/26 to gain feedback, feedback from staff of their experience of the complaints process will also be considered.

12. CONTINUOUS QUALITY IMPROVEMENT

12.1 Workforce

Staffing pressures were present during 2024/25, with an interim complaints manager in post from August 2024 through to year end.

A newly appointed Senior Patient Experience Manager took up post in September 2024, and a substantive Complaints Manager was appointed in February 2025 (commenced in post June 2025). The PACS now also have a full complement of case handlers supporting the service.

12.2 PACS Quality improvement work

An internal audit of the Patient Advice and Complaints Service was carried out in summer 2023, identifying a level of limited assurance with regards to the current implementation of the Trust's policy and procedure. A programme of work was commenced to make quality improvements and the PAC service made changes to systems and processes to improve the experience of complainants; and to ensure complaints were being responded to in a timely way.

The internal audit was repeated in early 2025 and the outcome of this provided an overall opinion of significant assurance following the considerable breadth of development work that had taken place since the previous audit.

A new complaints policy, which reflected the processes introduced as part of the improvement work that had taken place, was ratified and launched in December 2024.

12.3 Complaints Assurance and Review Panel (CARP)

The Complaints Assurance and Review Panel (CARP) continues as the oversight group within the Trust with responsibility for ensuring that processes for complaints handling are robust and to support high quality resolution and continuous improvement from feedback.

CARP ensures parity of the complaints process with other quality processes (e.g. patient safety incidents and learning from deaths), provides strategic direction and critical challenge to improve processes. Meetings are now held monthly (progressing from weekly) following the improvements made.

13. PATIENT SAFETY AND LEARNING GROUP (PSLG)

Trowally Rachel
22/07/2025 09:22:11

The Patient Safety and Learning group meets on a monthly basis, with the meeting purpose alternating between an insight focus and improvement focus. This structure

enables integration of intelligence and data held by all services involved, with a learning-focussed approach.

The Patient Safety and Learning group supports services across clinical and corporate services to work together to identify themes and trends across the organisation, share learning and agree the priorities, and responsibility for, improvement work.

Senior leads within the Patient Advice and Complaints service are part of the membership of this group.

14. NEXT STEPS AND DEVELOPMENT

As described in this report, we are now in a position to look to continuously improve our PACS. Plans for 2025/26 include:

- The web version of our Safeguard system (used for handling complaints) has been procured, a training and implementation plan developed, and go live is planned for July 2025.
- Developing and delivering training to staff on responding to complaints and use of the customer services dashboard.
- Work to review the handling of reopened complaints.
- Looking at ways to improve capture of equality monitoring data, and complainant/staff feedback.
- Feeding meaningfully into the Patient Safety and Learning Group, reporting on sharing of learning.

Trawally Rachel
22/07/2025 08:12:11

Bradford District Care
NHS Foundation Trust

Trust Board

24th July 2025

Trawally Rachel
22/07/2025 08:12:11

Item 17.1 Finance Report – Month 3 (June 2025)

Financial Performance – Key Messages & Risks

Bradford District Care
NHS Foundation Trust

Key Messages

We are reporting **on plan at Month 3**, and at this early stage in the year we are continuing to forecast to deliver a breakeven at year end and actively scoping plans to fully derisk the position.

In agreeing a breakeven plan for 2025/26, it was recognised that this included significant likely risks which would require in year mitigations. The risks largely related to the delivery of the stretching £16.3m Efficiency Plan.

Further risk assessment of the plan including delivery of the efficiency programme, provider collaborative risks and a further funding gap to cover the revised pay award offer have recast the likely risk to c£5.3m.

In support of the wider ICS to deliver financial balance, the Trust has agreed its indicative shares of the WY ICS gap of £33.2m, with BDCFT share of this being £2m (BD&C Place share - £12m). The plan will be updated to reflect the stretch target in Month 4 reporting.

Plans continue to be developed to target solutions to address the full risk of £7.3m, with plans scoped amounting to £5.9m through a range of recurrent and non recurrent solutions, leaving a gap to be addressed of £1.4m.

The Place approach to address the additional £12m efficiency will target improvements through 3 structured work programmes. The Integrated Neighbourhood Care (INC) work programme will support the BDCFT and Place ICB to deliver their savings targets. Local plans are also being developed to cover the risk that the INC programme savings are not realised in year, for BDCFT this requires a targeted Trust Wide efficiency of £1.4m to fully cover the remaining risk.

Reporting breaches:

Trawally Rebecca
22/07/2025 08:12:24

At Month 3, the **Agency cap has been breached by £346k** due to higher than planned levels of locums. The variance is mainly due to additional staffing costs for an exceptional package of care for a service user on the Najurally Centre, who is expected to be discharged in September.

Trust Financial Overview

Bradford District Care
NHS Foundation Trust

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	24,542	24,648	106	96,631	96,051	(580)
Adults and Children's Comm. Care Group	16,551	16,559	8	66,673	66,508	(165)
Medical Directorate	4,311	4,501	190	17,026	17,133	107
Central Reserves & Developments	2,625	2,138	(487)	8,832	9,581	749
Contract Income	(56,229)	(56,183)	46	(224,638)	(224,193)	445
Estates & Facilities	2,970	2,952	(18)	12,238	11,802	(436)
Finance	716	723	7	2,789	2,780	(9)
Trust General Management	900	886	(14)	3,774	3,698	(76)
Nursing, Quality and Gov	1,553	1,597	44	6,311	6,109	(202)
People Matters	1,321	1,274	(47)	5,270	5,127	(143)
Digital Services	1,371	1,536	165	5,094	5,404	310
Grand Total	**631**	**631**	**0**	**0**	**0**	**0**

Statement of Financial Position

Statement of Financial Position £000's	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Non-Current Assets	56,045	54,509	(1,536)	80,797	80,797	0
Current Assets	25,420	25,050	(370)	21,729	21,729	0
Current Liabilities	(18,392)	(25,664)	(7,272)	(13,253)	(13,253)	0
Non-Current Liabilities	(6,349)	(4,699)	1,650	(7,301)	(7,301)	0
Total Assets Employed	**56,724**	**49,196**	**(7,528)**	**81,972**	**81,972**	**0**
Public dividend capital	40,562	40,562	0	68,179	68,179	0
Income and expenditure reserve	(1,034)	(8,118)	(7,084)	(403)	(403)	0
Revaluation Reserve	7,000	6,556	(444)	4,000	4,000	0
Miscellaneous Other Reserves	10,196	10,196	0	10,196	10,196	0
Total Taxpayers' and Others' Equity	**56,724**	**49,196**	**(7,528)**	**81,972**	**81,972**	**0**

Trawden Parish Council Received 22/07/2025 08:12:00

Managing the in year position

Headlines:

The current forecast includes risks that have been non recurrently mitigated of £1.1m at Month 3 and £1.8m in the forecast. These are mainly due to the efficiency plans being offtrack.

Non recurrent mitigations have been identified, mainly relating to one off underspends on central budgets and in year flexibility that has arisen. Whilst this allows for the Trust to report a position in line with plan, there are significant risks to efficiency delivery that are highlighted later in the report.

Recurrent delivery of the efficiency programme continues to be the solution, with the focus on the Strategic Programmes overseen by the Organisational Sustainability Board.

Financial Position (Excluding risk assessment)	Year to date	Forecast
Efficiency Programme Risk	1,024,767	1,517,639
Care Groups and departments further risks	94,941	319,959
Total Risks to be mitigated	**1,119,708**	**1,837,598**
Mitigations		
Non recurrent measures	(1,119,708)	(1,837,598)
Revised Forecast	**(0)**	**0**

Trust Board
22/07/2025 08:12:11
Rachel

Efficiency Programme

The Month 3 position includes the risk of under delivery on the efficiency programme of £1.02m YTD and £1.52m forecast. Whilst this has been mitigated non recurrently to support the Trust is reporting a position in line with plan, action is needed to address the scale of deliverability risk inherent in the plans.

The risk assessed delivery ranges from £4.8m to £7.3m, with a **likely case additional risk of £6.3m** (equates to a 47% delivery risk of Q2-Q4 target). Mitigation plans to address the risk are outlined further in the paper.

The phasing of the efficiency programme is weighted more heavily into the second half of the year. The profile is as follows:

- Quarter 1 – 17% (£2.8m)
- Quarter 2 – 23% (£3.7m)
- Quarter 3 – 29% (£4.7m)
- Quarter 4 – 32% (£5.1m)

Efficiency Plan	YTD Planned Savings £'s	YTD Savings achieved Positive = actual savings delivered Negative = Savings not delivered and costs are increasing £'s	Variance from Plan Positive = offtrack Negative = better than plan £'s	FYE Planned Savings £'s	FYE Savings achieved Positive = actual savings delivered Negative = Savings not delivered and costs are increasing £'s	Variance from Plan Positive = offtrack Negative = better than plan £'s	Risk Rating	Best Case Risk Assessment	Likely Case Risk Assessment	Worst case Risk Assessment
1. Purposeful and Productive Adult & Community Pathway	498,639	189,229	309,410	4,558,458	4,225,712	332,746	High	1,931,307	2,275,487	2,859,853
2. Medical Staffing	4,037	(130,931)	134,968	233,281	233,281	0	Medium	0	0	0
3. Continence service review	0	(16,136)	16,136	349,000	189,159	159,841	Medium	0	0	0
4. Enteral Feeding consumables	0	31,659	(31,659)	85,000	116,659	(31,659)	Medium	0	0	0
5. CYP Leadership restructure	0	0	0	250,000	250,000	0	Low	0	0	0
6. Community Non Pay budget	125,001	114,736	10,265	500,000	457,449	42,551	Medium	0	0	0
7. Estates Rationalisation	116,739	176,377	(59,638)	527,861	527,861	0	Low	0	0	0
8. Corporate Services review	113,039	108,726	4,313	618,840	618,840	0	Low	0	0	0
9. Workforce Productivity	0	0	0	2,000,000	2,000,000	0	High	1,000,000	1,500,000	2,000,000
10. Digital Optimisation	31,590	31,590	0	126,353	126,353	0	Medium	0	0	0
10. Digital Optimisation	0	0	0	500,000	500,000	0	High	250,000	500,000	500,000
11. Difficult decisions	267,751	22,265	245,486	1,071,000	1,071,000	0	High	686,594	986,594	986,594
12. LMH Development	0	0	0	10,257	10,257	0	Low	0	0	0
13. Technical	200,001	92,000	108,001	200,000	200,000	0	Low	0	0	0
14. Technical	11,874	11,874	0	47,500	47,500	0	Low	0	0	0
14. Technical	50,001	50,001	0	200,000	200,000	0	Low	0	0	0
14. Technical	7,320	7,320	0	24,395	24,395	0	Low	0	0	0
14. Technical	7,383	7,383	0	29,533	29,533	0	Low	0	0	0
15. Vacancy Factor	1,000,004	1,091,481	(91,477)	4,000,000	4,000,000	(0)	Medium	0	0	0
16. Unidentified CIP	378,962	0	378,962	1,014,160	0	1,014,160	High	1,014,160	1,014,160	1,014,160
Grand Total	2,812,341	1,787,574	1,024,767	16,345,638	14,827,999	1,517,639		4,882,061	6,276,241	7,360,607

Rachel 2025.08.12 08:12:11

Risks and Mitigations

Bradford District Care
NHS Foundation Trust

Headlines:

After taking account of known risks noted below:

- To deliver a breakeven plan, the likely case assessed risks that require mitigating amount to £5.3m
- In month 4, the agreed stretch target of £2m will be transacted, increasing the mitigation requirement to £7.3m. The phasing of the stretch target has been profiled in half 2 to provide time for plans to be developed.

The risk assessment reflects all known risks. Risks are likely to change on a monthly basis and we will continue to remain dynamic in responding to changing pressures/ opportunities.

Detail	Assumption	Best £'000	Likely £'000	Worse £'000
Year to date financial position		**£0**	**£0**	**£0**
Downside				
Out of Area Placements (OAPs) - Baseline risk	Baseline in plan assume 30 beds before improvement plans. Risk reflects 3 beds above baseline	(£730)	(£730)	(£730)
Efficiency delivery risk	See efficiency modelling	(£4,882)	(£6,276)	(£7,361)
Provider Collaboratives	ATU risk - Exceptional Package of Care	(£53)	(£53)	(£84)
	Adult Secure PC risk of break even	£27	(£159)	(£159)
	Children and Young People PC risk of breakeven	£73	(£44)	(£127)
Pay award	3.6% Pay review body recommendation (2.7% assumed in plan and 0.1% incremental drift)	(£687)	(£687)	(£687)
Depreciation	Dispute over baseline funding	(£400)	(£400)	(£400)
Total Downside Risks		**(£6,651)**	**(£8,349)**	**(£9,548)**
Upside				
Contingency		£3,000	£3,000	£3,000
Total Upside Mitigations		**£3,000**	**£3,000**	**£3,000**
Risk assessed plan - Surplus/ (Deficit)		**(£3,651)**	**(£5,349)**	**(£6,548)**

Digitally Received 22/07/2021 08:12:11

Financial Mitigation Plans

Mitigation plans are needed to cover £5.3m risks that are likely to deteriorate throughout the year and a further £2m to meet the agreed stretch target. Total mitigations are required of £7.3m.

Plans have been scoped to address £5.9m of the gap, leaving £1.4m that requires addressing. The approach is:

- The Place Integrated Neighbourhood Programme is being established to support both the ICB and BDCFT in delivering their part of the stretch target
- It is uncertain whether plans will be developed at the pace needed, and therefore the Trust will develop plans through a standardised efficiency requirement (salami slice) across departments as a mitigating measure

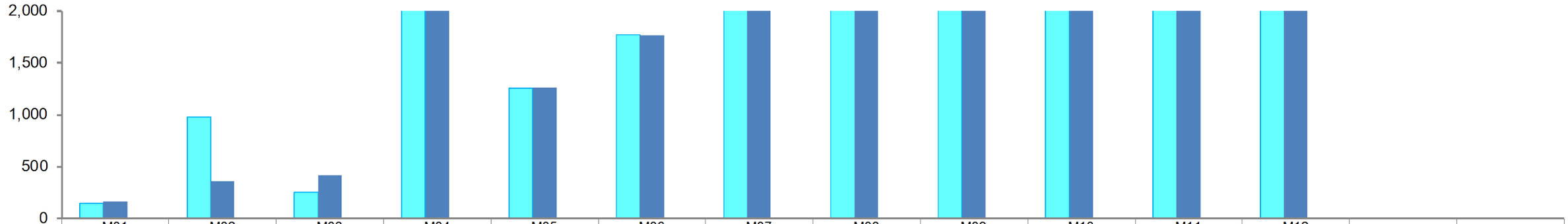
At the time of the Trust Board accepting the stretch target, the anticipated salami slice was £3.7m, with the plans that have been developed this has reduced to £1.4m. Whilst progress has been made, there is more work to do during Q2.

Mitigation Plan	£'000
Breakeven mitigations required	-5,349
Additional stretch target	-2,000
Total mitigations required	**-7,349**
Plans developed:	
Technical opportunities	2,195
Clinical Admin SPA Programme	100
Further corporate service review savings	111
Income to support financial position	1,014
Uncommitted MHIS	512
Targeted non pay review	1,957
Mitigations secured	**5,890**
Unmitigated risks	**-1,459**
Plans to be secured via:	
Integrated Neighbourhood Place Programme	1,459
Trust wide top slice	
Balance	**0**

Trawalk Ref: 2210120258-1-11

Capital Expenditure

Capital Expenditure Plan vs Actual/Forecast



	M01 Actual	M02 Actual	M03 Actual	M04 Forecast	M05 Forecast	M06 Forecast	M07 Forecast	M08 Forecast	M09 Forecast	M10 Forecast	M11 Forecast	M12 Forecast	YTD	FOT
Plan	149	977	254	5,105	1,258	1,768	3,858	4,042	4,154	5,114	4,973	4,974	1,379	36,623
Actual	165	364	424	5,105	1,258	1,768	3,858	4,042	4,154	5,114	4,973	5,399	953	36,624
Variance	17	-613	171	0	0	0	0	0	0	1	1	426	-426	1

The capital position in June is an underspent by £0.4m with a YTD spend of £1.0m. The likely capital forecast for the year is within plan at M03.

Work is underway to develop the Full Business Case for Lynfield Mount, indicative PDC of £25m is included in the 25/26 programme for the draw down from the earmarked national £50m funding. Discussions are underway with DHSC to reprofile costs in line with the new timeline/ cost profile, which will significantly change the profile of spend in 2025/26.

The total costs for the LMH Capital development are expected to be in the region of £65m. BDCFT have received confirmation that WY ICS will provide support for the additional £15m capital needed to fund the development, through ICS operational capital over the term of the development.

Towalliy Rachel
22/07/2025 08:12:11

Self-Certification

Bradford District Care
NHS Foundation Trust

Self certification

	Self-cert declarations
1. Declaration of review of submitted data The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this submission. The board is satisfied that there is sufficient oversight and scrutiny to ensure the delivery of the financial plans including reducing the risks associated with the delivery of the efficiency programme. We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags within the template are adequately explained.	Confirmed
Approved on behalf of the board of directors (normally by CFO and CEO): The PFR must be signed off by the Provider CFO and CEO or Chair in their absence. In signing off the PFR the Provider CFO and CEO are providing assurance that the key information contained within the return is a true and accurate reflection of the Provider financial position.	
Name	Mike Woodhead
Email address	Mike.Woodhead@bdct.nhs.uk
Signature	Mike Woodhead
Job title	Chief Finance Officer
Date	15/07/2025
2. Is the return consistent with the system Integrated Finance Return? Please confirm the PFR figures have been agreed by the system and are consistent with the system Integrated Finance Return (IFR) submission. If a provider submits tab 99 Key Data reconciliation point figures that are different to the system IFR return, they will be asked to resubmit.	Confirmed
The reconciliation point values included in this return are:	
FOT - Bank	(11,980)
FOT - Agency	(3,212)
YTD - TOTAL Provider Surplus/(Deficit) - System performance measure	(631)
FOT - TOTAL Provider Surplus/(Deficit) - System performance measure	309
YTD - Less Non-Recurrent Deficit Funding	0
FOT - Less Non-Recurrent Deficit Funding	0
YTD - TOTAL Provider Surplus/(Deficit) Excluding Non-Recurrent Deficit Funding	(631)
FOT - TOTAL Provider Surplus/(Deficit) Excluding Non-Recurrent Deficit Funding	309
FOT - Total Charge against Capital Allocation (including impact of IFRS 16)	9,006
YTD - Total Efficiencies	2,755
FOT - Total Efficiencies	16,346
3. Is the return consistent with the board report? Please confirm that the financial data reported in this monthly monitoring return is/will be consistent with the information reported to and published in the board report	Yes
Date of board report (please note that this can be a future date)	24/07/2025
In the exceptional event that the forms are not consistent with the board report, please itemise the reasons why it is different	
4. 2025-26 Dissolution Has the trust dissolved in the financial year?	No
Number of months as a trust	12
5. 2025-26 Capital ICS Envelope Allocations The capital plan included in this template has been agreed with ICS organisations, any additional funding requirements assumed are in line with ICS priorities, and the Trust's 25/26 capital plan is affordable within the overall 25/26 ICS Capital envelope allocation	Yes
6. 2025-26 Capital Delegated Limit All NHS trusts and Foundation trusts have a capital delegated limit. Foundation trusts not in financial distress benefit from greater autonomy with higher capital delegated limits. Foundation trusts that meet the definition of financial distress as set out in rows 62-64 will have the same delegated limits as NHS trusts. NHS trusts and Foundation trusts should refer to 'Capital investment and property business case approval guidance for NHS trusts and Foundation trusts' for details on capital delegated limits and the capital investment business case approval process. Are you or the ICB you belong to in the NHS England Recovery Support Programme, and therefore in segment 4 of the NHS Oversight Framework?	No
If you are an FT, are you in breach of your provider licence? Or are you an NHS Trust?	Not in breach of Foundation Trust license
Have you been in receipt of DHSC revenue support from 1 April 2024 (received or planned)?	No
The Board agrees to the delegated limit for capital expenditure and business case approvals in line with the Capital investment and property business case approval guidance for NHS Trusts and Foundation Trusts.	Yes

Trawally Rachel
22/07/2025 08:12:11

Recommendations

Trust Board are asked to:

- Note the challenging financial position, and the actions being taken to deliver the agreed financial position;
- Note the level of risks and actions being taken to mitigate and
- Highlight any further assurances required.

Trawally Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Trust Board Meeting

24th July 2025

Paper title:	NHS England Quarterly Return Declaration	**Agenda Item** **17.2**
Presented by:	Mike Woodhead, Chief Finance Officer	
Prepared by:	Claire Risdon, Operational Director of Finance	
Committees where content has been discussed previously		
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion	

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

Trawally Rachel
22/07/2025 08:12:11

Purpose of the report

The purpose of this report is to share the recommendation from the Finance & Performance Committee that the Trust Board formally approve the Quarter 1 NHS England financial submission.

Executive Summary

The purpose of this report is to request that the Trust Board approve the Quarter 1 NHS England financial submission endorsed by the Finance & Performance Committee.

Key headlines are as follows:

- **Revenue**: Trust performance for the period April 2025 to June 2025 is a deficit of £631k which is as planned.
- The **Cost Improvement Programme** is on plan both year to date and forecast outturn. This position is being mitigated by non-recurrent measures.
- **Capital**: Total Trust capital expenditure year to date is £1.0m and forecast to be £36.6m.
- Closing **Cash** balance at the end of June of £13.3m.
- **Use of Resources** - reporting is currently suspended due to COVID-19.
- **Agency Expenditure** - Year to date agency expenditure is £1.3m which is an adverse variance of £0.3m against plan. The planned full year agency expenditure is £3.4m with forecast outturn agency expenditure at month 3 being £3.2m which is a favourable variance of £0.2m.
- **National Performance Assurance Framework rating** – segment 4.

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

Recommendation(s)

The Trust Board is asked to:

- Approve the quarterly submission made to NHSE on 15th July 2024.

Trawally Rachel
22/07/2025 08:12:11

Trust Board Meeting

24th July 2025

NHS England Quarterly Return and Declaration

1 Background and Context

NHS Foundation Trusts are required to make quarterly submissions to NHS England to confirm their risk rating under the National Performance Assurance Framework rating. From 2025, the National Performance Assurance Framework replaced the NHS Oversight & Assessment Framework. For providers, the segmentation rating reflects a single consolidated rating which informs the level of support and intervention from the regulators.

The Trust is not currently reporting an UoR rating as reporting is suspended.

2 Considerations

The key points are that the Trust has delivered the following financial indicators for quarter 1 of 2025/26:

- Trust performance for the period April 2025 to June 2025 is a deficit of £631k which is as planned. The forecast financial position is breakeven as planned.
- Capital expenditure to June 2025 is £1.0m against a plan of £1.4m resulting in an underspend to date of £0.4m. Forecast capital expenditure is £36.6m which is as planned.
- Cash – Closing cash balance at the end of June of £13.3m.
- UoR – reporting is currently suspended due to COVID-19
- Agency Expenditure - Agency caps are determined at a set value with anticipated significant reductions on previous year expenditure. Year to date agency expenditure is £1.3m which is above plan by £0.3m. The planned full year agency expenditure is £3.4m with forecast outturn agency expenditure at month 3 being £3.2m which is below planned values.
- National Performance Assurance Framework rating – segment 4.

The Month 3 financial templates were submitted to NHSE on the 15th July 2025 in line with national timescales.

3 Implications

Trawally, Rachel
22/07/2025 08:12:21

3.1 Legal and Constitutional

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

3.2 Resource

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

3.3 Quality and Compliance

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

4 Communication and Involvement

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

5 Monitoring and review

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

Name of author/s	Claire Risdon
Title/s	Operational Director of Finance
Date paper written	11th July 2025

Trawally Rachel
22/07/2025 08:12:11

Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting held in Public.

24 July 2025

Paper title:	Senior Information Risk Owner Annual Report	**Agenda Item** **20**
Presented by:	Tim Rycroft / CIO & SIRO	
Prepared by:	Delphine Fitouri / Head of Digital Services	
Committees where content has been discussed previously	Name(s) and date(s) of sub-committee / working group. Information Governance Group	
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	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

Trawally Rachel
22/07/2025 08:12:11

Purpose of the report
The Senior Information Risk Owner (SIRO) annual report provides an update relating to the responsibilities of the SIRO and outlines activity and performance related to information governance and security. It provides assurances that information risks are being effectively managed, achievements and new opportunities identified going forward.

Executive Summary	
This paper provides assurance to the Board regarding processes and actions undertaken to demonstrate that BDCFT complies with legal and best practice in information governance. The SIRO report is included as an Appendix to this paper. The report sets out the key areas of governance and performance in 2024/25 and proposals for 2025/26. These key areas include: • Data Security and Protection Toolkit. The 2024/25 submission was made in June 2025 with a **'Standards met'** rating. • Effective management of information governance risk & incidents, and incidents that require reporting to the Information Commissioners Office. • Management of information assets through an information asset register and information asset owners. • Considerations of Data Protection Impact Assessments to capture and mitigate privacy risks of new information assets or changes to existing ones. • Complying with legal requirements for information requests under the Data Protection 2018 Act and Freedom of Information 2000 Act. • Managing and enhancing cyber security controls and emerging threats, including those associated with **Artificial Intelligence**. • Adoption of the recently published **Data (Use and Access) Bill**	
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: • consider the information and assurances provided for 2024/2025. • note the proposed information governance objectives for 2025/2026

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.	☒ Safe ☐ Effective	☐ Caring ☐ Well-Led

Public Board Reports 29/7/2025 08:19:11

Please check **ALL** that apply	☒ Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Data Protection Act 2018 • Freedom of Information Act 2000 • UK General Data Protection Regulation 2018 • Data Security and Protection Toolkit

Trawally Rachel
22/07/2025 08:12:11

Board of Directors – Meeting held in Public.

24 July 2025

Annual Report - Senior Information Risk Owner (SIRO)

---

1. Introduction

The Senior Information Risk Owner (SIRO) has conducted a review of the information risk management practices within the Trust over the past year. This report provides an overview of the key activities, findings, and strategic initiatives undertaken to ensure the effective identification, management, and mitigation of information risks.

The Trust recognises the value of the data within its' information systems. The Trust also recognises its responsibility to ensure the appropriate use, security, reliability, and integrity of this data; to safeguard it from accidental or unauthorised access, modification, disclosure, use, removal, or destruction; and to comply with relevant legislation.

The Trust is a recognised and registered Data Controller within the Information Commissioner's Data Protection Register and has current Data Protection registration. There are no current or historical conditions or cautions against the Trust's data protection registration.

2. Compliance and Audit

Data Security and Protection Toolkit (DSPT) 2024/2025

This year the 2024/25 DSPT (Version 7) has been entirely revisited to align with the Cyber Assurance Framework (CAF). All assertions have been grouped into 5 objectives, split into 18 principles and broken down into 47 outcomes.

To be compliant with the toolkit, all evidence needed to be marked as "meeting expectations. This may have meant that some outcomes have been 'Achieved' 'Partially Achieved' or 'Not achieved', the latter for stretched requirements not due to be achieved or partially achieved at this point in time.

The final version of the DSPT was submitted at the end of June 2025 with all outcomes meeting expectations.

Internal audit

During 2024/25 Audit Yorkshire conducted an audit of the Trust's DSPT. The results of the audit have provided a very positive Overall Risk Assurance Rating of:

- Low risk for the Overall risk determined for the 12 outcomes included in our testing sample, across all five CAF objectives. And,
- High for the Overall confidence level of Independent Assessment

Trauma Tracker
22/07/2025 08:11

Freedom of Information Requests (FOI)

The overall number of FOI remain the same from last year and the response rate has improved:

- during 2024/25, the Trust received a total of 528 requests under the Freedom of Information Act (526 in 23/24).
- 384 requests were managed within the twenty working day timescale (77%, compared to 71% the previous year).

Requests for Personal Information

The request for personal information has increased by a third on last year:

- During 2024/25 the Trust received 936 requests for personal information, compared to 697 in 23/24,
- 482 of which were Subject Access Requests (SARS) and 454 were Third Party Requests (TPRs), compared with 336 the year before.

Subject Access Requests (SARs)

The Data Protection Act 2018 gives individuals the right to find out what personal data the organisation holds about them. Such requests are termed Subject Access Requests (SARs) and have a statutory response time of 1 calendar month from date of receipt. Correct and prompt management of SARs increase levels of trust and confidence in the organisation by
being open with individuals about the personal information held about them.

- Of the SARs completed in this period 280 (81%) were responded to within the required timescale.
- Again this is an increased performance on last year (72% for 260 SARs received).

Third Party Requests with a Statutory Deadline

Requests received in relation to a deceased person's record are managed under the Access to Health Records Act 1990 which should be processed within 40 days.

- 100% of the 10 requests received were processed within 40 days. Requests for personal information received via a sealed court or are processed in line with the order. Deadlines vary depending on the order.
- 100% of the 52 orders received were processed in line with the order.

Third Party Requests with No Statutory Deadline

The Trust receives several requests from other third parties were there is no statutory deadline. However, there is an expectation they will be processed within 40 working days. 64% of the 270 Third Party Requests completed in this period were responded to within 40 days.

Staff Awareness Survey and Home Audit

During 2024/25 BDCFT staff have taken part in an IG awareness survey and home and mobile workers have completed self-audits (both via Microsoft Teams). Both the survey and audit have shown high levels of data security and confidentiality awareness.

Trawden Parish Council
22/07/2025 09:12:11

The results have been used to tailor training and guidance. However, the response rates have been lower than in previous years.

Information Sharing

The Trust recognises it has a responsibility to work with partners to minimise the burden of data collection and ensure that data is used effectively to support the overall aims of public sector and voluntary organisations, ensuring the delivery of safe, quality, clinical care. The Trust has Information Sharing Agreements with many partners.

Over the last year, the Clinical System Access Group has considered 26 requests from other partners to access the Trust's clinical systems, of these:

- 21 were approved.
- 5 were rejected/ returned awaiting further information.

3. Incident Management

Serious Incidents Requiring Investigation (SIRI) in 2024/25

Information governance (IG) incidents are reported internally through the web-based incident reporting system (IR-e) and notified immediately to the Data Protection Officer (DPO), Data Protection Manager, and the Records Management Manager. It is a legal obligation to notify personal data breaches within 72 hours, to the Information Commissioner's Office (ICO), unless it is unlikely to result in a risk to the rights and freedoms of individuals.

Notification is completed by logging incidents on the Data Security and Protection Toolkit (DSPT). All incidents assessed as being Serious Incidents Requiring Investigation (SIRI) are logged with the Trust's Serious Incident Lead. Incident data is regularly reported to and monitored by the IGG.

Information Governance: Reportable Incidents 2024/25

During 2024/25, three information governance incidents were formally reported to the Information Commissioner's Office (ICO) and the Department of Health and Social Care (DHSC). A summary is provided below:

1. **Unauthorised Verbal Disclosure of Sensitive Patient Information**
   This incident involved the verbal sharing of highly sensitive patient information with a family member, without the appropriate consent.
2. **Inappropriate Access to Patient Records by a Staff Member on Extended Leave**
   A member of staff who was on long-term leave was found to have accessed patient records without a clear work-related justification.
3. **Unauthorised Disclosure of Information Potentially Impacting Patient Safety**
   This incident involved the verbal disclosure of general location details concerning a patient with safeguarding concerns, which was shared inappropriately.

Trawally Rama
22/07/2025 09:12:11

Actions Taken
In response to the first incident, a Trust-wide communication was issued to all staff, reiterating the importance of only sharing information that is necessary, appropriate, and lawful. In addition, targeted training was delivered to the relevant team to address specific learning needs.

Following the second incident, a working group has been established to review and strengthen data security processes for staff on long-term sickness absence. This includes reviewing access to clinical systems and the use of Trust-issued devices.

Across all three incidents, further actions have included the delivery of additional training on data protection principles and an executive-level broadcast reinforcing the organisation's expectations and legal obligations around confidentiality and information handling.

In all three cases, the ICO has confirmed that no further action will be taken and has closed the investigations.

Other Personal Data Related Incidents in 2024/2025

Summary by Breach Type	Numbers
Availability	414
Confidentiality	240
Integrity	11
Total	665

A detailed breakdown is presented in Appendix 1

4. Information Risk Management and Assurance

The responsibilities and accountabilities of Information Asset Owners (IAOs) are to:

- understand and address risks to the information asset they 'own'.
- ensure policies and procedures are followed.
- complete annual training
- recognise potential or actual security incidents.
- complete annual training for IAO/IAAs
- be accountable to the SIRO to provide assurance on security and use of these assets.

The responsibilities and accountabilities of Information Asset Assistants (IAAs) are to:

- ensure policies and procedures are followed.
- recognise potential or actual security incidents.
- complete annual training
- consult their IAO on incident management and
- ensure that information asset registers are accurate and up to date.

Trawally Rachel
22/07/2025 08:12:11

As of April 2025, the Trust identified 75 IAOs and 142 IAAs.

Information Assets and Information Asset Register

Maintenance and Ownership:

- The IAR is continuously updated, with each asset assigned to an Information Asset Owner (IAO) responsible for managing associated risks and data flows.
- Risk assessments enable IAOs to improve asset security, aiding in the Data Security and Protection Toolkit (DSPT) submission and keeping the SIRO informed.

Major Review and System Improvements:

- A significant review of the IAR and data collection methods was conducted in 2022/23, transitioning from Excel to PowerApp.

- This application has been significantly updated in 2024/25 to more easily capture and manage asset, allowing IAOs and IAAs to update information, register new assets, and note decommissioned assets, with reminders for annual reviews.

On-going improvements and live updates:

- The updated IAR includes a new question to capture assets that support essential functions (aligning it to the DSPT/CAF requirements)
- Workshops and meetings for IAOs/Information Asset Assistants (IAAs) facilitate system development discussions and issue resolution, ensuring live maintenance of all information assets.

Current Status:

- As of April 17, 2025, there are 232 information assets recorded on the IAR.
- Of these, 213 were live, 6 were being onboarded, the others have been decommissioned or archived
- Risks associated with assets are monitored by the Information Governance Group (IGG).

The interactive Information Asset Register and ongoing engagement with IAOs and IAAs provide robust assurance to the SIRO on the security, reliability, and integrity of the Trust's information assets, supporting service users, staff, and various stakeholders.

Data Protection Impact Assessments (DPIAs)

The Data Protection Impact Assessment (DPIA) Group meets biweekly to evaluate privacy risks related to new or modified information assets. In the year 2024/2025, the group reviewed a total of 56 DPIAs.

A total number of 56 DPIAs has been reviewed:

- Approved: 45
- Rejected: 4
- Pending/ Returned for Further Information/ Withdrawn: 7

Trawally Rachel
22/07/2025 08:12:11

The DPIA Group ensures thorough consideration of privacy risks, enhancing the organisation's compliance and data protection standards. The group's activities demonstrate a commitment to meticulous evaluation and continuous improvement in managing information assets.

Organisations and Contractors

As of April 2025, The Records Management Manager and the Data Protection Manager together with the IAOs have identified 23 organisations or contractors with whom we share information. Work is ongoing to ensure the Trust has either a contract or an up-to-date information sharing agreement (ISA) with each organisation or contractor.

5. Paper Records

The Trust is actively reducing the use of paper records, retaining only those necessary per retention schedules. Despite a decrease in active paper records, clinical, personnel, and corporate records must be maintained for specified periods.

Storage and Retention:

- Most records are stored by the Information Governance (IG) team using a commercial storage facility, currently holding 19,956 boxes (down from 21,400 in June 2023).
- Records are retained in compliance with relevant retention schedules, and the IG team authorises the destruction of records when appropriate.

Ongoing Governmental Inquiries:

- **COVID inquiry:** The Trust was required to retain relevant records for the inquiry, however this is no longer required.
- **Infected Blood Public inquiry:** The Trust is awaiting to see if additional record management rules are to be put in place as new statements are being received.

Reduction Initiatives:

During 2024/25 the process of removing all paper records from Trust sites has continued. This has included records held at sites which are being vacated by teams as part of the Smarter Working project. When found any paper records from Trust sites are reviewed and either logged and stored or sent for confidential destruction.

The Trust's efforts to reduce paper records align with good Information Governance (IG) practices and support the estate strategy. The IG team's proactive approach in managing paper records ensures compliance with retention schedules while transitioning to more secure and efficient electronic records management.

Trac ally Rachel
22/07/2025 08:12:11

6. Information Governance Risks and Information Security Management

During 2024/25 the Trust had 2 information governance risks on its service level Risk Register. All live risks are monitored and have actions against them.

Data security within the Trust is actively managed by both the Information Governance and Cyber Security teams under Digital Services. This collaborative effort ensures robust protection of the Trust's information assets through continuous monitoring, strategic oversight, and proactive enhancements.

Strategic oversights is given via the Information Governance Group (IGG) – see Appendix 2 for further details

Tactical oversights is given via the Cyber Security Manager through fortnightly updates to the Head of Digital Services who in turn escalate to the Chief Information Officer (CIO)/SIRO, events, actions, and security enhancements to meet the Trust's security targets. All permanent member of the IGG.

Risk Identification and Management

- NHS England High Severity Alerts (HSA), Vendor specific alerts, CareCert weekly bulletins, weekly reports from partnership with Bradford City Council and Cybersecurity Associate Network (CAN) are reviewed and promptly actioned where appropriate.
- Identified risks are escalated appropriately and immediate remediation work are scheduled. Risks that cannot be remediated immediately are logged in the risk register.
- The Cyber team meet monthly with the NHSE regional security lead as an oversight to ensure we are up to date with the NHSE policies.
- The team continue to collaborate with other Trusts in the region and holds weekly briefings (Bradford and Airedale Weekly Cyber Meeting) to share intelligence to tackle system-wide attacks, enhance security measures and best practice.

Threat Monitoring Enhancements

- Vulnerability Management: The Trust subscribes to the new NHSE Threat Intelligence Monitoring platform (CSOC Threat Monitoring – CTM) which monitors key stakeholders' profile to ensure their identity are protected from the dark web and the Cyber Threat Intelligence Sharing Platform (TISP) which allows us to benefit from additional intel on vulnerabilities and potential attack and act proactively to curtail them.

Trawally, Rachel
22/07/2025 08:12:11

- The Tenable Nessus Security Centre (vulnerability management solution) is now active and plays a key role in ensuring that all required patch to our servers and end-point devices are identified proactively and remediated in line with standard practice.
- The Microsoft Sentinel Security Incident and Event Management (SIEM) solution has been deployed to our private tenant on M365 and plays a functional part in ensuring our cloud infrastructure are well monitored and secured.
- Future Plans to enhance the cyber security posture of the Trust
    - Extend the use of both Tenable Nessus and Microsoft Sentinel to cover/ingest more logs from our on-premises servers and applications.
    - The team is part of the Microsoft Copilot pilot project and actively exploring ways to support its deployment Trust-wide through the strengthening of the Trust's data governance, AI agents and classification on Microsoft Purview.
    - Exploring the use of Artificial Intelligence to complement further the team's activities and enhance service monitoring and automated responses to threats.
    - Organise a Cyber Resilience and BCP Exercise for the Board members in conjunction with the NHSE Regional Security lead.

Achievements and Compliance

- Email Security: The Trust continue to maintain its leadership status in the implementation of the NHS Secure Email Standard and is on course to get obtain its yearly re-accreditation by October 2025.
- Multi-factor Authentication (MFA): The Trust received funding through the regional bidding process to aid its provision of hardware security fobs (YubiKeys) as an alternate method to support colleagues having concerns using personal devices for MFA activation, through the enforcement of Multi-factor Authentication (MFA) in line with the NHS England MFA Policy and CAF requirements within the DSPT.
- We recently concluded the annual IT Health Check in May 2025 through the Cyber Assurance Service (CAS) scheme funded by NHS England.
- Automation of the process for colleagues applying, by exception, for IT system access while traveling abroad, through Hornbill ITSM platform.
- Conducted the annual Cyber Resilience (table-top) exercise in June 2025 with the EPRR team leading and facilitated by the NHSE Regional Security lead.

Defend As One, Staff Awareness and Training

- The team took part in the West Yorkshire ICS Cyber Security Resilience Summit organised by the West Yorkshire Health and Care Partnership which shared insights on recent cyber incidents and to lead the testing of EPRR and operational resilience in the event of a major cyber incident through a cyber wargaming exercise.

Trawally Rachel
22/07/2025 08:12:11

- The team maintained its commitment to ensuring that colleagues comply with fundamental cybersecurity hygiene practices: through regular communications via the eUpdate newsletter, updates on the Connect (SharePoint) landing page, and posts on the Engage (Viva) – All Company and Cyber team pages. Additionally, direct engagement with colleagues occurs through email correspondence and Hornbill ITSM when necessary.
- The Cyber team regularly attends webinars and multi-vendor events organised by NHS England or other public-sector organisations.
- The Cyber team participated in a GovNews Roundtable discussion on: *Building Trust in AI: Data Security Essentials* in Leeds.

The Trust's proactive and collaborative approach to data security, strategic oversight, and continuous improvement in cyber defences ensures robust protection of its information assets. The ongoing efforts in governance, risk management, and compliance demonstrate the Trust's commitment to maintaining high standards of data security.

7. Summary of Key Achievements in 2024/25

The following were achieved during 2024/25 in relation to Information Governance:

- Completed the review and analysis of the DSPT, integrating CAF requirements (baseline assessment submitted Dec 2024).
- Achieved full compliance with the DSPT 2024/25 outcomes (submitted Jun 2025).
- Reported three serious incidents to the Information Commissioner.
- Created and updated several key policies (Appendix 3).
- Launched new IG Quarterly Newsletter with positive feedback.
- Enhanced IG awareness through staff survey results.
- Conducted a fundamental review and update of the Information Asset Register and bulk data flows application (Version 2).
- Received high audit assurance for DSPT 2024/25.
- Completed the IGG workplan.
- Regularly monitored IG performance via the IG dashboard, reported to Risk and Compliance Committee.
- Introduced additional IG security assurances with the CAF.
- Strengthened governance with IAOs/IAAs and provided refresher SIRO training.
- Embedded archived records processes, including records destruction.
- Reviewed and strengthened the DPIA process and review group.
- Embedded the Clinical Systems Access review group and streamlined access request processes.
- Updated IG pages on SharePoint, moving procedures online.
- Conducted an IG staff awareness survey and a home/mobile worker IG audit.

Trawally, Kadijatou
22/07/2025 08:12:11

- Reduced paper holdings in line with records retention schedules and data protection principles.
- Onboarded an AI-driven solution for record redaction.

8. Plans for 2025/26

The following Information Governance objectives are to be considered for 2025/2026:

- Review the new 2025/26 DSPT and achieve all outcomes.
- Refresh the Trust's cyber strategy with a 'just approach' and link it to the regional cyber strategy.
- Implement a new training strategy for information governance and security management.
- Update the Publication Scheme to reduce time spent on routine FOI requests.
- Further embed the Privacy Impact Assessment process.
- Adapt to new requirements of The Data (Use and Access) Bill, including AI.
- Promote data sharing within the Trust and Health and Social Care.
- Increase engagement and training compliance among IAOs/IAAs
- Embed Data Security staff surveys and share learning from incidents.
- Review and update IG policies and procedures.
- Reduce physical and electronic storage, focusing on corporate records and backups.
- Monitor IG implications of changes to clinical information systems.
- Report risks and concerns to the Digital Strategy Group and Trust Board.
- Comply with the National Data Opt-Out.
- Enhance IG and Cyber Security dashboard content.
- Promote Microsoft suite for information sharing agreements and data protection impact assessments.
- Onboard a third-party company for Data Protection Officer function temporarily.
- Support integrated working for the Data Protection Officer function regionally or sector-wide.
- Embed new requirements to comply with NHS's Data Saves Lives strategy.
- Conduct further IG home/mobile worker audits and staff awareness surveys.
- Reduce overall paper record holdings of the Trust.
- Aim to secure additional cyber central funding.
- Extend the use of Redaction Software for complex Subject Access Requests.
- Guide the Trust on good information governance practices related to AI and emerging technologies.

9. Recommendations:

That the Board:

- note the assurances provided in the paper; and
- note the proposed information governance objectives for 2025/26.

Trawalwyd Archif 22/07/2025 08:12:11

10. Legal and Constitutional

None identified. The Trust acknowledges the importance of demonstrating good practice against information governance standards and compliance with the Data Security and Protection toolkit.

11. Quality and Compliance

None identified. The Trust acknowledges the importance of demonstrating good practice against information governance standards and compliance with the Data Security and Protection toolkit.

12. Risk and Implications

There are risks to the Trust from not meeting information governance requirements and being unable to provide adequate assurance that controls are in place:

These risks include:

- Impact upon service user quality and safety of care through not having accurate and secure patient information and being unable to share as appropriate.
- Being unable to protect the Trust from threats from cyber and other crime.
- Reputational damage caused by losing or inappropriately sharing confidential data.
- Financial penalties being imposed by the Information Commissioners Office for breaching legal requirements under the Data Protection and Freedom of Information Acts and failing to ensure confidential data is managed appropriately.

13. Results

Activities and information governance issues will be considered and monitored throughout 2025/26 by the Information Governance Group.

The Information Governance Group will monitor proposed actions and activities throughout 2025/26. The SIRO report for 2025/26 is scheduled to be produced in May 2026, with any necessary escalations to be managed by the Risk & Compliance Committee during the year.

Trawden Parish Council
22/07/2025 08:12:11

Delphine Fitouri, Head of Digital Services
July 2025

Appendix 1 Summary of Other Personal Data Related Incidents in 2024/2025

Breach Type	
Availability	
Corruption or inability to recover electronic data	18
Unauthorised or accidental loss	287
Denial of Service (Not Cyber)	30
Lost or stolen paperwork	3
Lost in Transit	13
Loss or stolen unencrypted device	0
Lost or Stolen Hardware	16
Loss or theft of only copy of encrypted data	0
Data left in insecure location	0
Cyber incident (other DDOS etc)	0
Cyber incident (exfiltration)	0
Cryptographic flaws (e.g. failure to use HTTPS; weak encryption)	0
Non-secure disposal – hardware	0
Malicious internal damage	0
Non-secure disposal – paperwork	1
Confidentiality	
Disclosed in Error	86
Phishing emails	0
Data sent by email to incorrect recipient	42
Uploaded to website/intranet in error	1
Unauthorised upload to social media	2
Data posted or faxed to incorrect recipient	58
Unauthorised access/disclosure	33
Spoof website	0
Failure to redact data	0
Cyber bullying	0
Verbal disclosure	12
Failure to use bcc when sending email	4
Cyber security misconfiguration (e.g. inadvertent publishing of data on website; default passwords)	0
Hacking	2
Cyber incident (key logging software)	0
Integrity	
Unauthorised or accidental alteration	3
Website defacement	0
Cyber incident unknown	0

Downloaded on 26/08/2025 11:41:11

Other	8
Total	665

Trawally,Rachel
22/07/2025 08:12:11

Appendix 2

Key responsibilities of the Senior Information Risk Owner (SIRO)

The key responsibilities of the SIRO include:

- overseeing the development of Information Governance policy.
- ownership of the assessment processes for information risk, including prioritisation of risk and review of the annual information risk assessment to support and inform the Annual Governance Statement.
- ensuring the Trust Board is fully informed of key information risks.
- reviewing and agreeing actions in respect of identified information risks.
- ensuring the effective implementation of the Information Asset Owner / Information Asset Administrators (IAO / IAA) infrastructure to support the role of the SIRO.
- ensuring that identified information threats and vulnerabilities are investigated for risk mitigation, and that all perceived or actual information incidents are managed in accordance with BDCFT's Incident Management policy; and
- ensuring effective mechanisms are established for the reporting and management of Serious Untoward Incidents relating to the information of the Trust, maximising the opportunity to ensure learning from incident reporting.

Information Governance Group (IGG)

The IGG meets bi-monthly and is responsible for ensuring the effective management of the Trust's information governance processes, reporting to the Digital Strategy Group quarterly about how risks are being managed.

Chaired by the SIRO, Deputy chaired by the Caldicott Guardian, the key duties of the IGG are:

- reviewing and monitoring of the Trust's compliance with the Data Security and Protection Toolkit (DSPT).
- reviewing and monitoring of the Trust's annual Information Governance Strategy and Plan.
- reviewing and monitoring of any information governance and data security risks, ensuring appropriate escalation to the Board.
- reviewing and monitoring of new and changing information assets in compliance with the requirements of the DSPT.
- reviewing all information governance policies and procedures.
- monitoring trends from incident reporting.
- ensuring the Trust has an information governance training programme.
- Monitors information governance risks.
- Reports quarterly to the Digital Strategy Group (DSG), which oversees the strategic IT and digital technology agenda of the Trust, and to the Risk and Compliance Committee.

Trawally Rachel
22/07/2025 08:12:11

The Trust's Information Governance Assurance Framework is underpinned by Trust policies, available on Connect including:

1. Acceptable Use policy.
2. Confidentiality and Data Protection policy.
3. Records Management policy.
4. Bring Your Own Device policy.
5. Freedom of Information policy.
6. Clinical Systems Data Quality policy
7. Information Governance policy.
8. Information Technology Acceptable Use policy.
9. CCTV policy.
10. Information Security policy.
11. Social Media policy.
12. Printing policy.
13. Clinical Systems Security policy.
14. Data Protection Impact Assessment (DPIA) procedure.
15. Removable Media policy.
16. Risk Management policy.
17. Incident Management policy.
18. Employment policy includes the Mandatory and Required Training policy and the Registration Authority (RA) policy.

Trawally Rachel
22/07/2025 08:12:11

Appendix 3

Policy status update for 2024/25

Review of several key information governance policies, including:

- Information Governance policy
- Records Management policy
- Confidentiality and Data Protection policy
- Freedom of Information policy
- Information Security policy and Addendum
- Social media policy
- Bring Your Own Device policy (BOYD)
- Recording of Staff by Service Users policy
- IT Acceptable use policy
- Printing policy
- Clinical Systems Security policy
- Video Surveillance Systems (CCTV) policy

Creation of new Policies:

- Safe Use of Artificial Intelligence policy
- Antivirus policy
- Log Retention policy

Trawally Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting held in Public

24 July 2025

Paper title:	Presenting the new charity strategy 2025-2028	**Agenda Item** **21.0**
Presented by:	Catherine Jowitt, Head of Charity & Volunteering	
Prepared by:	Catherine Jowitt Head of Charity & Volunteering	
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	x
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	x
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	
	Improving the experience of people who use our services	x
Making Best Use of Resources	Financial sustainability	x
	Our environment and workplace	x
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	x

Trewally Rachel
22/07/2025 08:12:11

Purpose of the report

This report presents the new Charity Strategy for 25-28. Setting a number of strategic priorities for the Charity, the aim is to develop a more focused approach ensuring the Charity is utilising its limited resource to have the greatest impact on our patients and the Trusts priority programmes.

Executive Summary

The Charity has been through a significant growth journey since its launch in May 2020, and the lifetime of the previous Charity Strategy dated 2021-2024. The charity has made progress in its ambition to increase its charitable income and expenditure, and ensure it is well run, as summarised in pages 4 and 5 of the new Charity Strategy 2025-2028.

On developing the charity's strategic direction for the coming 3 years the team identified, that whilst the charity is doing good things in the Trust, it does not have good enough connection to the Trusts priority programmes or operational oversight. Given the current financial and operational pressure the Trust is operating within, discussion with key leaders within the Trust have shaped an approach where the charity will focus its activity on and prioritise activity which will support key strategic programmes. Where the charity can add value and make best use of its limited resource for the greatest impact. The priorities can be found on page 7 of the Strategy.

The redevelopment of Lynfield Mount presents an opportunity for the charity to launch its first appeal. The Team are working with The Estates team to identify a designated part of the development for which we can create a compelling story for supporters. We know there is not currently sufficient funding for the redevelopment and so the charity has an opportunity to fund an element which is currently out of scope.

Delivering an appeal should also have a positive impact on the trajectory of the charity, with increased publicity and supporters from business and community, leaving a legacy of growth for the charity.

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

Recommendation(s)

The Board of Directors is asked to:

- Approve the Charity Strategy

Trawally Rachel
22/07/2025 08:12:11

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 ☐ Effective ☐ Responsive ☐ Caring ☐ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • None

Trawally Rachel
22/07/2025 08:12:11

Better Lives Charity Strategy





We Listen

to be inspired

We Deliver

by generating income for innovation and improvement

We Care

by improving patient outcomes and staff wellbeing



2025-2028

Forward to be added Therese/Mike

Trawally,Rachel
22/07/2025 08:12:11

Better Lives Charity Vision

Our purpose is to enhance the care provided by Bradford District Care NHS Foundation Trust through charitable activity.

Our vision is to create better lives by improving the physical and mental wellbeing of our patients, service users, carers and staff.

Our charitable aims are to create better lives by:
•improving service user experience and outcomes,
•improving our care environments,
•supporting the health and wellbeing of our staff and volunteers,
•enabling our staff to enhance their knowledge and skills,
•any other activity which supports the purpose and vision of the charity.



Our values link to the Trust's own values:
We Care: We act with respect and empathy, and always value difference
We Listen: We understand people's views and respond to their individual needs
We Deliver: We use donations wisely to make a positive difference

Jawad Rashid 12/10/2023 08:47:11

2021 - 2024

Strategy priority areas and outcomes

Better Lives
Bradford District Care
NHS Foundation Trust Charity

Secured charitable income by

- delivering a range of one off and annual fundraising events.
- supporting people who choose Better Lives as the beneficiary charity for their donation. developing relationships with local business who have provided sponsorship for charitable events, provided prizes for auctions and raffles and participated in fundraising events and challenges.
- working with staff to develop project ideas into applications to external trusts and foundations.

Increased charity supported activity within the Trust by

- 1st April 2020 to 31 March 2024 invested over £297,000 in activities which met the charitable aims.
- developed processes which ensure the projects funded are meeting identified needs to enhance the care the Trust provides and making best use of the resource we have.
- gathered evidence to demonstrate and celebrate the impact of charitable funds on the health and wellbeing of patients and staff.

Promoted the charity with effective communication by

- rebranding the charity with standardised collateral to ensure consistancy and recognition of the brand.
- actively promoted the charity and its activity through social and traditional media.
- creating promotional videos to show case the work of the charity.
- actively engaged with staff to promote the role of the charity within the Trust.

Ensured the charity is well led by

- developing standard operating procedures for all the process that the charity manages in generating income and granting funds.
- implementing a donor management system.
- providing assurance to Charitable Funds Committee and Trust Board as the Corporate Trustee on the performance of the charity.
- receiving favourable audit reports and complied with charity commission reporting.

Trawalily Rachel
22/07/2025 15:39:11

Better Lives Charity Growth 2018-2024



- The charity re-launched in May 2020, prior to this there was no active fundraising and little engagement in the spending of funds for charitable purposes.
- 2020-2021 saw significant increase in income and expenditure due to COVID.
- 2021-2023 was a period of stabilisation with legacy spending of COVID funds gradually reducing the expenditure.
- 2023-2024 has seen a balancing of income and expenditure coupled with growth reflecting the progress in embedding productive fundraising mechanisms and increased granting of funds for charitable activity.

Values and goals

We are inspired by the stories and ideas of patients, families and staff to improve the care outcomes for patients and wellbeing of staff.



We enhance care through charitable investment in activities which improve patient outcomes and staff wellbeing.

We generate charitable income for innovation and improvement.

Crawley Hadley 22/03/2025 08:12:11

Where do we want to have impact?

We want to be able to say yes to every request for funding that we receive. We know that every day, our hardworking NHS staff identify projects that could benefit patients and their families, and we'd love to be able to fund them all. However, we also know there are some areas where we can have a greater impact and make a bigger difference to the people of Bradford, Airedale, Wharfdale and Craven.

Over the next three years we'll prioritise projects that align with our areas of impact focus. We're highlighting these areas of importance as they align with the Bradford District Care NHS Foundation Trust strategy and strategic priorities, and the wider Bradford and Craven District Health and Care Partnership.

These areas of impact focus are;



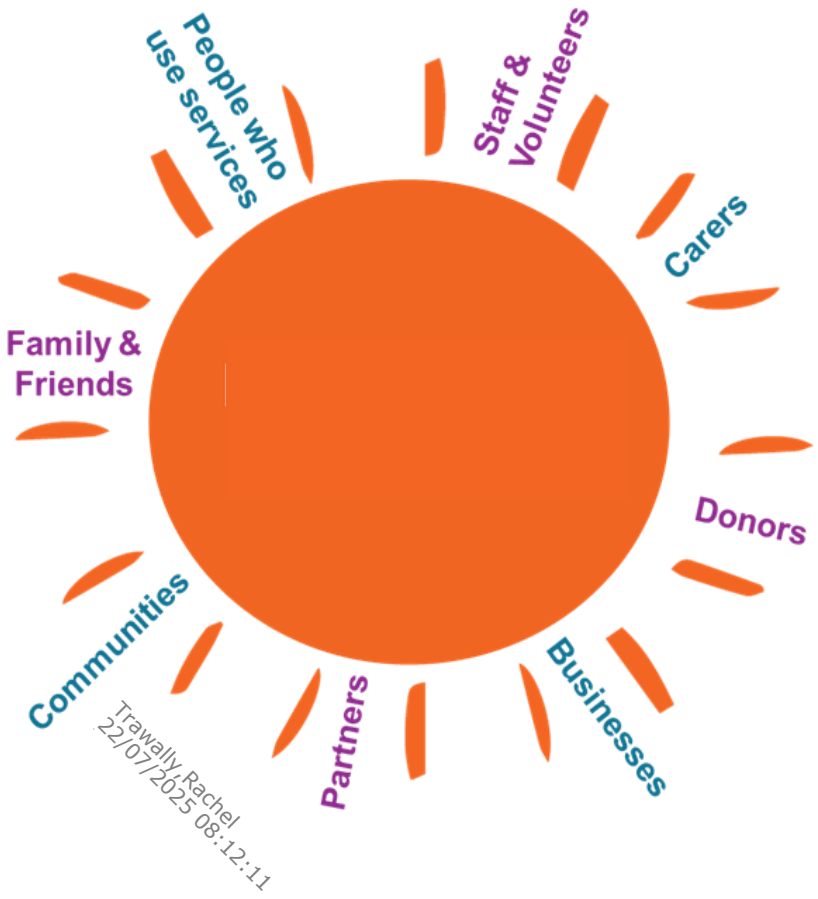
1. Creating a healthier environment for people in our care as part of the rebuilding of Lynfield Mount Hospital.

2. Testing solutions in digital technology to improve care for our most vulnerable patients.

3. Delivering creative and innovative interventions that enhance purposeful and productive care for our people who are impacted by health inequalities and experience the poorest health outcomes.

Trawally, Rachel
22/07/2025 08:42:11

Making it happen



Our people, partners and stakeholders are essential to success.

To ensure Better Lives can continue to meet its charitable vision it must engage a diverse range of people who support or access the Trust services to ensure its sustainability and growth.

The charity can only achieve more through its relationships with this diverse group of people, partners and stakeholders.

To achieve this ambition the Charity will

- Take a data driven approach, ensuring the work of the charity is connected to the identified Trust strategies and prioritised.
- Work with the relevant teams within the Trust to ensure the resources of the charity are applied at the right time for the right intervention.
- Work with staff to ensure the impact of grants is evidenced and celebrated.
- Apply the principles of the charity fairly and equitably, this includes
    - not refunding activities
    - Taking a whole Trust approach to supporting staff wellbeing
    - Ensuring approved grants have operational oversight and approval
    - Being clear in why initiatives cannot be funded.



We will measure our impact by

1) Delivering a successful charity appeal for a designated enhancement to the Lynfield Mount Development (Value TBC).
2) Demonstrating qualitative and quantitative impact against priorities 2 and 3.
3) Delivering over the course of the 3 years a 100% increase in charity supporters (staff, volunteers, corporate businesses and community) from the 24/25 baseline.
4) Delivering a year-on-year increase in income and expenditure in excess of £50,000 per year.

Agenda Pack 27/02/2026 18:19:11

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors held in public

24 July 2024

Paper title:	Terms of Reference, Annual Governance Report and effectiveness review 2024/25 – Board Committee's	**Agenda Item** **22.0**
Presented by:	Rachel Trawally Deputy Trust Secretary and Head of Corporate Governance	
Prepared by:	Rachel Trawally Deputy Trust Secretary and Head of Corporate Governance	
Committees where content has been discussed previously	Audit Committee; Charitable Funds Committee; Finance & Performance Committee; Mental Health Legislation Committee; Quality & Safety Committee; People & Culture Committee – May-July 2025	
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	

Trawally Rachel
22/07/2024 08:12:11

Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	x

Purpose of the report

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

Executive Summary

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

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

The aim of the Annual Governance Report is to provide the Board with an outline of the governance processes the Committee has in place; the work it has undertaken during 2024/25; and any key issues it has found necessary to highlight to the Board. Its detail has been drawn from the Terms of Reference, the Committee's work plan, escalation and assurance reports to the Board, and the minutes of all meetings within the timeframe. The Annual Governance reports also include an update on the actions raised as a result of the committee effectiveness reviews undertaken in April – May 2025, which were also presented at the May and July 2025 Committee meetings.

Trawalla, Rachel
22/07/2025 09:12:11

To note that the Terms of reference and membership will be further reviewed as part of the well-led audit review development action plan work to be undertaken over the next few months.

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: • consider & ratify the Committee's Terms of Reference; • note the content of the Annual Governance Report including the effectiveness review action plans & be assured that the Committee's have worked within its Terms of Reference, escalated appropriately any key issues through the escalation & assurance reports made by the Chair of the Committee; & • consider & ratify the Committee's Annual Governance Report for 2024/25.

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

Trawally Rachel
22/07/2025 08:12:11

Bradford District Care
NHS Foundation Trust

Agenda Item
22.0.1

Charitable Funds Committee

Annual Governance Report

Financial Year 1 April 2024 to 31 March 2025

Trawally, Rachel
22/07/2025 08:12:11

Contents

Section	
1	Period covered by this report
2	Introduction
3	Terms of Reference for the Charitable Funds Committee
4	Meetings of the Charitable Funds Committee
5	Membership and attendance at meetings
6	Reports made to Board of Directors
7	Work of the Charitable Funds Committee – 2024/25
8	Annual Effectiveness Review (summary of findings)
9	Conclusion

Appendix A – Effectiveness Review Outcomes

Appendix B – Action plan

Trawally,Rachel
22/07/2025 08:12:11

1. Period Covered by the Report

This report covers the work of the Charitable Funds Committee for the financial year 1 April 2024 to 31 March 2025.

2. Introduction

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

The Committee will monitor and report to the Board on the effectiveness of the supporting systems and processes. The Committee's key objectives are to:

- monitor all aspects of charitable activity within the Trust, as set out within its Terms of Reference; and
- obtain, as and when required, external independent professional advice through normal business processes and to secure the attendance of outside parties with relevant experience and expertise if this is considered to be appropriate.

This report covers the work the Committee has undertaken at the formal meetings held during 2024/25. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

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

Assurance

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

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

Tawally Rahel
22/07/2025 09:12:11

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge and that the right reporting methods, structures and

work plan are in place to provide oversight on behalf of the Board in respect of performance in the areas covered by its Terms of Reference.

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

The Chair of the Committee provides an update report to Board of Directors, and Council of Governor meetings held in public on the activities of the Committee, including areas where assurance had been received and areas requiring further development. This provides the Board and Governors will an opportunity to hear more on the work of the Trust, and for Governors to see the Non-Executive Director fulfilling their role.

3. Terms of Reference for the Charitable Funds Committee

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

4. Meetings of the Committee

The Committee met four times during 2024/25:

- 16 May 2024
- 24 July 2024
- 31 October 2024
- 26 March 2025

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

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

Trawally, Rachel
22/07/2025 08:12:11

5. Membership of the Committee and Attendance at Meetings

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

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

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

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

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

The table below show attendance for substantive members of the Committee for the meetings that took place during 2024/25.

Member	Job Role / Title	16/05/24	24/07/24	31/10/24	26/03/25
Mark Rawcliffe	Chair		X	X	X
Sally Napper	SID and Deputy Chair	X	X		No longer a member
Maz Ahmed	NED	Not a member			
Kelly Barker	Chief Operating Officer	X	X	X	X
Mike Woodhead	Chief Finance Officer	X	X	X	X
Regular Attendee					
Catherine Jowitt	Head of Charity & Volunteering	X	X	X	X
Jackie Dawson	Trusts, Foundations and Corporate Partnerships Manager		X	X	X
Fran Stead	Trust Secretary	X	X		
Rachel Trawally	Deputy Trust Secretary and Corporate Governance Manager		X	X	

Trawally Rachel
29/07/2025 08:12:11

Naz Khan	Corporate Governance Officer		X	X	
Stacey Pearson	Head of Financial Accounting	X			X
Jess Greenwood-Owens	Corporate Governance Officer		X		
Ritta Harrison	EA - Secretary	X			
Claire Blamires	Charity Grants & Fundraising Officer				X
Timed Business					
Chris Smith	Senior Finance Manager		X	X	
Helen Tate	Strategic Lead - Dental/Oral		X		
Ziggi O'Connor	Learning from your experience agenda item - May	X			
Joseph Courtney	Learning from your experience				X
Rachel Jones	Volunteer Service Manager			X	

6. Reports made to the Board of Directors

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

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

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

Crawally, Rachel
22/07/2025 08:12:11

Date of meeting	Assurance and escalation report to Board by Chair	Minutes
16/05/2024	17/07/2024	25/09/2024
24/07/2024	-	23/10/2024
31/10/2024	-	29/01/2025
26/03/2025	05/06/2025	tbc

7. The Work of the Committee during the year 1 April 2024 until 31 March 2025

The Chair of the Committee confirms that during 2024/25 the Committee has carried out its role in accordance with its terms of reference.

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

A high-level presentation of areas of work on which the Committee has received assurance during 2024/25 are as follows:

Reports and presentations on:

- Charity Risk Register
- Charity Strategic update
- Charity Annual Accounts (close down of accounts)
- Charity Annual Accounts (final)
- External Audit: ISA 260
- External Audit: Letter of Representation
- Approval of fund objectives & managers
- Annual Review of Investment Performance
- Transactions & balances
- External Audit Provision for the Charity
- Charity Annual Report (final)
- Standard Operating Procedure: fundraising - annual review
- Standard Operating Procedure: trusts & foundation grants annual review
- Standard Operating Procedure: grant giving annual review
- Standard Operating Procedure: information management annual review
- Committee Annual effectiveness review
- Committee Annual Terms of Reference review
- Committee Annual Report
- Committee Work Plan
- Chamber of Commerce Membership - update
- SOP information management annual review
- Alert, Advise, Assure & Decision report to Board of Directors, including: Strategic assurance level; top 3 strategic risks; topics within AAAD

Trawelly Rachel
22/07/2025 08:12:11

Annual Effectiveness Review – Summary of Findings

The Committee undertook an Annual Effectives Review in the form of a Survey sent to report writers, regular attendees, presenters and members in February 2025.

The survey comprised a set of standard questions with 'agree' 'disagree' and 'other' within the areas of A. Committee Operation; B. Committee Administration; C. Terms of Reference and D. Strategy. Please see Appendix A for the results, 4 people responded to the survey.

Top-line results indicate that the Committee is considered to work effectively.

The facility for providing additional feedback was used by some people which enriched the data with constructive comments and suggestions, including areas where further work should be considered, such as:

- **Reduction in meetings**: Meetings have been reduced; fewer meetings are deemed acceptable by attendees, however, 1 respondent advised that the Committee needs to meet at least three times a year due to legal requirements.
- **Operational detail**: Some reports are too operational; more focus on strategic discussions related to the charity is recommended.
- **Committee induction**: A Committee-specific induction would be beneficial.
- **Health equity integration**: There is uncertainty about whether it is part of the work plan.
- **Committee interaction**: Sufficient interaction with other Committees for integrated governance is noted, although it rarely happens.
- **Workplan triangulation**: Disagreement on whether the work plan supports triangulation.
- **Informal communication**: There appears to be an informal process for communicating the Committee's outcomes.

However, attention was also drawn to some Committee strengths which continued to be:

- **Learning integration**: Introduction of learning from experiences is seen as a positive development.
- **Meeting support**: Good meeting support and reporting are acknowledged.

8. Conclusion

Strawalley Ward
22/07/2025 08:12:11

The Chair of the Committee would like to highlight to the Board that the Committee has worked effectively in fulfilling its Terms of Reference during 2024/25, managing the priority areas for consideration and agreeing items for deferral. The Board is asked to recognise

how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

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

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

Corporate Governance
28 March 2025

Trawally, Rachel
22/07/2025 08:12:11

Appendix A – Results

4 people responded to the questionnaire

Question	Agree %	Disagree %	Other %
The Committee reports regularly to the Board	100%	0%	0%
The Committee has established a work plan for the year which is relevant to the terms of reference	100%	0%	0%
The Committee meets the appropriate number of times to deal with planned matters.	50%	0%	50%
At the end of each meeting the Committee discusses the outcomes and reflects back on decisions made and what worked well or not so well.	100%	0%	0%
Discussion aligns to the Trust values, we care, we listen, we deliver.	100%	0%	0%
The quality of Committee papers received allows me to perform my role effectively.	100%	0%	0%
Reports received have the right format and content.	100%	0%	0%
Committee papers are distributed in sufficient time to give them due consideration.	100%	0%	0%
Minutes are accurate and of a high quality and are received as soon as possible after meetings, setting out key actions and assurances received.	100%	0%	0%
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	100%	0%	0%
Each member contributes sufficient time to fulfil their role.	100%	0%	0%
Members, particularly those new to the Committee, are provided with induction and training.	75%	0%	25%
The Board ensures that members have sufficient knowledge of the Trust to identify key risk areas and to challenge on issues.	100%	0%	0%
Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints.	100%	0%	0%
The Committee has written Terms of Reference that define the Committee's role.	100%	0%	0%
The Committee is empowered to take action and make decisions, aligned to the Terms of Reference.	100%	0%	0%
Sufficient attention and time is given to discuss strategic risks.	100%	0%	0%
Does the Committee interact sufficiently with other Committees to support integrated governance.	75%	0%	25%
Health equity is proactively considered by the Committee and features on its work plan.	50%	25%	25%
Formal reporting is supplemented by opportunities to gather people's experience in support of triangulation.	100%	0%	0%
The work plan supports effective oversight to support assurance reporting, escalation and triangulation.	75%	25%	0%
The Committee's work is aligned clearly with the Trust strategy & strategic objectives.	100%	0%	0%
The Committee ensures that its decisions contribute to strategic direction of the Trust.	100%	0%	0%
The Committee's priorities are regularly reviewed to ensure alignment with changing priorities and risks.	100%	0%	0%
The Committee has made a positive contribution to work of the Trust over the last year.	100%	0%	0%
There is a process for communicating the Committee's outcomes.	75%	0%	25%

Trawalwyddfa/Agenda 22/07/2025 08:12:01

Appendix B - Action Plan – Charitable Funds Committee

Issues raised	Action	Responsible
Operational detail: Some reports are too operational; more focus on strategic discussions related to the charity is recommended.	The terms of reference and membership are being reviewed. A review of report content and supporting training needs to be undertaken to ensure they are focused on strategic content to enable strategic discussions.	CGT P Hubbard
Committee induction: An induction would be beneficial.	A Committee induction is not currently in place, however, this is something that Corporate Governance plan to develop over the next 12 months	CGT
Health equity integration: There is uncertainty about whether it is part of the work plan.	Corporate Governance are currently working with the EDI team to enhance this across committees/Board	CGT EDI Team P Hubbard
Committee interaction: Further work to be undertaken on this.	As part of the well-led action plan the flow of information across committees/Board and beyond the meetings will be considered	CGT Well Led Action planning
Workplans: further work to be undertaken on this for the Committee.	A review across committees/board on the information flow and reviewing any duplication/gaps in reporting would impact the workplans for the Committees.	CGT P Hubbard

Trawally, Rachel
22/07/2025 08:12:11

Charitable Funds Committee

Terms of Reference

Document details:	Terms of Reference for the Charitable Funds Committee
Version:	10 ~~9~~
Approved by:	Charitable Funds Committee
Date approved:	~~16/05/2025~~
Ratified by:	Board of Directors
Date ratified:	~~29/05/2025~~
Title of originator / author:	Corporate Governance Team
Title of responsible Director:	Non-Executive Chair of the Charitable Funds Committee
Date issued:	~~May 2025~~
Review date:	~~April 2024~~ July 2025
Frequency of review:	Annual
Where is previous copy archived: (if applicable)	Within the Charitable Funds Committee electronic files
Amendment Summary (changes highlighted in track changes):	~~• Removing Chair & Chief Executive from 'full member' list as referenced elsewhere in the document.~~ ~~• Changed quoracy to align with quoracy minimum numbers all other Board Committees work towards (3 Board members, 2 of whom to be Non-Executive).~~ ~~• Updated Assurance & escalation reporting arrangement to recognise this now also included 'decisions' being made.~~ ~~• Included reference to new strategic framework for the Trust.~~ ~~• Updated table of deputies.~~ • Renaming of Assurance & Escalation reporting to Effective Oversight: Escalation and Assurance. • Updating of job titles • Updating of Charities Act 2022

Trawally, Rachel 22/07/2025 08:12:11

	• Move to bi-annual meetings (from quarterly)

1 Name of group / committee

Charitable Funds Committee (Committee).

2 Composition of the Committee

Members: full rights

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

Any Executive and Non-Executive Director can attend a Board sub-committee meeting because of the position that they hold. When carrying out this duty they will assume full member rights.

There will also be the attendance of the Trust Secretary, the Head of Financial Accounting~~Services~~ and Capital, Head of Charity and Volunteering, and the Fundraising Officers. In addition to anyone listed above, the Chair of the Committee may also request individuals to attend on an ad-hoc basis to provide advice and support for specific items from its work plan when these are discussed in the meetings.

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a governor at Board sub-committee meetings is to observe the work of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors for the operational performance of the Trust. At the meeting the governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

Strawally, Rachel
22/07/2025 08:12:11

3 Quoracy

Number: The minimum number of members for a meeting to be quorate is three, two of whom must be a Non-Executive Director, and one of whom must be an Executive Director. Attendees do not count towards quoracy.

If the Chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the other Non-Executive Director.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal "acting up" arrangements.

A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 Meetings of the Committee

Frequency: Meetings will be held ~~quarterly~~ bi-annually. There will be further meetings if required by the Committee or Trust Board. All Committee members will be expected to attend at least one meeting a year.

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

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

~~**Assurance and Escalation**~~ Effective Oversight: Escalation and Assurance **(Alert, Advise, Assure and Decision – AAA+D) Reporting:** The Chair of the Committee will provide an update of key issues arising from the meeting to the next Board of Directors meeting.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-Executive Directors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

5 Authority

Establishment: The Charitable Funds Committee is a standing committee of the Trust Board. It will continue to meet in accordance with these Terms of Reference until the Trust Board determines otherwise.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Rowally Rameel 12/07/2023 09:12:11

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

6 Role of the committee

6.1 Purpose of the committee

The Board hereby resolves to establish a Committee of the Board to be known as the Charitable Funds Committee. The purpose of the Committee is to give additional assurance to the Board that the Trust's Charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales. It does not remove from the Board the overall responsibility for this area but provides a forum for a more detailed consideration of Charitable matters and allows for direct contact with the Charity Commissioners via the Trustees of the Charity when necessary.

The Charitable Funds Committee's key objectives are to:

- monitor all aspects of charitable activity within the Trust, as set out within its Terms of Reference; and
- obtain, as and when required, external independent professional advice through normal business processes and to secure the attendance of outside parties with relevant experience and expertise if this is considered to be appropriate.

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

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

- we care
- we listen
- we deliver.

As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Committee operates aligned to the four strategic priorities:

- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

Duties of the Committee

The Charitable Funds Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

In particular the Committee shall:

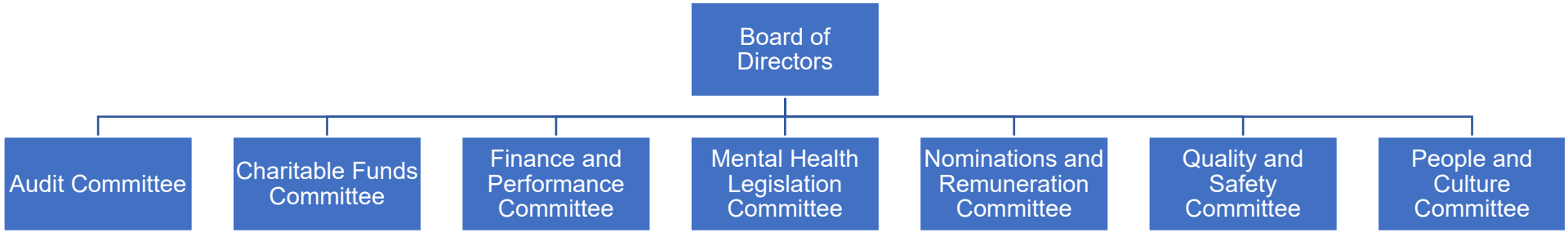
- ensure that the Charity complies with current legislation;
- review new legislation and its impact on the charity (i.e. Trustees Act 2000, SORP 2005 & the ~~Charities Act 2006~~, Charities Act 2011, as amended by the Charities Act 2022);
- set and review an investment policy for the charity;

Trawally, Rachel 22/07/2025 08:21:1

- appoint brokers to manage the charitable funds (if deemed appropriate);
- review the performance of the charities investments as managed by its brokers;
- set and review an expenditure policy including the use of investment gains;
- review individual fund balances within the overall charity on a regular basis;
- seek expenditure plans from individual fund holders where funds are currently not being used;
- agree guidance and procedures for fund holders (current delegated approval limits established as up to £1,000 for Fund Managers, up to £10,000 for Chief Finance Officer~~Director of Finance~~, Contracting and Estates, and over £10,000 by the Charitable Funds Committee itself);
- review audit recommendations;
- review and approve the Annual Report and Accounts for the Charity;
- oversee the development of the strategy and objectives for the Charity (including a fundraising plan);
- oversee the implementation of the infrastructure appropriate to efficient and effective running of the Charity;
- encourage a culture of income generation and raise the profile of the Charity within the Trust and local population; and
- approve promotional material of the Charity on behalf of the Trustees to ensure that material used will not place the Charity's reputation at undue risk.

Trawally,Rachel
22/07/2025 08:12:11

7 Relationships with the Board of Directors



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

There are no formal lines of accountability between the Charitable Funds Committee and other Trust Committees. The Charitable Funds Committee interacts with other Trust Committees through cross attendance.

Trawally, Rachel
22/07/2025 08:12:11

8 Duties of the Chair

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the Chief Finance Officer;
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- giving direction to the secretariat and checking the draft minutes;
- ensuring the agenda is balanced and discussion is productive; and
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

9 Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

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

Trawally Rachel
22/07/2025 08:12:11

Schedule of deputies

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

Full member (by job title)	Deputy (by job title)
Non-executive Director Chair	Another Non-executive Director
Non-executive Director	Another Non-executive Director
Chief Finance Officer	Operational Director of Finance
Chief Operating Officer	Deputy Chief Operating Officer

Attendee (by job title)	Deputy (by job title)
Head of Financial Accounting~~Services~~ and Capital	Senior Finance Manager
Trust Secretary	Deputy Trust secretary
Head of Charity and Volunteering	Fundraising ~~Officer~~ Manager

Trawally Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Agenda Item

22.0.3

Audit Committee

Annual Governance Report

April 2024 to March 2025

Trawally, Rachel
22/07/2025 08:12:11

Contents

Section	Topic	Page
1	Period covered by this report	3
2	Introduction	3
3	Assurance	4
4	Terms of Reference for the Quality and Safety Committee	5
5	Meetings of the Audit Committee	5
6	Joint Committees	6
7	Membership and attendance at meetings	6
8	Reports made to the Board of Directors	8
9	Work of the Audit Committee between April 2024 and March 2025	9

Trawally, Rachel
22/07/2025 08:12:11

1. Period covered by the report

This report covers the period between 1 April 2024 and 31 March 2025.

2. Introduction

The Audit Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. It is authorised to seek and obtain evidence of assurance on the effectiveness of the Trust's quality and safety systems and processes, and the quality and safety of the services provided. This includes identifying and seeking assurance on the management of quality and safety related risks at an operational and strategic level. The Committee monitors and reports to the Board on the effectiveness of these systems and processes. The Committee's key objectives are to seek assurance that:

It seeks high-level assurance on the effectiveness of:

- the Trust's governance
- risk management, and
- systems of internal control.

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

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

This report covers the work the Committee has undertaken at the formal meetings held during 2024/25. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

The Trust welcomes and encourages feedback and recognises the importance of being a learning organisation. A service experience or story is presented at the start of each Committee meeting, with the view that the input will be linked to the identified priorities the Committee is responsible for. This approach provides an opportunity for Board members to triangulate, build relationships with Trust colleagues, and support the Board's ongoing journey for Board visibility and accessibility to the workforce.

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

Trawally Rachel
22/07/2025 08:12:11

3. Assurance

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

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

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge.

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

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

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

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

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

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

Drawn by Rachel
12/2/2025 08:12:11

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

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

The Committee therefore received a number of key documents which included an Integrated Strategic Performance Report which directly aligned to those priority areas delegated to the Committee. Within these reports, informed by Executive oversight of operational grip and control systems, will be a proposed BAF assurance rating for each priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

4. Terms of Reference for the Quality and Safety Committee

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

5. Meetings of the Committee

During 2024-25 the Committee met seven times during this period. Details of the meeting dates are listed below:

- 8 May 2024
- 16 May 2024 – informal meeting with NEDs
- 19 June 2024
- 10 July 2024
- 11 September 2024
- 15 January 2025
- 12 March 2025

Trawalqa Ltd
22/07/2024 10:08:21

On an annual basis, a dedicated NED session is held to allow full scrutiny of the draft Annual Accounts in advance of finalising the audited accounts in June. The session was held on 19th June 2024.

The draft agenda for each meeting is presented to the Chair of the Committee, the Director of Finance, Contracting and Estates, and the Deputy Director of Finance by the Committee Secretariat.

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

6. Joint Committees

During 2024-25 the previous 'QSC deep dives' were replaced with Joint Committees, which included all Board Members plus invited guests. The topics for discussion were:

Date of Joint Committee	Meeting Details
10 April 2024	• Edenfield Centre at Greater Manchester Mental Health NHS Foundation Trust Report - Focusing on people, operations, quality and patient safety. • Quality Accounts.
16 October 2024	• Trust learning from the Nottingham attack & CQC findings. • Discussion on risk reporting.
11 December 2024	• Inpatient Safer Staffing (Model Roster).
12 February 2025	• Out of Area Placement • Post office enquiry (FS and RT)

Joint Committees reported to Board on a regular basis.

7. Membership of the committee and attendance at meetings

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

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

Trawden Rachel
22/01/25 08:11:21

Membership of the Committee has changed during this year, reflecting changes in the Non-Executive portfolio and Executive Management Team of the Trust, specifically:

- Sally Napper Non-Executive Director was added to the Audit Committee in January 2025.

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

Due to the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities.

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

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

Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams. Involvement Partners and Governors were proactively encouraged to attend and were provided with access to the MS Teams meeting to enable this.

The table below show attendance at the Committee for the meetings that took place during 2024/2025.

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

Attendance at Committee meetings by Substantive Members

Members		8 May 2024	19 June 2024	10 July 2024	11 September 2024	15 January 2025	12 March 2025
Simon Lewis	NED	Apologies	Attended	Attended	Attended	Attended	Attended
Chris Malish	NED (Chair)	Attended	Attended	Attended	Attended	Apologies	Attended
Sally Napper	NED					Attended	Attended

Attendance at Committee meetings by formal attendees

Key:

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

21/07/2025 08:12:11 Rachel Connolly

Regular Attendees		8 May 2024	19 June 2024	10 July 2024	11 September 2024	15 January 2025	12 March 2025

Fran Stead	Trust Secretary	Attended	Attended	Attended	Attended	Attended	Apologies
Rachel Trawally					Attended	Apologies	Apologies
Claire Risdon	Operational Director of Finance	Attended	Attended	Attended	Attended	Attended	Attended
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire	Attended	Attended	Attended	Attended	Attended	Attended
Lee Swift	Local Counter Fraud Specialist, Audit Yorkshire	Attended	Apologies	Attended	Attended	Attended	Attended
Salma Younis	Director, KPMG	Attended	Attended	Attended	Attended	Attended	Attended
Chris Boyne	Internal Audit, Audit Yorkshire	Attended	Apologies	Attended	Attended	Apologies	Apologies
Helen Higgs	Head of Internal Audit, Audit Yorkshire	Apologies	Attended	Apologies	Apologies	Attended	Attended

Other Attendees		**8 May 2024**	**19 June 2024**	**10 July 2024**	**11 September 2024**	**15 January 2025**	**12 March 2025**
John Blewett	Manager, KPMG	Attended					
Richard Cliff	Head of Legal Services	Attended			Attended		
Tim Rycroft	Chief Information Officer	Attended				Attended	
Diane Jackson	Executive PA			Attended			
Nazmeen Khan	Service Manager Admin			Attended	Attended		
Stacey Pearson	Head of Financial Accounting and Capital			Attended	Attended	Attended	
Bob Champion	Chief People Officer			Attended		Attended	
Mike Woodhead	Director of Finance, Contracting & Estates						Attended
Philippa Hubbard	Director of Nursing			Attended			Attended
Shane Embleton	Deputy Director, Estates & Facilities						Attended

Trust Board Rachel Trawally 2025 08:12:44

Sarah Denton	Executive PA	[redacted]	[redacted]	Attended	Attended

8. Report made to the Board of Directors

The Chair of the Quality and Safety Committee makes an Alert, Assurance, Advice, Decision (AAAD) report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself. Where items are considered to be of significance and a certain urgency, the Chair of the Committee may make use of Exceptional Escalation Reports to the Trust Chair and Chief Executive, and where appropriate the Board of Directors.

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

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

Date of meeting	Assurance and escalation report to Board by Chair
8 May 2024	17 July 2024
19 June 2024	17 July 2024
10 July 2024	25 September 2024
11 September 2024	25 September 2024
15 January 2025	29 January 2025
12 March 2025	26 March 2025

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

9. The work of Audit Committee during the year between April 2024 and March 2025.

The Chair of the Committee confirms that during 2024/25 the Committee has carried out its role in accordance with its terms of reference. Further details of all these areas of work can be found in the minutes and papers of the Committee.

Trawden Room
22/05/2025 09:12:11

A high-level presentation of areas of work on which the Committee has received assurance and during 2024/25 are listed below:

Risk Management:
- The Director of Nursing, Professions and Care Standards Directorate presents a litigation report bi-annually to the Committee.

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

Annual Report and Accounts for 2024/25:
- The Annual Report and Accounts for 2024/25 were reviewed prior to being presented and recommended to the Board of Directors for adoption in June 2025.
- The ISA 260 (which is the report to those charged with governance on the annual accounts) was also received and the findings from the audit of the annual accounts discussed, including the conclusion that the accounts have been prepared on a going concern basis.
- The Value for Money Assessments was received, and the findings were discussed.
- Reviewed the wording for the year-end Management Representation Letter.
- The Head of Internal Audit Opinion and the Annual Governance Statement were reviewed, supported and recommended to Trust Board.

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

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

External Audit:
- Reviewed and approved the work plan and the associated fee.
- Received regular update reports about the work of the auditors and also information about changes within the health sector which will impact on the Trust.

Trawden Parish Council
22/07/2025 10:12:41

- Received details of relevant sector updates along with assurances on how the executive directors had implemented or taken account of the guidance contained in the update report.

Committee compliance:
- Recommended the Audit Committee Annual Report to Trust Board
- Completed the Audit Committee effectiveness review
- Reviewed the Committee Terms of Reference
- Reviewed and recommended changes to the Standing Financial Instruction and Standing Orders.

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

Registers:
- The Committee reviewed the Hospitality, Sponsorship and Gifts Register to ensure the appropriateness and completeness of the content.
- Reviewed the waiver of standing orders and standing financial instructions; proposed write-off of outstanding debt; and losses and special payments registers.

Other governance items:
- Received COVID-19 update at each Committee meeting.
- Considered the management of deferred items from the Audit Committees workplan.
- Received the Annual Report for Information and Data Assurance.
- Received assurance on Annual Litigation Report and in year updates.
- Presentation of the Charitable Funds Committee Annual Report and Account, ISA 260 and Letter of Representation.
- Received assurance on the Policy Ratification Process.
- Received an update on the annual accounts timetable for 2024/25, including requirements for Related Party Transactions, asset valuation approach, changes to the Government Accounting Manual and IFRS17
- Received and discussed Corporate Benchmarking report
- Received AAA reports from all Trust Board sub-committees
- Agreed the Assurance and Escalation Report to Trust Board

As the primary governance sub-committee of the Board of Directors the Audit Committee preserved its independence from operational management by not having executive membership (although members of the Executive Management Team support the Committee by providing information and context only). It added value by maintaining an open and professional relationship with Internal Audit; External Audit; and Local Counter Fraud. It carried out its work diligently, discussed issues openly and robustly, and kept the Board apprised of any possible issues or risks. The Committee reviewed its work programme throughout 2024/25 to prioritise areas of work and free up capacity during the pandemic, with deferred items being managed and agreed at each Committee meeting.

Agenda Page 226
2024/25 09:12:11

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

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

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

Nazmeen Khan – Corporate Governance Office

Trawally Rachel
22/07/2025 08:12:11

Audit Committee

Terms of Reference

Version:	12.0
Approved by:	Audit Committee
Ratified by:	Board of Directors
Date approved:	TBC
Date ratified:	TBC
Job title of author:	Corporate Governance Team
Job title of responsible Director:	Non-Executive Director and Chair of the Audit Committee
Date issued:	TBC
Review date:	July 2025
Frequency of review:	Annual
Amendment Summary:	• Renaming of Assurance & Escalation reporting to Effective Oversight Escalation and Assurance. • Extra NED added to the Committee in January 2025

1 Name of Committee

Audit Committee.

2 Composition of the Audit Committee

Members: full rights

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

Trawally, Rachel 22/07/2025 08:42:11

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

In attendance: in an advisory capacity

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

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

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

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

2.1 Governor Observers

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

3 Quoracy

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

Trawally, Rachel
22/07/2025 08:12:11

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

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

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

4 Meetings of the Committee

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

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

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

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

5 Authority

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

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

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

Trawally, Rachel
22/07/2025 08:12:11

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

6 Role of the Committee

6.1 Purpose of the Committee

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

- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

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

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

- we care
- we listen
- we deliver.

6.2 Duties of the Committee

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

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

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

Trawally, Rachel
22/07/2025 08:12:11

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

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

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

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

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

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

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

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

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

Trawally, Rachel
22/07/2025 08:12:11

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

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

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

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

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

- annual review of the effectiveness of internal audit.

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

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

- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy.

- approval of the External Auditor's annual fee.

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

Trawally,Rachel
22/07/2025 08:12:11

- review all External Audit reports, including agreement of the annual audit letter before submission to the Trust Board and any work carried

outside the annual audit plan, together with the appropriateness of management responses.

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

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

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

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

They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Financial Reporting
The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

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

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

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

- major judgemental areas.

Trawally,Rachel
22/07/2025 08:12:11

- significant adjustments resulting from the audit.

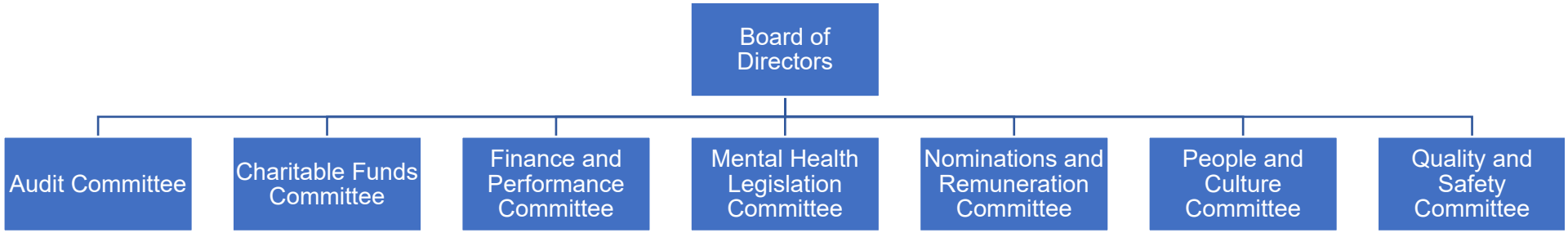
- qualitative aspects of financial reporting.

- letters of representation from Directors.

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

Trawally,Rachel
22/07/2025 08:12:11

7 Relationships with other groups and committees



Trawally, Rachel
22/07/2025 08:[illegible]:11

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

8 Duties of the Chair

The Chair of the Committee shall be responsible for:

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

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

9 Reviews of the terms of reference and effectiveness

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

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

Trawally Rachel
22/07/2025 08:12:11

Schedule of deputies

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

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

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

Trawally, Rachel
22/07/2025 08:12:11

Agenda item

22.0.5

Bradford District Care
NHS Foundation Trust

People and Culture Committee

Annual Governance Report

April 2024 to March 2025

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

Contents

Section	Topic
1	Period covered by this report
2	Introduction
3	Terms of Reference for the People and Culture Committee
4	Meetings of the People and Culture Committee
5	Membership and attendance at meetings
6	Reports made to the Board of Directors
7	Work of the People and Culture Committee between April 2024 and March 2025
8	Annual Effectiveness Review (summary of findings)
9	Conclusion
Appendix A	Survey Results
Appendix B	Action Plan – Quality and Safety Committee

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

1. Period Covered by the Report

This report covers the work of the People and Culture Committee for the financial year 1 April 2024 to 31 March 2025.

2. Introduction

The People and Culture Committee (Committee) was established in March 2020 by the Board of Directors as one of its sub-committees. This was following a recommendation from the external Well Led review undertaken by Deloitte that the Trust should establish a Committee to strengthen the Board's connection to the delivery of the People Development Strategy and provide oversight on this key area within the Trust. In July 2023 the Committees name was changed from 'Workforce and Equality Committee' to 'People and Culture Committee' to reflect the terminology more commonly used within the NHS People Plan, and that within the Trust.

The purpose of the Committee is defined as providing oversight of significant workforce and equality matters. The Committee is an assurance receiver on behalf of the Board of Directors, the Committee monitors key workforce performance metrics, risks and mitigations, and delivery of the Trust's People Development Strategy with supporting workforce plans and underpinning strategies.

This report covers the work the Committee has undertaken at the formal meetings held during 2024-25. The Committee reports to the Board of Directors and assures it on the work it has carried out, the assurances it has received and escalates specific concerns; demonstrating that it has operated within its Terms of Reference.

Secretariat support is provided by the Corporate Governance Team, who work with the Chief People Officer and their Deputy in relation to agenda planning, minutes, managing cumulative action logs and general meeting support.

The Trust welcomes and encourages feedback and recognises the importance of being a learning organisation. A colleague experience or story is presented at the start of each People and Culture meeting, with the view that the input will be linked to one of the identified priorities being discussed at that meeting. This new approach will provide an opportunity for Board members to triangulate, build relationships with Trust colleagues, and support the Board's ongoing journey for Board visibility and accessibility to the workforce.

<u>Assurance</u>

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

Assurance is provided through written reports, both regular and bespoke, through critical exchange and challenge by Committee members who validate the information provided through wider knowledge of the Trust; specialist areas of expertise; attending Board of Directors and Council of Governors' meetings; visiting services, talking to staff, and observing operational meetings at the Trust as required. During this period Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams.

DRAFT

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge.

There is one Strategic Objectives (SO) aligned to the People and Culture Committee, **SO2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders within a culture that is open, compassionate, improvement-focused and inclusive culture. This Strategic Objective has a number of in-year ambitions:

- Looking after our people
- Belonging in our organisation (including leadership)
- New ways of working and delivering care
- Growing for the future

In order to promote consistency across the Trust, including alignment with the approach of the Internal Audit team, the Trust will use the following definitions to identify the level of assurance that the Trust is making sufficient progress against its strategic priorities:

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

The Committee therefore received a number of key documents which included an Integrated Strategic Performance Report which directly aligned to those priority areas delegated to the Committee. Within these reports, informed by Executive oversight of operational grip and control systems, will be a proposed Board Assurance Framework (BAF) assurance rating for each priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

Public Trust Board 27/07/2023 08:12:11

3. Terms of Reference for the People and Culture Committee

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

4. Meetings of the Committee

During the 2024/25 financial year, the Committee met six times:

- 9 May 2024
- 11 July 2024
- 12 September 2024
- 14 November 2024
- 16 January 2025
- 13 March 2025

The draft agenda for each meeting is presented to the Chair of the Committee (Mark Rawcliffe); and the executive lead (Chief People Officer).

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

5. Joint Committees

During 2024-25 the previous 'QSC deep dives' were replaced with Joint Committees, which included all Board Members plus invited guests. The topics for discussion were:

Date of Joint Committee	Meeting Details
10 April 2024	• Edenfield Centre at Greater Manchester Mental Health NHS Foundation Trust Report - Focusing on people, operations, quality and patient safety. • Quality Accounts.
16 October 2024	• Trust learning from the Nottingham attack & CQC findings. • Discussion on risk reporting.
11 December 2024	• Inpatient Safer Staffing (Model Roster).
12 February 2025	• Out of Area Placement • Post office enquiry (FS and RT)

Joint Committees reported to Board on a regular basis.

Trawden Rachel
22/07/2025 09:12:11

6. Membership of the Committee and attendance at meetings

The Committee is made up of two Non-Executive Directors (or associate Non-Executive Directors); the Chief People Officer, the Chief Operating Officer, the Medical Director, Chief Finance Officer and the Director of Nursing, Professions and Care Standards. There were a number of meetings not quorate during the period, items for approval were circulated after the meeting.

Due to the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities.

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

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

Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams. Involvement Partners and Governors were proactively encouraged to attend and were provided with access to the MS Teams meeting to enable this.

The Committee shall be quorate when three members attend the meeting, two of which must be Non-Executive Directors. Attendees do not count towards quoracy.

If the Committee Chair is unable to attend a meeting, and if otherwise quorate, the meeting will be chaired by one of the other Non-Executive Directors.

Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate unless the deputy is representing the member under formal “acting up” arrangements.

A non-quorate meeting may go ahead unless the Chair decides not to proceed. Any decisions made by a non-quorate meeting must be reviewed at the next quorate meeting.

The table below show attendance at the Committee for the meetings that took place during 2024/2025

Full Name	Job Role / Title	09.05.24	11.07.24	12.09.24	14.11.24	16.01.25	13.03.25
Member							
Mark Rawcliffe	Chair - Member - Chair	X	X	X	X	X	
Sally Napper	SID and Deputy Chair - Member - NED		X		X	X	X (chair)
Bob Champion	Chief People Officer - Member - Lead	X	X	X	X	X	X
Phil Hubbard	Director of Nursing						
David Sims	Medical Director		X	X	X	X	

DRAFT

Kelly Barker	Chief Operating Officer	X	X	X			X
Mike Woodhead	Chief Finance Officer		X	X	X	X	
Tim Rycroft	Chief Information Officer		X	X			
Therese Patten	Chief Executive (optional attendance)		X				X
Regular Attendee							
Jo Wilson	Head of Medical Staffing & Education	X		X	X	X	X
Fran Stead	Trust Secretary	X	X	X		X	
Rachel Trawally	Deputy Trust Secretary			X	X		X
Fay Davies	Deputised for Michelle Holland						
Jeanette Homer	Staff Side Chair		X			X	
Lisa Wright	Head of EDI		X	X	X	X	X
Chris Dixon	Deputy Director of Nursing and Professions (Representing Phil Hubbard)		X	X	X		X
Jess Greenwood-Owens	Corporate Governance Officer - Secretary			X	X	X	X
Michelle Holgate	Deputy Director of Operations (representing Kelly Barker)				X	X	
Full Name	**Job Role / Title**	**09.05.24**	**11.07.24**	**12.09.24**	**14.11.24**	**16.01.25**	**13.03.25**
Michelle Holland	Deputy Director of HR & Organisation Development			X	X	X	X
Fay Davies	Head of Workforce Development						X
Bronte Dines-Allen	Representing Lisa Wright	X					
Phyllis Macgoye	Corporate Governance Officer - Secretary	X					
Ritta Harrison	Secretary		X				
Timed Business - presenter							
Danielle Stephenson	Acting Senior Manager WISPA		X				
Emma Stott	Resourcing Manager		X	X			
Claire Ingle	Head of HR Planning and Performance	X	X	X	X	X	X
Claire Woodfine	Senior HR Business Partner				X		
Helen Farrar	Engagement Manager	X	X				
Naomi Fernandez	Leadership and Organisational Development Manager				X	X	
Chris Farquhar	Organisation Development Facilitator				X	X	
Susan Francis	Workforce Development Lead - Trauma Informed Care					X	
Jill boyd	Information Governance Assistant					X	
Rachel Pears	Workforce Planning Manager	X					
Jas O'Neil-Stone	Learning from your experience						X
Matthew Cook	Learning from your experience						X
Jude Isifoh	Learning from your experience		X				
Hilary Ukande	Learning from your experience		X				
Sughukoriwei Robertson	Learning from your experience		X				
Stuart Scarfe	Learning from your experience/ Apprenticeships			X	X		
Hannah Doidge	HR Business Partner				X		
Joanne Somers	Education & Training Manager				X		
Observer							
Hannah Nutting	Governor			X			
Caroline Felce	Kaizen Promotion Office Senior Analyst						
Connor Brett	Governor		X				
Richard Cliff	Head of Legal Services						
Paula Hanson	Payroll						
Peri Thomas	Gatenby Sanderson Insight Programme	X					

DRAFT

Jaewon Yi Rachel 25/07/2025 08:12:11

7. Reports Made to the Board of Directors

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

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

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

Date of meeting	Assurance and escalation report to Board by Chair
09/05/2024	-
11/07/2024	-
12/09/2024	25/09/2024
14/11/2024	verbal 27/11/24 paper 29/1/25
16/01/2024	29/01/2025
13/03/2025	26/03/2025

8. The Work of the People and Culture Committee During the Year between April 2024 and March 2025

The Chair of the Committee can confirm that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all these areas of work can be found in the minutes and papers of the Committee.

High-level and more detailed presentations of areas of work on which the Committee has received assurance and during the year were as follows:

Assurance on:

- AAAD: Senior Leadership Team, People, Planning & Innovation
- AAAD: Strategic EDI Partnership Group
- Medical Staffing Updates and Recruitment activity updates

Reports and presentations on:

- Learning from your experience – various topics
- Staff Survey results
- Staff Survey, mid-point update
- Lively Yourself Up Annual Report

Trawden Parish Council 22/23/24/25/26/27

- Public Sector Equality Duty Report including update on Strategy and Equality Objectives
- Belonging & Inclusion update
- Gender Pay Gap Annual Report
- Workforce Race Equality Standard Report
- Workforce Disability Equality Standard Report
- Rainbow Alliance Annual Report
- Aspiring Cultures Annual Report
- Beacon Network Annual Report
- Leadership and Management Programme Review (to include Talent Management)
- Reciprocal Mentoring Programme update
- Trust and Service Level 5-year Workforce Plans
- Apprenticeship Levy Annual Report
- Apprenticeship Levy mid-year update
- Subject Focus: Induction Activity
- Leading better Lives Together – "Closing the Gap" update
- Working with the new Government
- Subject Focus - Workforce Race Equality Standard, Metric 5: Abuse to staff from patients and the public
- Belonging and Inclusion Update
- Subject Focus: Employee Relations Casework Review
- Deep Dive: Staff Bank - Mandatory Training
- Strategic Risks
- New ways of working/data insights – subject focus
- Committee annual effectiveness review
- Committee annual Terms of Reference review
- Committee Work Plan
- Annual Governance Report

9. Annual Effectiveness Review (summary of findings)

The Committee undertook an Annual Effectives Review in the form of a Survey sent to report writers, regular attendees, presenters and members in February 2025. Six people responded to the survey.

The survey comprised a set of standard questions with 'agree' 'disagree' and 'other' within the areas of A. Committee Operation; B. Committee Administration; C. Terms of Reference and E. Strategy.

Top-line results indicate that the Committee is considered to work effectively.

The facility for providing additional feedback was used by some people which enriched the data with constructive comments and suggestions, including areas where further work should be considered, such as:

Trawden Academy 22/07/2025 08:21:22

- **Presentations**: are welcomed but need to be circulated prior to the meeting with an executive summary so members can adequately prepare questions.
- **Timely distribution of papers**: All papers should be provided at least a week before meetings; this standard is not consistently met.

- **Member participation**: Not all members actively contribute during meetings.
- **Minutes and Actions**: This could be improved by sending minutes and actions as soon as possible following the meeting.
- **Induction process**: Uncertainty exists around whether an induction process is provided.
- **Attendance and Quoracy:** Absences have occasionally led to non-quorate meetings.
- **Health equity**: Although addressed, its integration and prominence could be improved.
- **Committee communication**: Communication of outcomes to the wider Trust is unclear and requires improvement.
- **Other Committees**: A summary of activities from other committees that impact on, or feed into this PCC would be beneficial.

However, the Committee strengths were:

- **100% of respondents replied 'Agree' to 57% of the questions** (please see Appendix A for list of questions): some of these included:

    - The Committee reports regularly to the Board;
    - Discussion aligns to the Trust values, we care, we listen, we deliver.
    - The Board ensures that members have sufficient knowledge of the Trust to identify key risk areas and to challenge on issues.
    - The Committee has written Terms of Reference that define the Committee's role.
    - The Committee is empowered to take action and make decisions, aligned to the Terms of Reference.
    - Formal reporting is supplemented by opportunities to gather people's experience in support of triangulation.
    - The work plan supports effective oversight to support assurance reporting, escalation and triangulation.
    - The Committee's work is aligned clearly with the Trust strategy & strategic objectives.
    - The Committee ensures that its decisions contribute to strategic direction of the Trust.
    - The Committee's priorities are regularly reviewed to ensure alignment with changing priorities and risks.

- In addition it was noted that the Committee uses time wisely to focus regularly on workforce challenges and that the Committee is highly aligned to our Trust Values and Strategy.

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

10. Conclusion

The Chair of the Committee would like to assure the Board that the Committee worked hard to fulfil its Terms of Reference during 2024/25, including monitoring and advising on key human resources metrics via the dashboard, promoting the Trust's values and vision through a wide range of staff development including the Trust's comprehensive leadership and management programme. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust and it has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues, risks, or learning. Organisational learning drives this Committee and is one of its core values; further improvements will be made to advance this critical aspect of quality and safety.

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

Jess Greenwood-Owens - Corporate Governance Officer

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

Appendix A – Survey Response

6 people responded to the Survey, - 1 respondent chose 'not able to answer' – therefore their reply to those questions was removed from the analysis

Question	Agree %	Disagree %	Other %
The Committee reports regularly to the Board	100%	0%	0%
The Committee has established a work plan for the year which is relevant to the terms of reference	100%	0%	0%
The Committee meets the appropriate number of times to deal with planned matters.	100%	0%	0%
At the end of each meeting the Committee discusses the outcomes and reflects back on decisions made and what worked well or not so well.	100%	0%	0%
Discussion aligns to the Trust values, we care, we listen, we deliver.	100%	0%	0%
The quality of Committee papers received allows me to perform my role effectively.	80%	0%	20%
Reports received have the right format and content.	80%	0%	20%
Committee papers are distributed in sufficient time to give them due consideration.	80%	0%	20%
Minutes are accurate and of a high quality and are received as soon as possible after meetings, setting out key actions and assurances received.	83%	17%	0%
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	60%	40%	0%
Each member contributes sufficient time to fulfil their role.	60%	20%	20%
Members, particularly those new to the Committee, are provided with induction and training.	40%	0%	60%
The Board ensures that members have sufficient knowledge of the Trust to identify key risk areas and to challenge on issues.	100%	0%	0%
Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints.	100%	0%	0%
The Committee has written Terms of Reference that define the Committee's role.	100%	0%	0%
The Committee is empowered to take action and make decisions, aligned to the Terms of Reference.	100%	0%	0%
Sufficient attention and time is given to discuss strategic risks.	80%	0%	20%
Does the Committee interact sufficiently with other Committees to support integrated governance.	60%	0%	40%
Health equity is proactively considered by the Committee and features on its work plan.	40%	0%	60%
Formal reporting is supplemented by opportunities to gather people's experience in support of triangulation.	100%	0%	0%
The work plan supports effective oversight to support assurance reporting, escalation and triangulation.	100%	0%	0%
The Committee's work is aligned clearly with the Trust strategy & strategic objectives.	100%	0%	0%
The Committee ensures that its decisions contribute to strategic direction of the Trust.	100%	0%	0%
The Committee's priorities are regularly reviewed to ensure alignment with changing priorities and risks.	100%	0%	0%
The Committee has made a positive contribution to work of the Trust over the last year.	100%	0%	0%
There is a process for communicating the Committee's outcomes.	67%	17%	17%

Appendix B - Action Plan – People and Culture Committee

Issued raised	Actions planned/undertaken	Responsible	Priority Level
Presentations: are welcomed but need to be circulated prior to the meeting with an executive summary so members can adequately prepare questions.			
Timely distribution of papers: All papers should be provided at least a week before meetings; this standard is not consistently met.			
Member participation: Not all members actively contribute during meetings.			
Minutes and Actions: This could be improved by sending minutes and actions as soon as possible following the meeting.			
Induction process: Uncertainty exists around whether an induction process is provided.			
Attendance and Quoracy: absences have occasionally led to non-quorate meetings.			
Health equity: Although addressed, its integration and prominence could be improved.			
Committee communication: Communication of outcomes to the wider Trust is unclear and requires improvement.			

Trawell Kraken
22/09/2023 08:12:11

Other Committees: A summary of activities from other committees that impact on, or feed into this PCC would be beneficial.			

Trawally, Rachel
22/07/2025 08:12:11

Action Plan – People and Culture Committee

Issued raised	Actions planned/undertaken	Responsible
Presentations: are welcomed but need to be circulated prior to the meeting with an executive summary so members can adequately prepare questions.	Corporate Governance will request that presentations are circulated prior and an executive summary provided.	Corp Gov All report writers
Timely distribution of papers: All papers should be provided at least a week before meetings; this standard is not consistently met.	• Committee papers will continue to be circulated 7 days before the meeting. • A new board pack system (AdminControl) will be rolled out for use in 25/26; this will aid in last minute papers being added quicker (no longer requiring new full packs to be produced).	Corp Gov
Induction process: Uncertainty exists around whether an induction process is provided.	A Committee induction is not currently in place, however this is something that Corporate Governance plan to develop over the next 12 months	Corp Gov
Member participation: Not all members actively contribute during meetings.	A Committee induction would help to address this (see above action)	Corp Gov
Minutes and Actions: This could be improved by sending minutes and actions as soon as possible following the meeting.	• Corporate Governance will aim to circulate minutes and actions earlier. • Corporate Governance are piloting the use of co-pilot so the team could potentially produce minutes and actions more quickly following the meeting	Corp Gov
Attendance and Quoracy: absences have occasionally led to non-quorate meetings.	This will be followed up as part of the Well-Led action planning	Corp Gov Well-Led Action planning
Health equity: Although addressed, its integration and prominence could be improved.	Corporate Governance are currently working with the EDI team to enhance this across committees/Board	Corp Gov/ EDI Team
Committee communication: Communication of outcomes to the wider Trust is unclear and requires improvement.	As part of the well-led action plan the flow of information across committees/Board and beyond the meetings will be considered	Corp Gov Well-Led Action planning

21/07/2025 08:12:11

Other Committees: A summary of activities from other committees that impact on, or feed into this PCC would be beneficial.	As part of the well-led action plan the flow of information across committees/Board and beyond the meetings will be considered	Corp Gov Well-Led Action planning

Trawally, Rachel
22/07/2025 08:12:11

People and Culture Committee

Terms of Reference

Version:	5.0
Approved by:	People and Culture Committee
Ratified by:	Board of Directors
Date approved:	TBC
Date ratified:	TBC
Job title of author:	Corporate Governance Team
Job title of responsible Director:	Non-Executive Director and Chair of the People and Culture Committee
Date issued:	TBC
Review date:	July 2025
Frequency of review:	Annual

Amendment Summary:

~~-Name change of the Committee from 'Workforce and Equality Committee' to 'People and Culture Committee'.~~

~~-Changed quoracy to align with quoracy minimum numbers all other Board Committees work towards (3 Board members, 2 of whom to be Non-Executive).~~

~~-Removing Chair & Chief Executive from 'full member' list as referenced elsewhere in the document.~~

~~-Updated meeting frequency to reflect this meeting moving to take place every 2-months.~~

~~-Updated urgent meeting provision aligned to detail within other Board sub-committee Terms of Reference documentation.~~

~~-Included the provision to support Joint Committee meetings taking place.~~

~~-Updated the AAA reporting to include Decisions made (AAA+D).~~

~~-Included reference to new strategic framework for the Trust.~~

~~-Name change of 'Director of Finance' to 'Chief Finance Officer'.~~

~~-Relationship with the Board of Directors updated.~~

Renaming of Assurance & Escalation reporting to Effective Oversight: Escalation and Assurance

1 Name of group / committee

People and Culture Committee (Committee).

Pewally, Rachel
22/07/2025 08:13:21

2 Composition of the Committee

Members: full rights

Title	Role in the group / committee
Non-Executive Director	Committee Chair
Non-Executive Director	Additional non-executive member
Chief People Officer	Executive lead for workforce development. Assurance and escalation provider to the Committee.
Chief Finance Officer	Executive lead for finance and resources. Assurance and escalation provider to the Committee.
Chief Operating Officer	Executive lead with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Committee.
Medical Director	Executive lead for medics. Assurance and escalation provider to the Committee.
Director of Nursing, Professions and Compliance	Executive lead for nursing and professional standards. Assurance and escalation provider to the Committee.

Any Executive and Non-Executive Director can attend a Board sub-committee meeting because of the position that they hold. When carrying out this duty they will assume full member rights. It is expected that the Committee will be of particular interest to the Non-Executive Director champion for Leadership Development, Equality and Diversity and Staff Wellbeing.

The Deputy Chief People Officer; the Freedom to Speak Up Guardian; Head of Equality and Diversity; and the Trust Secretary will attend all meetings. In addition to anyone listed above, the Chair of the Committee may also request individuals to attend on an ad-hoc (or regular) basis to provide advice, support, or to otherwise contribute to the Committee's work.

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a governor at Board sub-committee meetings is to observe the work of the Committee, in order to get a better understanding of the work of the Trust and the extent which Non-Executive Directors appropriately challenge and support the Executive Directors. At the meeting the governor observer(s) will be required, along with other participants, to declare any potential or actual conflicts of interest they may have in respect of any of the items to be discussed.

2.2 Invitees

An open invite to be extended to the Staff Side Chair or delegated member of the Staff Partnership Forum and Local Negotiating Forum for each meeting and also to the Staff Network Chairs or delegated member.

Trawally, Rachel 23/07/2025 08:11:11

3 Quoracy

Number: The minimum number of members for a meeting to be quorate is three, two of whom must be Non-Executive Directors. Attendees do not count towards quoracy.

If the Chair is unable to attend a meeting, and if otherwise quorate, the meeting will be chaired by one of the other Non-Executive Directors.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate unless the deputy is representing the member under formal "acting up" arrangements.

A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by a non-quorate meeting must be reviewed at the next quorate meeting.

4 Meetings of the Committee

Frequency: The Committee will meet at least six times a year. There will be separate meetings if required by the Board.

Urgent meeting: Any member of the Committee may request an urgent meeting. The Chair of the Committee will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner.

Minutes: Minutes and diary arrangements will be managed by the Corporate Governance Team.

Joint Committee Meetings: Joint Committee meetings can take place between Board sub-committees. It will be for the Executive Directors in partnership with Non-Executive Director Chairs to agree when a meeting will be convened. Joint Committee meetings will be facilitated by the Corporate Governance Team and will either be formal meetings, or development sessions. When Joint meetings are convened the relevant Terms of Reference will be adhered to.

Alert, Advise, Assure and Decision (AAA+D) ~~**Assurance and Escalation Reporting**~~ Effective Oversight: Escalation and Assurance **:** The Chair of the Committee will provide an update of key issues and assurances arising from the meeting to the next Board of Directors meeting held in public.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-Executive Directors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

Trawally, Rachel 22/07/2025 09:22:21

5 Authority

Establishment: The Committee is a sub-committee of the Board of Directors and has been formally established by the Board.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time-limited. However, the Committee has a responsibility to review its effectiveness annually.

6 Role of the committee

6.1 Purpose of the committee

The Committee's purpose is to provide strategic oversight of significant workforce and equality matters. It will seek assurance on the same, and the extent to which the Trust has effective strategies/systems in place to fully support (among other things) a high performing, engaged and motivated workforce, with a positive, compassionate, inclusive, people-centred and improvement-focused culture free from discrimination, bullying and harassment, to support the delivery of the Trust's wider strategic objectives.

As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Mental Health Committee is responsible for Best Quality Services – Theme 3 – Improving the experience of people using our services (specifically in relation to restrictive practices) as a supporting objective to the four strategic priorities:

- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

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

In carrying out their duties, members of the Committee and any attendees must take all reasonable steps to ensure they act in accordance with the values of the Trust, which are:

- we care
- we listen
- we deliver.

Duties of the Committee

To the extent that what follows is reasonably practicable, the Committee will:

1) Seek appropriate and adequate levels of assurance regarding:

Trawally, Rachel 22/07/2025 08:12:21

a. the development, implementation and/or effectiveness of any overall strategic people plan and/or other **strategic plans and projects** at the Trust relating directly to workforce and equality matters. Initially, therefore, the primary focus of the Committee shall be on matters relating to:

- the Trust's current "People Development Strategy (2021-2024)" and its four themes (Looking after our People, Belonging in the organisation, New ways of working and delivering care, Growing for the future); and
- the Trust's current set of "Strategic Priorities Programme" relating to the same.

b. strategic management and significant risks/issues relating **more generally** to areas such as:

- overall workforce capacity, capability, and performance;
- leadership and wider organisational culture (with an emphasis on the development of a positive, compassionate, inclusive, people-centred and improvement-focused **leadership culture**, free from discrimination, bullying and harassment, which can engage and inspire all people across the workforce);
- equality, diversity and inclusion;
- the "Freedom to Speak Up" programme and "whistleblowing";
- staff engagement and experience;
- staff wellbeing and safety (both physically and mentally);
- staff absence;
- organisational design, roles, and ways of working;
- recruitment and retention;
- leadership, talent and management development;
- career and professional development, training and education;
- individual performance/capability/conduct issues; or could broaden to effectiveness of key employment policies and practices
- any relevant matters arising from increased system / partnership working; and
- any other strategic workforce and equality matter considered to be sufficiently relevant to the work of the Committee.

c. strategic management and significant risks/issues relating **more specifically** to the "protected characteristics" and the "public sector equality duty" set out in the Equality Act 2010, other relevant **legislation** (including the Employment Rights Act 1996) and/or **best practice**, including the prevention/management of:

- discrimination in its various forms;
- harassment, victimisation, and other unlawful detriment (including in relation to whistleblowers); and
- bullying, violence, abuse, and other serious misconduct.

2) Receive (whether in relation to paragraph 1 or otherwise) and seek appropriate and adequate levels of assurance regarding any statutory, mandatory or otherwise **relevant reports** relating to strategic workforce and equality matters, including:

a. the NHS Staff Survey;
b. the Equality, Diversity and Inclusion Annual Report,
c. the Freedom to Speak Up Report; and

Trawally, Rachel 22/07/2025 08:13:11

d. other necessary or relevant reports, such as those relating to:

- the gender pay gap;
- the workforce race equality standard; and
- the workforce disability equality standard; and
- the patient & carer race equality framework.

3) Seek (whether in relation to paragraphs 1 or 2 or otherwise) appropriate and adequate levels of assurance regarding any necessary or otherwise desirable **alignment** between the Trust's strategic approach to workforce and equality matters and:

a. the Trust's wider organisational strategy (i.e. "Better Lives, Together", incorporating within it, as it does, "Best Place to Work") and relevant key areas of focus (including the Board Assurance Framework);

b. relevant national strategic workforce and equality guidance and best practice, etc, from the NHS (including any overall NHS people plan) and/or other relevant organisations;

c. relevant requirements, opportunities and/or significant risks/issues relating to the Trust's participation in the local/regional healthcare system (e.g. the West Yorkshire and Harrogate Health and Care Partnership) and the Trust's wider partnering arrangements.

4) Endeavour to be **forward-looking** as well as backward-looking in the course of its work, and, when doing so, to consider longer-term opportunities and risks.

5) Use data and intelligence informedly to identify patterns, themes and areas of particular, priority focus for the committee through triangulation and receipt of qualitative as well as quantitative analysis.

6) Connect appropriately with **other committees** of the Trust Board, where strategic workforce and equality matters overlap with their respective remits.

7) Provide adequate updates to the **Trust Board**, of both material risks/issues and material assurances, relating to strategic workforce and equality matters at the Trust.

8) To consider opportunities, challenges and requirements of our local place and regional health care systems and partnerships.

9) Supporting the Trust's continuous improvement journey, both internal and external learning will be considered by the Committee. This will be within the remit as set out in the terms of reference and supporting work plan for the Committee who will be acting as an agent of the Board of Directors.

Trawally, Rachel
22/07/2025 08:12:11

7 Relationships with the Board of Directors



Trawally, Rachel
22/07/2025 08:12:11

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

8 Duties of the Chair

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the Chief People Officer;
- directing the meeting, ensuring as far as possible that it operates in accordance with the Trust's values and that all attendees have a reasonable opportunity to contribute to the discussion;
- giving appropriate direction to the secretariat and checking the draft minutes;
- ensuring that the agenda is appropriately balanced and relevant, and that discussion is productive; and
- ensuring that sufficient information is presented to the Board in respect of the work of the Committee.

9 Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

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

Trawally,Rachel
22/07/2025 08:12:11

Schedule of deputies

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

Full member (by job title)	Deputy (by job title)
Non-executive Director Chair	Another Non-executive Director
Non-executive Director	Another Non-executive Director
Chief People Officer	Deputy Chief People Officer
Chief Finance Officer	Operational Director of Finance
Chief Operating Officer	Deputy Director of Operations
Medical Director	Deputy Medical Director/Chief Pharmacist
Director of Nursing, Professions, and Compliance	Deputy Director of Nursing, Professions and Care Standards

Attendee (by job title)	Deputy (by job title)
Deputy Chief People Officer	Head of Workforce Development Head of Workforce Performance Head of Workforce Planning
Head of Equality, Diversity and Inclusion	Head of Workforce Development Head of Workforce Performance Head of Workforce Planning
Freedom to Speak Up Guardian	Deputy Freedom to Speak Up Guardian
Trust Secretary	Deputy Trust Secretary
Staff Side Chair	Delegated member of the Staff Partnership Forum or Local Negotiating Forum
Staff Network Chairs	Delegated member as agreed by the Network Chair

Trawally Rachel
22/07/2025 08:12:11

Bradford District Care
NHS Foundation Trust

Agenda Item
22.0.8

Mental Health Legislation Committee

Annual Governance Report

1 April 2024 to 31 March 2025

Trawally Rachel
22/07/2025 08:12:11

Contents

Section	
1	Period covered by this report
2	Introduction
3	Terms of Reference for the Mental Health Legislation Committee
4	Joint Committees
5	Membership and attendance at meetings
6	Report made to the Board of Directors
7	The work of the Committee during the year between April 2024 and March 2025
8	Annual Effectiveness Review Summary
9	Conclusion
10	Appendix B - Survey Results
11	Appendix C – Action Plan

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

1 Period covered by the report

The report covers the period from 1 April 2024 to 31 March 2025.

2 Introduction

The Mental Health Legislation Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. It is authorised to seek and obtain evidence of assurance on the effectiveness of the Trust's mental health legislative systems and processes, and the quality of the services provided. The Committee will monitor and report to the Board on the effectiveness of these systems and processes. The Committee's key objectives are to seek assurance that:

- systems and processes are effective, and wherever possible evidence-based
- the quality of services provided is good and continuously improving
- the experience of people using Trust services is good and continuously improving.

The Committee also seeks to:

- monitor, review and report to the Board on all the above; highlighting assurances received and risks to assurance identified
- receive relevant mental health legislation update for information and assurance.

This report covers the work the Committee has undertaken at the formal meetings held during 2024/25. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

The Trust welcomes and encourages feedback and recognises the importance of being a learning organisation. An experience or story is presented at the start of each Committee meeting, with the view that the input will be linked to one of the identified priorities the Committee is responsible for. This new approach will provide an opportunity for Board members to triangulate, build relationships with Trust colleagues, and support the Board's ongoing journey for Board visibility and accessibility to the workforce.

Secretariat support is provided by the Corporate Governance Team who work with the Chair of the Committee, the Medical Director and Mental Health Legislation Lead in relation to agenda planning.

Assurance

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

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

Trawalla Appeal
22/07/2025 08:12:11

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge.

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

The delegated responsibilities aligned to Mental Health Legislation Committee are outlined as Best Quality Services – Theme 3 – Improving the experience of people using our services (specifically in relation to restrictive practices). This is a change for Mental Health Legislation Committee in that previously the Committee has not had direct accountability for previous strategic objectives.

In order to promote consistency across the Trust, including alignment with the approach of the Internal Audit team, the Trust will use the following definitions to identify the level of assurance that the Trust is making sufficient progress against its strategic priorities:

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

The Committee therefore received a number of key documents which included an Integrated Strategic Performance Report which directly aligned to those priority areas delegated to the Committee. Within these reports, informed by Executive oversight of operational grip and control systems, will be a proposed BAF assurance rating for each priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

Trawally, Rachel
22/07/2025 08:12:11

3 Terms of Reference

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

4 Joint Committees

During 2024-25 the previous 'QSC deep dives' were replaced with Joint Committees, which included all Board Members plus invited guests. The topics for discussion were:

Date of Joint Committee	Meeting Details
10 April 2024	• Edenfield Centre at Greater Manchester Mental Health NHS Foundation Trust Report - Focusing on people, operations, quality and patient safety. • Quality Accounts.
16 October 2024	• Trust learning from the Nottingham attack & CQC findings. • Discussion on risk reporting.
11 December 2024	• Inpatient Safer Staffing (Model Roster).
12 February 2025	• Out of Area Placement • Post office enquiry (FS and RT)

Joint Committees reported to Board on a regular basis.

5 Membership of the committee and attendance at meetings

The minimum number of members for a meeting to be quorate is three, two of whom must be Non-Executive Directors (NED). All meetings in the period were quorate apart from three meetings; 09 May 2024, 10 July 2024, 13 March 2025 where any decisions and ratifications were done outside of the meeting via email and confirmed under the 'matters arising section' at the next meeting.

Membership of the Committee remained the same as the previous year, due to no changes within the Non-Executive portfolio and Executive Management Team of the Trust. Changes however were made to representatives for the Hospital Managers in January 2025.

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

Due to the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities.

Trawally Mitchel
22/07/2025 08:12:11

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

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

Experience and involvement continued to be a key focus for the Trust with identified Involvement Partners, who are supported by the Patient Experience Team. The Committee has been supported by two service user Involvement Partners.

Attendance at meetings for substantive members and those in attendance were as follows:

Name	09.05.2024	11.07.2024	12.09.2024	14.11.2024	16.01.2025	13.03.2025
Substantive Members						
Simon Lewis, Chair	X		X	X	X	X
Alyson McGregor, MBE, Non-Executive Director		X	X	X	X	
Dr David Sims, Medical Director	X	X	X	X	X	X
Phil Hubbard, Director of Nursing, Professions and Care Standards and Deputy Chief Executive						
Kelly Barker, Chief Operating Officer	X		X	X		
Others in attendance						
Keith Double, Involvement Partner	X	X	X	X	X	X
Karan Essien, Involvement Partner	X		X	X	X	X
Chrissie Freeth, Associate Hospital Manager	X		X	X	*Not Applicable*	
Dr Ruby Bhatti, OBE, DL, Associate Hospital Manager	*Not Applicable*					
Marilyn Bryan, Associate Hospital Manager	*Not Applicable*					X
Mary Litchfield, Hospital Manager	*Not Applicable*				X	
Simon Binns, Mental Health Legislation Lead	X	X	X	X	X	X
Teresa O'Keefe, Mental Health Act Advisor	X	X	X	X	X	X
Joanne Tiler, Mental Capacity Act Clinical Lead	X	X	X	X	X	X
Dr Anita Brewin, Head of Psychological Therapies		X	X			X
Chris Dixon, Interim Deputy Director of Nursing & Professions	X	X	*Not Applicable*			
Chris Dixon, Deputy Director of Nursing & Professions			X	X	X	X
Thabani Songo, Interim Head of Nursing – Mental Health			X	X	*Not Applicable*	
Fran Stead, Trust Secretary	X	X	X		X	

Trawell Report
22/07/2025 08:12:11

Rachel Trawally, Deputy Trust Secretary	X		X	X		X
Holly Close, Corporate Governance Officer (Secretariat)	X	*Maternity Leave*				
Nazmeen Khan, Corporate Governance Officer (Secretariat)	*Not Applicable*	X	X	X	X	
Richard Cliff, Head of Legal Services			X		X	X
Rachel Howitt, Head of Patient Safety						
Baljit Kaur Nota, AHMP – Local Authority Team Manager		X	X			
Attending for specific items						
Sally Twist, Clinical Lead for Learning Disability Assessment & Treatment Units, Consultant Clinical Psychologist	X		X	X		
Selina Szczepanski, Clinical Manager – Learning Disabilities			X			
Matthew Cook, Management of Violence and Aggression Trust Lead		X				
Jas O'Neill-Stone, Involvement Partner		X				
Attending as an observer						
Peri Thomas, Gatenby Sanderson Insight Programme	X					
Mike Lodge, Governor				X		
Mary Litchfield, Associate Hospital Manager						
Bhulla Singh, Associate Hospital Manager						
Carolyn Smith, Associate Hospital Manager						
Claire Morris, Associate Hospital Manager						
Marilyn Byran, Associate Hospital Manager						
Matthew Riley, Involvement Partner					X	
Sarah Denton, Executive PA					X	
Jaspreet Sohal, Clinical Director of Pharmacy and Physical Health and Wellbeing Services						X

6 Report made to the Board of Directors

The Chair of the Mental Health Legislation Committee makes an Alert, Assurance, Advice, Decision (AAAD) report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself. Where items are considered to be of significance and a certain urgency, the Chair of the Committee may make use of Exceptional Escalation Reports to the Trust Chair and Chief Executive, and where appropriate the Trust Board. From January 2025, these reports are now called Effective Oversight Escalation and Assurance Reports.

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

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

Trawally, Rachel
22/07/2025 08:12:11

Date of meeting	Assurance and escalation report to Board by Chair
09 May 2024	17 July 2024
11 July 2024	-
12 September 2024	27 November 2024
14 November 2024	27 November 2024 (Verbal)
16 January 2025	Late – 05 June 2025
13 March 2025	Late – 05 June 2025

7 The work of the Committee during the year between April 2024 and March 2025.

The Chair of the Committee can confirm that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all these areas of work can be found in the minutes and papers of the Committee.

High-level and more detailed presentations of areas of work on which the Committee has received assurance and during the year were as follows:

Assurance on:

- AAAD: Positive & Proactive Group
- AAAD: Clinical Board

Reports and presentations on:

- Hospital Managers Report
- CQC Mental Health Act monitoring review visits
- Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates)
- Mental Capacity Act audit results Annual Report
- Mental Capacity Act audit results, 6 month update
- Mental Capacity Act Annual Report
- Mental Capacity Act, 6 month update
- Timeliness of reports to tribunals & Hospital Managers
- Report on the use of the Mental Health Act
- Section 136 Audit Report
- Section 17 Leave Audit Report
- Consent to admission & treatment review
- Sexual Safety bi-annual report
- Community Treatment Orders update
- Searching of patients & their property
- Ligature Risk Assessment Annual Report

Trawally Rachel 22/07/2025 08:12:11

- Annual Review of the Physical Health of people detained under the Mental Health Act Report
- Learning from your experience: Safety Pods Presentation
- Learning from your experience: Personalised Budgets Presentation
- Learning form your experience: Use of restrictions and physical interventions with individuals with LD. The use of advocates and best interest decisions and finally working with community teams across WY and how to keep admissions short presentation.

8 Annual Effectiveness Review Summary

The Committee undertook an Annual Effectiveness Review in the form of a Survey sent to report writers, regular attendees, presenters and members in February 2025. Eleven colleagues responded to the survey.

The survey comprised a set of standard questions with 'agree' 'disagree' and 'other' within the areas of A. Committee Operation; B. Committee Administration; C. Terms of Reference and E. Strategy.

Top-line results indicate that the Committee is considered to work effectively.

The facility for providing additional feedback was used by some people which enriched the data with constructive comments and suggestions, including areas where further work should be considered, such as:

- **Outcomes and Reflections:** Ensuring that sufficient time is allocated at the end of the Committee to discuss the outcomes and reflect back on decisions made and what worked well or not so well.

- **Committee Papers:** Should be circulated at least one week before meetings to allow adequate preparation. Current challenges include lengthy and repetitive content, impacting readability and accessibility for members.

- **Committee Minutes:** Establish best practice in terms of sending out actions points as soon as meeting has occurred to allow for Committee members to have adequate time to follow up and plan accordingly.

- **Member Contribution:** There were concerns about some members' contribution throughout meetings, suggesting a need for better engagement.

- **Induction to Committee:** Induction practices are unclear, and attendees/members may benefit from mentorship or buddy systems to facilitate effective challenges from members/

- **Strategic Risks:** Improvement needed to ensure that Sufficient attention and time is given to discuss strategic risks.

Trawally, Rachel
22/07/2025 08:12:11

- **Health Equity:** Some consideration of health equity but could more be done to embed this discussion throughout.

- **Committee Membership:** Often the senior clinical voice is missing from the Committee and more needs to be done to ensure attendance.

All respondents agreed that:

- The Committee reports regularly to the Board
- The Committee has established a work plan for the year which is relevant to the terms of reference
- The Committee meets the appropriate number of times to deal with planned matters.
- Discussion aligns to the Trust values, we care, we listen, we deliver.
- The quality of Committee papers received allows me to perform my role effectively.
- Reports received have the right format and content.
- The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.
- Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints.
- The Committee is empowered to take action and make decisions, aligned to the Terms of Reference.
- Formal reporting is supplemented by opportunities to gather people's experience in support of triangulation.
- The work plan supports effective oversight to support assurance reporting, escalation and triangulation.
- The Committee's work is aligned clearly with the Trust strategy & strategic objectives.
- The Committee ensures that its decisions contribute to strategic direction of the Trust.
- The Committee's priorities are regularly reviewed to ensure alignment with changing priorities and risks.
  The Committee has made a positive contribution to work of the Trust over the last year

9 Conclusion

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

The Chair of the Mental Health Legislation Committee would like to assure the Board that the Committee worked hard to fulfil its Terms of Reference during 2024/25. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust and it has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues, risks, or learning. Organisational learning drives this Committee and is one of its core values; further improvements will be made to advance this critical aspect of quality and safety.

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

Nazmeen Khan – Corporate Governance Officer

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

Appendix A – Survey Results

11 people responded to the survey

Question	Agree %	Disagree %	Other %
The Committee reports regularly to the Board	100%		
The Committee has established a work plan for the year which is relevant to the terms of reference	100%		
The Committee meets the appropriate number of times to deal with planned matters.	100%		
At the end of each meeting the Committee discusses the outcomes and reflects back on decisions made and what worked well or not so well.	90.91%		9.09%
Discussion aligns to the Trust values, we care, we listen, we deliver.	100%		
The quality of Committee papers received allows me to perform my role effectively.	90.91%		9.09%
Reports received have the right format and content.	100%		
Committee papers are distributed in sufficient time to give them due consideration.	70%	20%	10%
Minutes are accurate and of a high quality and are received as soon as possible after meetings, setting out key actions and assurances received.	90.91%	9.09%	
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	100%		
Each member contributes sufficient time to fulfil their role.	72.73%	18.18%	9.09%
Members, particularly those new to the Committee, are provided with induction and training.	62.50%	25%	12.50%
The Board ensures that members have sufficient knowledge of the Trust to identify key risk areas and to challenge on issues.	91%	9.09%	
Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints.	100%		
The Committee has written Terms of Reference that define the Committee's role.	90.91%		9.09%
The Committee is empowered to take action and make decisions, aligned to the Terms of Reference.	100%		
Sufficient attention and time is given to discuss strategic risks.	90.91%		9.09%
Does the Committee interact sufficiently with other Committees to support integrated governance.	90.91%		9.09%
Health equity is proactively considered by the Committee and features on its work plan.	80%	10%	10%
Formal reporting is supplemented by opportunities to gather people's experience in support of triangulation.	100%		
The work plan supports effective oversight to support assurance reporting, escalation and triangulation.	100%		

Trust Board Report 28/10/2021 12:11

The Committee's work is aligned clearly with the Trust strategy & strategic objectives.	100%		
The Committee ensures that its decisions contribute to strategic direction of the Trust.	100%		
The Committee's priorities are regularly reviewed to ensure alignment with changing priorities and risks.	100%		
The Committee has made a positive contribution to work of the Trust over the last year.	100%		
There is a process for communicating the Committee's outcomes.	90.91%		9.09%

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

Appendix B - Action Plan – Finance & Performance Committee

Issued raised	Actions planned/undertaken	Responsible	Priority Level
Timely distribution of papers: All papers should be provided at least a week before meetings; this standard is not consistently met.			
Member participation: Not all members actively contribute during meetings.			
Induction process: Uncertainty exists around whether an induction process is provided.			
Health equity: Although addressed, its integration and prominence could be improved.			

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

Agenda Item

22.0.9

NHS
Bradford District Care
NHS Foundation Trust

Effectiveness Review Action Plan – Mental Health Legislation Committee 2025/26

Issued raised	Actions planned/undertaken	Responsible
Timely distribution of papers: All papers should be provided at least a week before meetings; this standard is not consistently met.	• Committee papers will continue to be circulated 7 days before the meeting. • A new board pack system (AdminControl) will be rolled out for use in 25/26; this will aid in last minute papers being added quicker (no longer requiring new full packs to be produced).	Corp Gov
Member participation: Not all members actively contribute during meetings.	A Committee induction would help to address this (see below action).	Corp Gov
Induction process: Uncertainty exists around whether an induction process is provided.	A Committee induction is not currently in place, however, this is something that Corporate Governance plan to develop over the next 12 months.	Corp Gov
Health equity: Although addressed, its integration and prominence could be improved.	Corporate Governance are currently working with the EDI team to enhance this across committees/Board.	Corp Gov/ EDI Team

Trawally, Rachel
22/07/2025 08:12:11

Trawally, Rachel
22/07/2025 08:12:11

Mental Health Legislation Committee

Terms of Reference

Version:	1~~7~~6.0
Approved by:	Mental Health Legislation Committee
Ratified by:	Board of Directors
Date approved:	~~10/05/2024~~
Date ratified:	~~29/05/2024~~
Job title of author:	Corporate Governance Team
Job title of responsible Director:	Non-Executive Director and Chair of the Mental Health Legislation Committee
Date issued:	~~May 2024~~July 2025
Review date:	~~May 2025~~ July 2026
Frequency of review:	Annual

Amendment Summary:

~~- Removal of third Non-Executive Director as previously agreed by the Board of Directors.~~
~~- Updated Assurance & escalation reporting arrangement to recognise this now also included 'decisions' being made.~~
~~- Removing Chair & Chief Executive from 'full member' list as referenced elsewhere in the document.~~
~~- Updated list of regular attendees.~~
~~- Inclusion of provision to support Joint Committee meetings taking place.~~
~~- Updated Board & Committee diagram to reflect meeting name changes & removal of the Ethics Committee.~~
~~- Updated list of deputies.~~
- Renaming of Assurance & Escalation reporting to Effective Oversight: Escalation and Assurance

1 Name of Committee

Mental Health Legislation Committee.

2 Composition of the Mental Health Legislation Committee

Members: full rights

Title	Role in the group / committee
Non-Executive Director	Committee Chair
Non-Executive Director	Additional Non-Executive member

Trawally, Rachel 22/07/2025 08:22:11

Medical Director	Executive lead for Committee. Assurance and escalation provider to the Mental Health Legislation Committee.
Chief Operating Officer	Executive with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Mental Health Legislation Committee.
Director of Nursing, Professions and Care Standards	Assurance and escalation provider to Mental Health Legislation Committee

Any Executive and Non-Executive Director can attend a Board sub-committee meeting because of the position that they hold. When carrying out this duty they will assume full member rights.

In addition, the following individuals will attend each meeting:

Job Title
Associate Hospital Manager
Mental Capacity Act and DOLS Clinical Lead (Also a DOLS Best Interest practitioner)
Mental Health Legislation Lead
Mental Health Act Advisor
Approved Mental Health Professionals Manager
Deputy Director for Professions / Chief Psychological Therapies Officer(Joint Chair of Positive & Proactive Steering Group)
Head of Legal Services
Head of Patient Safety
Trust Secretary

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

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a Governor at Board sub-committee meetings is to observe the work of the Committee. The Governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors for the operational performance of the Trust. At the meeting the Governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

Trawally, Rachel
22/07/2025 08:12:1

3 Quoracy

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

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal "acting up" arrangements.

A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 Meetings of the Committee

Frequency: The Committee will meet at least six times a year. There will be separate meetings if required by the Board.

Urgent meeting: Any member of the Committee may request an urgent meeting. The Chair of the Committee will normally agree to call an urgent meeting to discuss the specific matter, unless the opportunity exists to discuss the matter in a more expedient manner.

Joint Committee Meetings: Joint Committee meetings can take place between Board sub-committees. It will be for the Executive Directors in partnership with Non-Executive Director Chairs to agree when a meeting will be convened. Joint Committee meetings will be facilitated by the Corporate Governance Team and will either be formal meetings, or development sessions. When Joint meetings are convened the relevant Terms of Reference will be adhered to.

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

~~**Alert, Advice, Assure and Decision (AAA+D) Escalation Reporting**~~**Effective Oversight: Escalation and Assurance Reporting:** The Chair of the Committee will provide an update of key issues arising from the meeting to the next Board of Directors meeting held in public.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-Executive Directors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

Trawally, Rachel
22/07/2025 08:12:11

5 Authority

Establishment: The Committee is a sub-committee of the Board of Directors and has been formally established by the Board.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

6 Role of the Committee

6.1 Purpose of the Committee

The overall aim of the Committee is to monitor, review and report to the Board the adequacy of the Trust's processes to support the operation of mental health legislation. As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Mental Health Committee is responsible for Best Quality Services – Theme 3 – Improving the experience of people using our services (specifically in relation to restrictive practices) as a supporting objective to the four strategic priorities:

- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

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

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

- we care
- we listen
- we deliver.

6.2 Duties of the Committee

The Committee's key objectives are to:

- monitor, review and report to the Board of Directors on all aspects of mental health legislation;
- receive assurances against Care Quality Commission (CQC) inspection action plan and routine CQC related activity;
- be assured that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and ensure compliance with associated codes of practice and recognised best practice;

Trawally, Rachel
22/07/2025 08:12:11

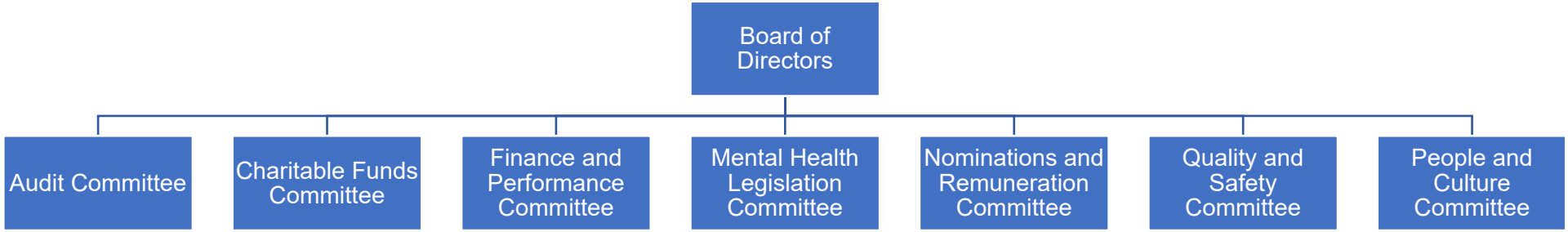
- be assured that our care and treatment in the Trust embraces the core values of current mental health legislation and protects service users and the community of which they are members;
- be assured that the Trust has in place and utilises appropriate policies and procedures in relation to mental health legislation and to facilitate the publication, distribution and explanation of the same to all relevant staff, service users and manager;
- be assured that Associate Hospital Managers and appropriate staff groups receive guidance, education and training in order to understand and be aware of the impact and implications of all new relevant mental health associated legislation;
- to consider opportunities, challenges and requirements of our local place and regional health care systems and partnerships;
- supporting the Trust's continuous improvement journey, both internal and external learning will be considered by the Committee. This will be within the remit as set out in the terms of reference and supporting work plan for the Committee who will be acting as an agent of the Board of Directors.

In particular the Committee shall review the adequacy of:

- the implementation and performance of operational arrangements in relation to mental health legislation through quarterly dashboard reporting of key performance indicators;
- oversight of restrictive practices through the dashboard, exception reporting and a summary of actions taken by the Positive and Proactive Group;
- reports from inspecting authorities and the development of action plans in response to recommendations;
- progress against any other action plans and any risks identified within the Corporate Risk Register relevant to mental health legislation;
- analysis and information reports in relation to the use of the Mental Health Act and to make recommendations in response to findings;
- the schedule of powers and responsibilities of the Associate Hospital Managers, including those powers and responsibilities delegated to officers of the Trust;
- information provided to Associate Hospital Managers of their legal duties and appropriate training to support their duties under mental health legislation;
- the process of recruitment, induction, appraisal and development of Associate Hospital Managers (through the Trust Chair and Chair of the Mental Health Legislation Committee);
- implementation and requirements of any new and amended mental health legislation, establishing groups to undertake detailed implementation work as required;
- the provision of adequate guidance, information, education and training on mental health legislation to staff, service users, carers and other stakeholders;
- joint working arrangements around the use of mental health legislation with partner agencies, notably including local authorities, other NHS commissioners and providers, and the police.

Trawally, Rachel
22/07/2025 08:12:11

7 Relationships with other groups and committees



The Committee does not have any sub-committees. It is linked to the Trust's operational groups (and in addition it receives updates from the Positive and Proactive Group and the Associate Hospital Managers Group) as an assurance receiver and provides a route of escalation to the Board of Directors.

Trawally, Rachel
22/07/2025 08:12:11

8 Duties of the Chair

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the Medical Director;
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- giving direction to the secretariat and checking the draft minutes;
- ensuring the agenda is balanced and discussion is productive; and
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

9 Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

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

Trawally, Rachel
22/07/2025 08:12:11

Schedule of Deputies

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

Full member (by job title)	Deputy (by job title)
Non-Executive Director Chair	Another Non-Executive Director
Non-Executive Director	Another Non-Executive Director
Medical Director	Deputy Medical Director/Chief Pharmacist
Chief Operating Officer	Deputy Operations Director

Attendee (by job title)	Deputy (by job title)
Trust Secretary	Deputy Trust Secretary
Mental Health Legislation Lead	Mental Capacity Act Lead Mental Health Act Advisor
Deputy Director for Professions / Chief Psychological Therapies Officer	Head of Nursing, Mental Health

Trawally, Rachel
22/07/2025 08:12:11

Bradford District Care
NHS Foundation Trust

Agenda Item

22.0.11

Quality and Safety Committee

Annual Governance Report

April 2024 to March 2025

DRAFT

Trawally Rachel
22/07/2025 08:12:11

Contents

Section	Topic	Page
1	Period covered by this report	3
2	Introduction	3
3	Terms of Reference for the Quality and Safety Committee	6
4	Meetings of the Quality and Safety Committee	6
5	Membership and attendance at meetings	6
6	Reports made to the Board of Directors	9
7	Work of the Quality and Safety Committee between April 2024 and March 2025	10
8	Annual Effectiveness Review (summary of findings)	12
9	Conclusion	13
Appendix A	Survey Results	14
Appendix B	Action Plan – Quality and Safety Committee	15

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

1. Period covered by the report

This report covers the period between 1 April 2024 and 31 March 2025.

2. Introduction

The Quality and Safety Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. It is authorised to seek and obtain evidence of assurance on the effectiveness of the Trust's quality and safety systems and processes, and the quality and safety of the services provided. This includes identifying and seeking assurance on the management of quality and safety related risks at an operational and strategic level. The Committee monitors and reports to the Board on the effectiveness of these systems and processes. The Committee's key objectives are to seek assurance that:

- systems and processes are effective, and wherever possible evidence-based,
- the quality of services provided is good and continuously improving, and
- the experience of people using Trust services is good and continuously improving.

The Committee also seeks to:

- monitor, review and report to the Board on all the above; highlighting assurances received and identifying any threats to assurance,
- support the range of quality and safety initiatives in place within the Trust, providing advice where appropriate,
- support and promote an organisational culture which is open, just and sensitive to risk, as part of a positive approach to investigating and learning from adverse events and receive relevant strategies for information and assurance.

This report covers the work the Committee has undertaken at the formal meetings held during 2024/25. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

The Trust welcomes and encourages feedback and recognises the importance of being a learning organisation. A service experience or story is presented at the start of each Committee meeting, with the view that the input will be linked to the identified priorities the Committee is responsible for. This approach provides an opportunity for Board members to triangulate, build relationships with Trust colleagues, and support the Board's ongoing journey for Board visibility and accessibility to the workforce.

Secretariat support is provided by the Corporate Governance Team, who work with the Director of Nursing, Professions and Care Standards and Deputy Chief Executive in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

3. Assurance

Tewally Rapaj
22/07/2025 08:12:14

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

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

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge.

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

The delegated responsibilities aligned to Quality and Safety Committee are outlined as 'Best Quality Service:

- Theme 1 – Access & flow (quality perspective)
- Theme 2 – Learning for improvement
- Theme 3 - Improving the experience of people using our services

The Committee continues to have two Strategic Objectives (SO) aligned to the Quality and Safety Committee (QSC), SO1 and SO3:

- SO1: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery.
- SO3: Maximising the potential of services to deliver outstanding care to our communities.

Within SO1 there are 4 in-year ambitions which Committee has had oversight of - SO1.1-1.4.
SO1.1 – this will continue to be monitored under **Best Quality Services Theme 3** – Improving the experience of people using our services.
SO1.2 – this will continue to be monitored under **Best Quality Services Theme 3** – Improving the experience of people using our services.
SO1.3 – the focus has now shifted to exploring partnership working and so will be monitored under **Best Partner.**
SO1.4 – this will continue to be monitored under **Best Quality Services Theme 3** – Improving the experience of people using our services.

Within SO3 there are 4 in-year ambitions which Committee has had oversight of - SO3.1-3.4.
SO3.1 – this will continue to be monitored under **Best Quality Services Theme 2**: Learning for Improvement.
SO3.2 – this will continue to be monitored under **Best Quality Services Theme 2**: Learning for Improvement and also by Audit Committee under **Good Governance.**
SO3.3 – this will continue to be monitored under **Best Quality Services Theme 2**: Learning for Improvement.
SO3.4 – this will continue to be monitored under **Best Quality Services Theme 1**: Access and Flow (at both QSC and Finance & Performance Committee) as well as under **Best Partner.**

DRAFT

To promote consistency across the Trust, including alignment with the approach of the Internal Audit team, the Trust will use the following definitions to identify the level of assurance that the Trust is making sufficient progress against its strategic priorities:

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

The Committee therefore received a number of key documents which included an Integrated Strategic Performance Report which directly aligned to those priority areas delegated to the Committee. Within these reports, informed by Executive oversight of operational grip and control systems, will be a proposed BAF assurance rating for each priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

4. Terms of Reference for the Quality and Safety Committee

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

5. Meetings of the Committee

During 2024-25 the Committee met seven times during this period. Details of the meeting dates are listed below:

Trawden Rachel 22/09/2025 08:12:11

- 8 May 2024
- 12 June 2024
- 10 July 2024
- 11 September 2024
- 13 November 2024
- 15 January 2025
- 12 March 2025

The draft agenda for each meeting is presented to the Chair of the Committee (Alyson McGregor); and the Executive lead (Director of Nursing, Care Standards and Professions).

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

6. Joint Committees

During 2024-25 the previous 'QSC deep dives' were replaced with Joint Committees, which included all Board Members plus invited guests. The topics for discussion were:

Date of Joint Committee	Meeting Details
10 April 2024	• Edenfield Centre at Greater Manchester Mental Health NHS Foundation Trust Report - Focusing on people, operations, quality and patient safety. • Quality Accounts.
16 October 2024	• Trust learning from the Nottingham attack & CQC findings. • Discussion on risk reporting.
11 December 2024	• Inpatient Safer Staffing (Model Roster).
12 February 2025	• Out of Area Placement • Post office enquiry (FS and RT)

Joint Committees reported to Board on a regular basis.

7. Membership of the committee and attendance at meetings

The Committee is made up of two Non-Executive Directors (or associate Non-Executive Directors); the Director of Nursing, Professions and Care Standards, the Chief Operating Officer and the Medical Director. All meetings in the period were quorate apart from 21 December 2023, where any decisions and ratifications were done outside of the meeting via email and confirmed under the 'matters arising section' at the next meeting.

Downloaded by 22/05/2025 09:12:11

Membership of the Committee has changed during this year, reflecting changes in the Non-Executive portfolio and Executive Management Team of the Trust, specifically:

- Chris Dixon was appointed as Interim Deputy Director of Nursing for the Trust.
- Thabani Songo as the Interim Head of Mental Health Nursing.

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

Due to the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities.

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

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

Experience and involvement continued to be a key focus for the Trust with identified Involvement Partners, who are supported by the Patient Experience Team. The Committee has been supported by the service user Involvement Partner.

Committee meetings moved from exclusively being held in a virtual format, through the use of Microsoft Teams, to becoming hybrid which allowed Committee members to attend in person or via Microsoft Teams. Involvement Partners and Governors were proactively encouraged to attend and were provided with access to the MS Teams meeting to enable this.

The table below show attendance at the Committee for the meetings that took place during 2024/2025.

DRAFT

Trawally Rachel
22/07/2025 08:12:11

Full Name	Job Role / Title							
Member		08.05.24	12.06.24	10.07.24	11.09.24	13.11.24	15.01.25	12.03.25
Alyson McGregor	Member - Chair		X	X	X	X	X	X
Bob Champion	Chief People Officer	X	X				X	X
Dr David Sims	Medical Officer	X		X	X	X	X	
Kelly Barker	Chief Operating Officer	X	X	X	X		X	X
Phil Hubbard	Director of Nursing	X	X	X	X	X	X	X
Sally Napper	SID and Deputy Chair	X		X		X	X	X
Christopher Malish	NED				X			
Regular Attendee								
Catherine Schofield	Deputy Director of AHP	X	X	X	X		X	X
Chris Dixon	Deputy Director of Nursing	X	X	X	X	X	X	X
Dr Anita Brewin	Deputy Director for Professions/Chief Psychological Therapies Officer			X				X
Fran Stead	Trust Secretary	X	X	X	X	X	X	
Jess Grenwood-Owens	Corporate Governance Officer - Secretary		X		X	X	X	
Matthew Riley	Involvement Partner	X	X	X		X	X	X
Prabhdeep Sidhu	Deputy Chief Pharmacist and Medicines Safety Officer	X		X	X	X		X
Rachel Howitt	Head of Patient Safety	X			X	X	X	X
Rachel Trawally	Deputy Trust Secretary		X		X	X		X
Rebecca Jowett	Head of Nursing (job share with CS)		X	X	X	X	X	
Carla Smith	Head of Nursing (job share with RJ)							
Jaspreet Sohal	Chief Pharmacist							
Rebecca Le Hair	Interim Head of Compliance, Quality Assurance & Patient Experience	X	X	X	X	X		
Thabani Songo	Head of Nursing	X	X					
Grainne Eloi		X		X			X	X
Holly Close	Corporate Governance Officer - Secretary	X	X					
Timed Business - presenter								
Michelle Holgate	Deputy Director of Operations					X	X	
Lucy Bennett	Service Manager - Childrens Community Services						X	
Lisa Wright	Head of EDI					X	X	X
Abigail Larvin	Reducing Health Inequalities Lead					X	X	X
James Cooke	Head of Service	X					X	

DRAFT
FEBRUARY Report
22/07/2025 08:12:11

Anne-Marie Dorrington	Head of Community Services Dental/Oral						X	
Claire Webb	Community Clinical Lead Tissue Viability - Community Health Services							X
Jacqueline Knott	Tissue Viability Operational Lead							X
Paula Riley	Risk Manager							X
Jacqueline Rigby	Head of Quality - Bradford District and Craven Health and Care Partnership		X		X	X		
Peri Thomas	Gatenby Sanderson Insight Programme	X						
Rebecca Rae	Community Lead for Unplanned Care	X						
Clare Newhouse	Operational Manager	X						
Mark Dawson	Head of Research & Knowledge	X						
Observed								
Mike Lodge	Governor Observer				X			
Trevor Ramsay	Governor Observer	X	X	X		X	X	X

8. Report made to the Board of Directors

The Chair of the Quality and Safety Committee makes an Alert, Assurance, Advice, Decision (AAAD) report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself. Where items are considered to be of significance and a certain urgency, the Chair of the Committee may make use of Exceptional Escalation Reports to the Trust Chair and Chief Executive, and where appropriate the Board of Directors.

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

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

Date of meeting	Assurance and escalation report to Board by Chair
8 May 2024	17 July 2024
12 June 2024	17 July 2024

Trawally, Rachel 22/07/2025 08:12:11

10 July 2024	-
11 September 2024	25 September 2024
13 November 2024	Verbal 27 November 2024 Paper 29 January 2025
15 January 2025	29 January 2025
12 March 2025	26 March 2025

9. The work of Quality and Safety Committee during the year between April 2024 and March 2025.

The Chair of the Committee can confirm that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all these areas of work can be found in the minutes and papers of the Committee.

The work of the Committee continues to be underpinned by the work of the Safer Staffing group, Clinical Board and the Patient Safety and Learning Group. These groups have continued to evolve and adapt to the changing circumstances of the Trust, and along with the Care Group Quality and Operational Groups, support the Committee in continued oversight of the quality of services. Furthermore, it has been reassuring for the Committee to receive ongoing updates on continued quality improvement activity across all spheres of the Trust's activity.

A high-level presentation of areas of work on which the Committee has received assurance on during 2024/25 are as follows:

Assurance on:

- AAAD report: Clinical Board
- AAAD report: Involvement & Participation Strategic Group - New group replaced mid-way through the year
- AAAD report: Patient Safety & Learning Group
- AAAD report: Safer Staffing Group
- AAAD report: Allied Health Professionals
- AAAD report: Senior Leadership Team Quality, Safety, Governance
- AAAD report: System Quality Committee
- AAAD Report: Quarterly combined report: Patient and Carer Involvement, and Volunteering.

Reports/presentations on:

- Quarterly CQC update
- Quality Assurance Framework update
- Winter Planning update
- Equality Impact Assessment update
- Learning report - biannual
- Quarterly Patient Safety, Incidents, and Experience and feedback
- Quality Account project plan

Trawden Parish Council 22/07/2025 09:03:11

- Quality Account
- Research & Development Annual Report
- NICE Compliance Annual Report
- Risk Management Annual Report
- Controlled Drugs Annual Report
- Medicines Management Annual Report
- Waiting List: Bi-Annual Update
- Safer Staffing report
- Guardian of Safe Working Hours
- Notification of future meeting dates
- Update on last year's EDS22
- EDS22 next 3 services for domain 1
- Strategic Risks
- Smoke Free Implementation Update
- Learning from your experiences – various
- PCREF update
- Trust-wide Annual Learning for Improvement report
- Committee annual Effectiveness Review
- Committee annual Terms of Reference Review
- Committee Annual Governance Report

10. Annual Effectiveness Review (summary of findings)

The Committee undertook an Annual Effectives Review in the form of a Survey sent to report writers, regular attendees, presenters and members in February 2025. Eleven people responded to the survey.

The survey comprised a set of standard questions with 'agree' 'disagree' and 'other' within the areas of A. Committee Operation; B. Committee Administration; C. Terms of Reference and E. Strategy.

Top-line results indicate that the Committee is considered to work effectively.

The facility for providing additional feedback was used by some people which enriched the data with constructive comments and suggestions, including areas where further work should be considered, such as:

- **Workplan**: Proactively planning and reviewing for the next year is needed rather than relying on agenda items from previous years.
- **Performance Reflection**: Current reflection practices could improve but are hindered by heavy agendas and time constraints. Chairing duties focus more on immediate decision-making rather than reflecting or summarising outcomes.
- **The need for continuous development** to ensure it meets evolving needs for safe and quality care for both patients and the workforce.

Trawally, Rachel 22/07/2025 08:12:21

- **Committee Papers**: Should be circulated at least one week before meetings to allow adequate preparation. Current challenges include lengthy and repetitive content, impacting readability and accessibility for members.
- **Induction to Committee**: Induction practices are unclear and attendees/members may benefit from mentorship or buddy systems to facilitate effective challenges from members.
- **Meetings**: Holding in-person meetings twice per year could foster stronger relationships and enhance engagement and contribution, as some members are quiet during virtual meetings.
- **Presentation Time Constraints**: Time limitations can affect the depth of presentations and subsequent discussions.
- **Terms of Reference**: Greater involvement of committee members in reviewing terms of reference would enhance their relevance and effectiveness.
- **Strategic Risks**: these are discussed but could be improved.
- **Health Equity**: Progressing but should become a standard consideration in all discussions and documents to encourage focused conversations.
- **Alignment to Trust Objectives**: The broad nature of trust objectives creates misalignment with committee work; reviewing and refining objectives for conciseness could enhance alignment.
- **Strategic Direction of the Trust**: Discussions sometimes focus on operational matters rather than focusing on strategic intent. Current challenges, including workforce issues and siloed approaches, impact alignment.
- **Committee Priorities**: Review priorities more regularly to allow for dynamic governance that reflects changing needs.
- **Communicating Outcomes**: Communication channels for committee outcomes need improvement for clarity and engagement beyond meetings.

Attention was also drawn to some Committee strengths which were:

- All respondents agreed that:
    - The Committee reports regularly to the Board
    - The Committee has established a work plan for the year which is relevant to the terms of reference
    - The quality of Committee papers received allows me to perform my role effectively.
    - Minutes are accurate and of a high quality and are received as soon as possible after meetings, setting out key actions and assurances received.
    - The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.
    - The Board ensures that members have sufficient knowledge of the Trust to identify key risk areas and to challenge on issues.

Trawally, Rachel
22/07/2025 08:12:11

DRAFT

- Formal reporting is supplemented by opportunities to gather people's experience in support of triangulation.
- The work plan supports effective oversight to support assurance reporting, escalation and triangulation.
- The Committee has made a positive contribution to work of the Trust over the last year.

- **Support**: High-level of support from the corporate governance team and executive officers was noted and commended.

11. Conclusion

The Chair of the Committee would like to assure the Board that the Committee worked hard to fulfil its Terms of Reference during 2024/25 despite the challenges presented by the volume of work the Committee oversees. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust, having carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors appraised of actual and potential issues, risks, or learning. Organisational learning drives this Committee and is one of its core values; further improvements will be made to advance this critical aspect of quality and safety.

Members of the Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties. The Committee would like to specifically recognise the hard work and continued dedication of all of the Trust's staff in delivering high quality, safe care despite the context of increasing demand on services with ongoing workforce pressures.

The Chair sincerely thanks all Committee members, especially involvement partners, for their integrity, engagement, constructive challenge and commitment to ongoing improvement.

Jess Greenwood-Owens – Corporate Governance Officer

DRAFT

Trawally Rachel
22/07/2025 08:12:11

Appendix A – Survey Results

11 people responded to the survey - 1 respondent chose 'not able to answer' – therefore their reply to those questions was removed from the analysis

Question	Agree %	Disagree %	Other %
The Committee reports regularly to the Board	100%	0%	0%
The Committee has established a work plan for the year which is relevant to the terms of reference	100%	0%	0%
The Committee meets the appropriate number of times to deal with planned matters.	91%	9%	0%
At the end of each meeting the Committee discusses the outcomes and reflects back on decisions made and what worked well or not so well.	90%	0%	10%
Discussion aligns to the Trust values, we care, we listen, we deliver.	100%	0%	0%
The quality of Committee papers received allows me to perform my role effectively.	100%	0%	0%
Reports received have the right format and content.	90%	0%	10%
Committee papers are distributed in sufficient time to give them due consideration.	80%	10%	10%
Minutes are accurate and of a high quality and are received as soon as possible after meetings, setting out key actions and assurances received.	100%	0%	0%
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	100%	0%	0%
Each member contributes sufficient time to fulfil their role.	90%	0%	10%
Members, particularly those new to the Committee, are provided with induction and training.	30%	20%	50%
The Board ensures that members have sufficient knowledge of the Trust to identify key risk areas and to challenge on issues.	100%	0%	0%
Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints.	73%	9%	18%
The Committee has written Terms of Reference that define the Committee's role.	80%	0%	20%
The Committee is empowered to take action and make decisions, aligned to the Terms of Reference.	90%	0%	10%
Sufficient attention and time is given to discuss strategic risks.	90%	0%	10%
Does the Committee interact sufficiently with other Committees to support integrated governance.	80%	0%	20%
Health equity is proactively considered by the Committee and features on its work plan.	80%	0%	20%
Formal reporting is supplemented by opportunities to gather people's experience in support of triangulation.	100%	0%	0%
The work plan supports effective oversight to support assurance reporting, escalation and triangulation.	100%	0%	0%
The Committee's work is aligned clearly with the Trust strategy & strategic objectives.	91%	0%	9%
The Committee ensures that its decisions contribute to strategic direction of the Trust.	82%	0%	18%
The Committee's priorities are regularly reviewed to ensure alignment with changing priorities and risks.	82%	0%	18%
The Committee has made a positive contribution to work of the Trust over the last year.	100%	0%	0%
There is a process for communicating the Committee's outcomes.	73%	0%	27%

21 Agenda Report 21/07/2025 Item 14.1

Appendix B - Action Plan – Quality and Safety Committee 2025/2026

Issued raised	Actions undertaken/planned	Responsible	Priority Level
Workplan: Proactively planning and reviewing for the next year is needed rather than relying on agenda items from previous years.			
Performance Reflection: Current reflection practices could improve but are hindered by heavy agendas and time constraints. Chairing duties focus more on immediate decision-making rather than reflecting or summarising outcomes.			
The need for continuous development to ensure it meets evolving needs for safe and quality care for both patients and the workforce.			
Committee Papers: Should be circulated at least one week before meetings to allow adequate preparation. Current challenges include lengthy and repetitive content, impacting readability and accessibility for members.			
Induction to Committee: Induction practices are unclear and attendees/members may benefit from mentorship or buddy systems to facilitate effective challenges from members.			
Meetings: Holding in-person meetings twice per year could foster stronger relationships and enhance engagement and contribution, as some members are quiet during virtual meetings.			

Item 2a Appendix B 2025 09 22:11

Presentation Time Constraints: Time limitations can affect the depth of presentations and subsequent discussions.			
Terms of Reference: Greater involvement of committee members in reviewing terms of reference would enhance their relevance and effectiveness.			
Strategic Risks: these are discussed but could be improved.			
Health Equity: Progressing but should become a standard consideration in all discussions and documents to encourage focused conversations.			
Alignment to Trust Objectives: The broad nature of the Trust objectives creates misalignment with committee work; reviewing and refining objectives for conciseness could enhance alignment.			
Strategic Direction of the Trust: Discussions sometimes focus on operational matters rather than focusing on strategic intent. Current challenges, including workforce issues and siloed approaches, impact alignment.			
Committee Priorities: Review priorities more regularly to allow for dynamic governance that reflects changing needs.			

Rachel
12/12/2023 08:12:11

Communicating Outcomes: Communication channels for committee outcomes need improvement for clarity and engagement beyond meetings.			

Trawally, Rachel
22/07/2025 08:12:11

Action Plan – Quality and Safety Committee 2025/2026

Issued raised	Actions undertaken/planned	Responsible
Workplan: Proactively planning and reviewing for the next year is needed rather than relying on agenda items from previous years.	A review of the workplans for all committees is being undertaken. This includes: • Workplan has been sent out to all members for comments. • CGT have undertaken a review exercise of items from past years. • Workplan meetings have taken place • This will be followed by a review across committees/board on the information flow and reviewing any duplication/gaps in reporting	CGT P Hubbard
Performance Reflection: Current reflection practices could improve but are hindered by heavy agendas and time constraints. Chairing duties focus more on immediate decision-making rather than reflecting or summarising outcomes.	• This work will be undertaken as part of the workplan review detailed above	CGT
The need for continuous development to ensure it meets evolving needs for safe and quality care for both patients and the workforce.	• This work will be undertaken as part of the workplan review detailed above to consider if we are covering all topics for further development/consideration • Members can send suggestions for agenda items to the secretary to be considered for future meetings, and can raise any key topics or requests for deep dives on key developments at the meetings	CGT P Hubbard All members
Committee Papers: Should be circulated at least one week before meetings to allow adequate preparation. Current challenges include lengthy and repetitive content, impacting readability and accessibility for members.	• Committee papers will continue to be circulated 7 days before the meeting. • A new board pack system (AdminControl) will be rolled out for use in 25/26; this will aid in last minute papers being added quicker (no longer requiring new full packs to be produced). • Repetitive content across agendas/reports will be reviewed as part of the work relating to workplans as above	CGT P Hubbard

Approved Rachel
21/02/2025 08:12:11

Issued raised	Actions undertaken/planned	Responsible
Induction to Committee: Induction practices are unclear and attendees/members may benefit from mentorship or buddy systems to facilitate effective challenges from members.	• A Committee induction is not currently in place, however this is something that Corporate Governance plan to develop over the next 12 months	CGT P Hubbard
Meetings: Holding in-person meetings twice per year could foster stronger relationships and enhance engagement and contribution, as some members are quiet during virtual meetings.	• All Committees are held onsite and online to ensure flexibility for members/other commitments. • This will be considered further as part of the well-led action plan to consider across all committees/Board whether a requirement to attend certain meetings in person will be introduced	CGT P Hubbard Well Led Action planning
Presentation Time Constraints: Time limitations can affect the depth of presentations and subsequent discussions.	• This will be reviewed as part of the work relating to workplans as above	CGT P Hubbard
Terms of Reference: Greater involvement of committee members in reviewing terms of reference would enhance their relevance and effectiveness.	• CGT are currently undertaking a benchmarking exercise to review other Trusts' TORs/membership and are meeting with committee exec leads to discuss membership. • The terms of reference once reviewed will return to a future Committee for discussion and approval.	CGT P Hubbard
Strategic Risks: these are discussed but could be improved.	• This will be considered further as part of the well-led action plan to enhance strategic risk reporting	CGT P Hubbard Well Led Action planning
Health Equity: Progressing but should become a standard consideration in all discussions and documents to encourage focused conversations.	• Corporate Governance are currently working with the EDI team to enhance this across committees/Board	CGT EDI Team P Hubbard
Alignment to Trust Objectives: The broad nature of the Trust objectives creates misalignment with committee work; reviewing and refining objectives for conciseness could enhance alignment.	• The well-led review identified that a reasonable number of clear Trust level strategic priorities were set out, but noted a number of outdated supporting strategies. Work to update these supporting strategies should support	CGT P Hubbard Well Led Action planning

Digitally Received
29/07/2025 08:21:14

Issued raised	Actions undertaken/planned	Responsible
	the understanding on the focus/alignment to the delivery of the overarching priorities.	
Strategic Direction of the Trust: Discussions sometimes focus on operational matters rather than focusing on strategic intent. Current challenges, including workforce issues and siloed approaches, impact alignment.	• The terms of reference and membership are being reviewed. A review of report content and supporting training needs to be undertaken to ensure they are focused on strategic content to enable strategic discussions.	CGT P Hubbard
Committee Priorities: Review priorities more regularly to allow for dynamic governance that reflects changing needs.	• The committee regularly consider if the committee is covering its priorities.as part of its agenda setting, review of workplans and Terms of reference do • Members can send suggestions for agenda items to the secretary to be considered for future meetings, and can raise any key topics or requests for deep dives on key priorities at the meetings	CGT P Hubbard All members

Trawally, Rachel
22/07/2025 08:12:11

Issued raised	Actions undertaken/planned	Responsible
Communicating Outcomes: Communication channels for committee outcomes need improvement for clarity and engagement beyond meetings.	• As part of the well-led action plan the flow of information across committees/Board and beyond the meetings will be considered	CGT Well Led Action planning

Trawally, Rachel
22/07/2025 08:12:11

Quality & Safety Committee

Terms of Reference

Document details:	Terms of Reference for the Quality & Safety Committee
Version:	~~19.0~~ 20.0
Approved by:	Quality & Safety Committee
Ratified by:	Board of Directors
Date approved:	TBC
Date ratified:	TBC
Job title of author:	Corporate Governance Team
Job title of responsible Director:	Chair of the Quality & Safety Committee (Non-Executive Director)
Date issued:	TBC
Review date:	July 2025
Frequency of review:	At least annual

Amendment Summary:

- ~~Changed the job titles of Head of Psychological Therapies and Allied Health Professions Lead to updated job titles.~~
- ~~Changed quoracy to align with quoracy minimum numbers all other Board Committees work towards (3 Board members, 2 of whom to be Non-Executive).~~
- ~~Updated list of regular attendees.~~
- ~~Added Head of Patient Safety to attendee list.~~
- ~~Frequency updated to reflect new arrangements agreed by the Board to support data driven assurance meetings, & deep dive arrangements.~~
- ~~Added in a sentence in relation to Joint Committee meetings.~~
- ~~Included the provision to support Joint Committee meetings taking place.~~
- ~~Updated the AAA reporting to include Decisions made (AAA+D).~~
- ~~Updated Board & Committee diagram to standardise the diagram used for all Board of Directors Terms of Reference documents.~~
- ~~Updated the list of deputies~~
- Renaming of Assurance & Escalation reporting to Effective Oversight: Escalation and Assurance.

Trawally,Rachel
23/07/2025 08:12:11

Trawally Rachel
22/07/2025 08:12:11

1 Name of the Committee

Quality & Safety Committee.

2 Composition of the Committee

Members: full rights

Title	Role in the group / committee
Non-executive Director	Committee Chair
Non-executive Director	Committee Deputy Chair / Non-executive member
Director of Nursing, Professions and Care Standards	Executive lead for the Committee. Assurance & escalation provider to the Quality & Safety Committee.
Medical Director	Executive lead with responsibility for clinical services. Assurance & escalation provider to the Quality & Safety Committee.
Chief Operating Officer	Executive lead with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Quality & Safety Committee.

Any Executive and Non-executive Director can attend a Board sub-committee meeting because of the position that they hold. When carrying out this duty they will assume full member rights.

In attendance: in an advisory capacity

Job Title
Trust Secretary
Deputy Director of Patient Safety, Compliance and Risk
Deputy Director of Nursing
Deputy Director for Professions / Chief Psychological Therapies Officer
Deputy Director for Professions / Chief Allied Health Professions Lead
Head of Nursing – Mental Health Care Services
Head of Nursing – Adults and Children's Physical Health
Head of Patient Safety / Patient Safety Specialist
Deputy Director of Nursing and Quality Bradford ICB

Trawally, Rachel
22/07/2025 08:12:11

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

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a Governor at Board sub-committee meetings is to observe the work of the Committee. The Governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-executive Directors appropriately challenging the Executive Directors for the operational performance of the Trust. At the meeting the Governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

3 Quoracy

Number: The minimum number of members for a meeting to be quorate is three, comprising at least two Non-executive Directors and one Executive Director. Attendees do not count towards quoracy. If the Chair of the Committee is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by one of the other Non-executive Directors.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal “acting up” arrangements. In this case the deputy will be deemed a full member of the committee.

It may also be appropriate for attendees to nominate a deputy to attend in their absence.

A schedule of deputies, attached at Appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 Meetings of the Committee

Frequency: Meetings will be held 2 months aligned to new reporting cycles agreed by the Board of Directors. Additional deep dive meetings can be convened in agreement between the Executive and Non-Executive Directors. There will be separate meetings if required by the Board.

Urgent meeting: Any member of the Committee may request an urgent meeting. The Chair of the Committee will normally agree to call an urgent meeting to discuss the specific matter, unless the opportunity exists to discuss the matter in a more expedient manner.

Trawally, Rachel
22/07/2025 08:12:11

Joint Committee Meetings: Joint Committee meetings can take place between Board sub-committees. It will be for the Executive Directors in partnership with Non-Executive Director Chairs to agree when a meeting will be convened. Joint Committee meetings will be facilitated by the Corporate Governance Team and will either be formal meetings, or development sessions. When Joint meetings are convened the relevant Terms of Reference will be adhered to.

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

Alert, Advice, Assure and Decision (AAA+D) ~~**Escalation Reporting:**~~**Effective Oversight: Escalation and Assurance** The Chair of the Committee will provide an update of key issues arising from the meeting to the next Board of Directors meeting held in public.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-executive Director's present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

5 Authority

Establishment: The Committee is a sub-committee of the Board of Directors and has been formally established by the Board.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

6 Role of the Committee

6.1 Purpose of the Committee

The overall aim of the Committee is to seek and obtain evidence of assurance on the effectiveness of the Trust's quality and safety systems and processes and the quality and safety of the services provided. This includes identifying and seeking assurance on the management of quality and safety related risks at operational and strategic level.

The Committee will monitor and report to the board on the effectiveness of these systems and processes. As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Mental Health Committee is responsible for Best Quality Services – Theme 3 – Improving the experience of people using our services (specifically in relation to restrictive practices) as a supporting objective to the four strategic priorities:

Trawally, Rachel 22/07/2025 08:12:11

- Being the Best Place to Work

- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

6.2 Guiding principles for members (and attendees) when carrying out the duties of the group / committee

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

- we care
- we listen
- we deliver.

6.3 Duties of the Committee

The Quality & Safety Committee's key objectives are to:

- Seek assurance that:
  - Systems and processes are effective;
  - The quality of services is good and continuously improving; and
  - The quality of the experience of people using our service is good and continuously improving.
- monitor, review and report to the Trust Board on all the above; highlighting assurances received and identifying any threats to assurance;
- support the range of quality and safety initiatives in place within the Trust, providing advice where appropriate;
- support and promote a risk awareness culture and positive approach to investigating and learning from adverse events; and
- receive relevant strategies for information and assurance.

The Quality & Safety Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

In particular the Committee shall review the adequacy of:

- the management of BAF risks which the QSC has responsibility for overseeing;
- assurance against CQC inspection action plans and routine CQC related activity;
- systems and processes to ensure monitoring and assessment of the quality and improvements in services;
- mechanisms to involve service users, carers, the public and partner organisations in improving services;
- arrangements for implementation and monitoring of clinical audit, clinical guidelines and protocols, NICE guidelines;

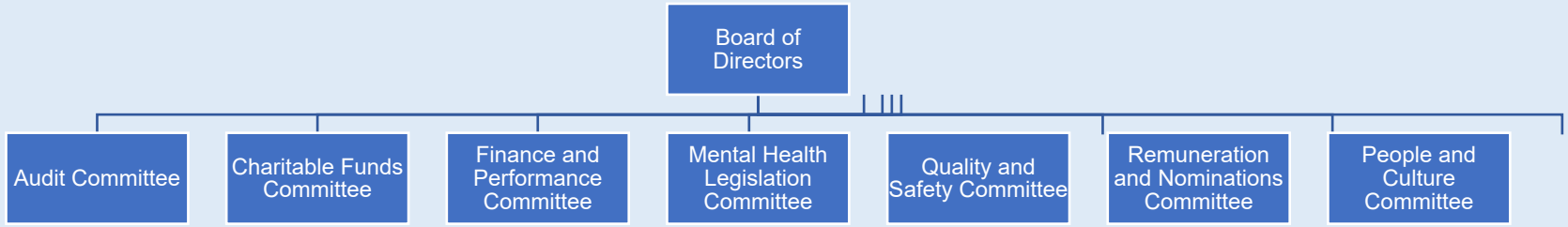
Trawally, Rachel
22/07/2025 08:12:11

- systems for identifying, reporting, mitigating and managing quality and safety related risks including the monitoring of incidents and complaints, and any risks within the Operational Risk Register that have been allocated to the Committee;
- research governance structures and proposals and work programme for Research and Development;
- structures and processes for developing and assuring clinical effectiveness;
- performance monitoring relating to key quality and safety indicators; and
- the Trust's response to key external reports.

In addition, the Committee shall receive regular reports (including issues to escalate and assurances and, where applicable, key performance indicators) on activity within operational services and the work of the sub-groups of the Committee that contribute to the understanding and improvement of quality and safety.

Trawally Rachel
22/07/2025 08:12:11

7 Relationships with other groups and committees



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

Trawallyn Rachel 22/07/2025 08:12:11

8 Duties of the Chair

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the Director of Nursing, Professions and Care Standards;
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- giving direction to the secretariat and checking the draft minutes;
- ensuring the agenda is balanced and discussion is productive; and
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

9 Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

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

Trawally Rachel
22/07/2025 08:12:11

Appendix 1a: Schedule of deputies

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

Full member (by job title)	Deputy (by job title)
Non-Executive Director Chair	Another Non-Executive Director
Non-Executive Director	Another Non-Executive Director
Director of Nursing, Professions and Care Standards	Deputy Director of Nursing, Care Standards and Professions Deputy Director of Patient Safety, Compliance and Risk
Chief Operating Officer	Deputy Director of Operations
Medical Director	Deputy Medical Director/Chief Pharmacist

Attendee (by job title)	Deputy (by job title)
Trust Secretary	Deputy Trust Secretary
Deputy Director of Patient Safety, Compliance & Risk	Head of Patient Safety, Compliance & Risk
Deputy Director of Nursing	Head of Nursing

Trawally Rachel
22/07/2025 08:12:11

Agenda item

22.0.14

Contents

Section	Topic	Page
1	Period covered by this report	3
2	Introduction	3
3	Terms of Reference for the Finance and Performance Committee	5
4	Meetings of the Finance and Performance Committee	5
5	Membership and attendance at meetings	5
6	Reports made to Board of Directors	8
7	Work of the Finance and Performance Committee during 2023/24	8
8	Conclusion	9
9	Appendix A Survey Results	12
10	Appendix B Action Plan	14

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

1 Period covered by the report

This report covers the work of the Finance and Performance Committee for the financial year 1 April 2024 to 31 March 2025.

2 Introduction

The Finance and Performance Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. It is authorised to seek assurance on the controls and management in respect of financial governance, operational performance, and business and growth opportunities focusing on areas including: the financial data for submission to the Board; the financial plan; the procurement strategy; income contracts; the digital technology and information governance workstreams; the capital programme; estates workstream; business planning; and elements of workforce topics that are associated with financial and performance management.

The Committee will monitor and report to the Board on the effectiveness of the supporting systems and processes. The Committee's key objectives are to:

- monitor financial performance of the Trust against plan and provide assurance to the Board on the delivery of key financial targets;
- receive assurance on operational performance within the Trust;
- identify the key financial risks and drivers to achievement of financial targets, investigate significant variances and report any proposed remedial action to the Board as necessary;
- receive assurance on delivery of the Trust's workforce; estates (including health and safety, and environmental); and digital strategies;
- provide an oversight of the development and implementation of financial systems across the Trust; and
- provide an oversight of financial performance and key risks across the Bradford and Craven Place and wider West Yorkshire Integrated Care System.

This report covers the work the Committee has undertaken at the formal meetings held during 2024/25. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

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

Assurance

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

DRAFT
Trawell Kaeal 22/07/2025 08:12:11

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

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

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

The delegated responsibilities aligned to Finance and Performance Committee is:

Making Best Use of Resources
- Theme 1: financial sustainability
- Theme 2: Our environment and workspaces
- Theme 3: Giving back to our community

Delivering Best Quality Services
- Theme 1: Access and flow

The Committee was responsible for two Strategic Objectives (SO):

BAF objective: SO5: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable.

BAF objective: SO6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS.

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

The Chair of the Committee provides an update report to Council of Governor meetings held in public on the activities of the Committee, including areas where assurance had been received and areas requiring further development. This provides the Governors will an opportunity to hear more on the work of the Trust and see the Non-Executive Director fulfilling their role.

Trawden Rome
22/07/2025 09:12:11

To promote consistency across the Trust, including alignment with the approach of the Internal Audit team, the Trust will use the following definitions to identify the level of assurance that the Trust is making sufficient progress against its strategic priorities:

DRAFT

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

The Committee therefore received a number of key documents which included an Integrated Strategic Performance Report which directly aligned to those priority areas delegated to the Committee. Within these reports, informed by Executive oversight of operational grip and control systems, will be a proposed BAF assurance rating for each priority and theme. At the end of each Committee meeting the Chair made a formal decision to either ratify that assurance level or change it, based on the intelligence considered across the entirety of the business of the Committee.

3 Terms of Reference

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

4 Meetings of the Committee

In 2024/25, the Committee met independently seven times. The dates of the meetings are as follows:

- 09 May 2024
- 11 July 2024
- 12 September 2024

Trawally, Rachel 22/07/2025 08:12:11

DRAFT

- 20 November 2024
- 23 January 2025
- 19 February 2025 – Extraordinary Meeting
- 20 March 2025

Due to the changing nature of the financial regime timescales for approving the operational plan did not align with formal meetings. An exceptional Committee meeting was established on 19 February 2024 to review the Trusts financial plans for recommending to the Trust Board in advance of national timescales for NHS plan submissions.

The draft agenda for each meeting is presented to the Chair of the Committee and the Chief Finance Officer by the Deputy Director of Finance and the Committee Secretariat.

Paperwork for the Committee is circulated seven calendar days prior to the meeting taking place. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting for assurance with progress made.

5 Membership of the Committee and attendance at meetings

The minimum number of members for a meeting to be quorate is three, two of whom must be Non-Executive Directors (NED). Two of the meetings was not quorate during the period, items for approval were circulated after the meeting.

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

Due to the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities.

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

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

Attendance at meetings for substantive members and those in attendance were as follows:

DRAFT
Trawalter, Rachel
22/07/2025 08:12:11

Name	09.05.2024	11.07.2024	12.09.2024	20.11.2024	23.01.2025	19.02.2025	20.03.2025
Substantive Members							
Maz Ahmed, Chair	X	X	X	X	X	X	X
Mark Rawcliffe, Non-Executive Director	X	X	X	X	X		
Mike Woodhead, Chief Finance Officer	X	X	X	X	X	X	X
Therese Patten, Chief Executive Officer	X	X			X	X	X
Phil Hubbard, Director of Nursing, Professions and Care Standards and Deputy Chief Executive		X		X			
Kelly Barker, Chief Operating Officer	X	X	X	X	X		X
Dr David Sims, Medical Director	X	X	X	X		X	
Bob Champion, Chief People Officer	X	X			X	X	X
Tim Rycroft, Chief Information Officer	X	X	X	X	X	X	X
Others in attendance							
Claire Risdon, Deputy Director of Finance, Planning & Performance	X	X	X	X	X	X	X
Theresa Fawcett, Head of Financial Management		X	X	X	X		X
Phillip Dunn, Associate Director, (Contract)							
Karthikeyan Chinnasamy, Deputy Director of Performance & Planning	X						
Fran Stead, Trust Secretary		X		X	X	X	
Rachel Trawally, Deputy Trust Secretary			X	X	X		
Jess Greenwood-Owens, Corporate Governance Officer (Secretariat)		X	X	X		X	X
Nazmeen Khan, Corporate Governance Officer (Secretariat)					X	X	
Zoe Naylor, Executive Assistant (Secretariat)	X	*Not Applicable*					
Attending for specific items							
Delphine Fitouri, Head of Digital Services	X						
Shane Embleton, Deputy Director of Estates & Facilities		X		X	X		
Emma Clarke, Energy, Waste and Sustainability Manager				X			
James Cooke, Head of Community Services - Adult				X		X	X
Philip Dunn, Recovery Programme Manager			X	X			
Attending as an observer							
Peri Thomas, Gatenby Sanderson Insight Programme	X						
Paul Hodgeson, Governor					X	X	
Connor Brett, Governor		X					
Richard Cliff, Head of Legal Services	X						
Sarita Yadav, Lead Programme Manager at Lloyds Bank			X				
Attending as a deputy							
Chris Dixon, Interim Deputy Director of Nursing & Professions							

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

6 Reports made to the Board of Directors

The Chair of the Committee makes an Alert, Advise, Assure and Decision escalation report regarding the most recent meeting of the Committee to the next available Public Board of Directors' meeting and Council of Governors meeting. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself. Where items are considered to be of significance and a certain urgency, the Chair of the Committee may make use of Exceptional Escalation Reports to the Trust Chair and Chief Executive, and where appropriate the Board of Directors. From January 2025, these reports are now called Effective Oversight Escalation and Assurance Reports.

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

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

Date of meeting	Assurance and escalation report to Board by Chair
09 May 2024	17 July 2024
11 July 2024	
12 September 2024	25 September 2024
20 November 2024	29 January 2025
23 January 2025	29 January 2025
19 February 2025 – Extraordinary Meeting	Awaiting Approval
21 March 2025	Awaiting approval

7 The work of the Committee during the year 1 April 2024 until 31 March 2025

The Chair of the Committee can confirm that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all these areas of work can be found in the minutes and papers of the Committee.

Trawell, Rachel
22/07/2025 08:52:14

A high-level presentation of areas of work on which the Committee has received assurance and update during 2024/25 are as follows:

Assurance on:

- Integrated Strategic Performance Report
- Financial regime for 2024/25 and associated financial plan (Revenue and Capital)
- BDCFT Financial outturn for 2025/25 including key risks and mitigations
- NHS England quarterly return submission approval
- Costing transformation programme
- Provider Collaborative contracts including partnership agreements and gain share
- Business Planning process for 2025/26
- BDCFT Financial Plan for 2025/26 and associated risks and mitigations

Reports and presentation on:

- Digital strategy programme
- Microsoft Licencing Update
- SystemOne Re-Procurement
- Fire Safety; and Health and Safety Annual Reports
- Estates Strategy Annual progress update, including community estates strategy
- Trust Green Plan: Greener Together Report and Sustainability annual update
- Contracts and service level agreement report, including loss making contracts
- Clinical systems contract renewal
- Development of integrated planning, reporting and business partnering model
- Data quality
- Capital programme in year performance
- Community Dental Service Lead Provider Update
- Lynfield Mount Hospital Redevelopment

8

Annual Effectiveness Review Summary

The Committee undertook an Annual Effectiveness Review in the form of a Survey sent to report writers, regular attendees, presenters and members in February 2025. Seven colleagues responded to the survey.

The survey comprised of a set of standard questions with ‘agree’, ‘disagree’ and ‘other’ within the areas of A. Committee Operation, B. Committee Administration, C. Terms of Reference and E. Strategy.

Top-line results indicate that the Committee is considered to work effectively.

The facility for providing additional feedback was used by some people which enriched the data with constructive comments and suggestions, including areas where further work should be considered, such as:

Trawalter, Rachel
22/07/2025 08:12:31

- **Health Equity:** Some consideration of health equity but could more be done to embed this discussion throughout.

- **Triangulation:** Further work should be to triangulate data and determine impacts

However, the Committee strengths were:

All respondents agreed that:

- The Committee reports regularly to the Board
- The Committee has established a work plan for the year which is relevant to the terms of reference
- The Committee meets the appropriate number of times to deal with planned matters.
- At the end of each meeting the Committee discusses the outcomes and reflects back on decisions made and what worked well or not so well.
- Discussion aligns to the Trust values, we care, we listen, we deliver.
- The quality of Committee papers received allows me to perform my role effectively.
- Reports received have the right format and content.
- Committee papers are distributed in sufficient time to give them due consideration.
- Minutes are accurate and of a high quality and are received as soon as possible after meetings, setting out key actions and assurances received.
- The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.
- The Board ensures that members have sufficient knowledge of the Trust to identify key risk areas and to challenge on issues.
- Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints.
- The Committee has written Terms of Reference that define the Committee's role.
- The Committee is empowered to take action and make decisions, aligned to the Terms of Reference.
- Sufficient attention and time is given to discuss strategic risks.
- Does the Committee interact sufficiently with other Committees to support integrated governance.
- The work plan supports effective oversight to support assurance reporting, escalation and triangulation.
- The Committee's work is aligned clearly with the Trust strategy & strategic objectives.
- The Committee ensures that its decisions contribute to strategic direction of the Trust.
- The Committee's priorities are regularly reviewed to ensure alignment with changing priorities and risks.
  The Committee has made a positive contribution to work of the Trust over the last year

Further positives included that the joint committees are particularly effective in dealing with complex and challenging issues.

DRAFT

Trawden Rachel
22/07/2021 08:12:11

During 2024-25 the previous 'QSC deep dives' were replaced with Joint Committees, which included all Board Members plus invited guests. The topics for discussion were:

Date of Joint Committee	Meeting Details
10 April 2024	• Edenfield Centre at Greater Manchester Mental Health NHS Foundation Trust Report - Focusing on people, operations, quality and patient safety. • Quality Accounts.
16 October 2024	• Trust learning from the Nottingham attack & CQC findings. • Discussion on risk reporting.
11 December 2024	• Inpatient Safer Staffing (Model Roster).
12 February 2025	• Out of Area Placement • Post office enquiry (FS and RT)

Joint Committees reported to Board on a regular basis.

9 Conclusion

The Chair of the Committee would like to assure the Board that the Committee worked hard to fulfil its Terms of Reference during 2024/25, managing the priority areas for consideration and agreeing items for deferral. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust and it has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues, risks, or learning. Organisational learning drives this Committee and is one of its core values; further improvements will be made to advance this critical aspect of quality and safety.

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

Nazmeen Khan - Corporate Governance Officer

Trawally Rachel
22/07/2025 08:12:11

DRAFT

Appendix A

7 people responded to the Survey

Question	Agree %	Disagree %	Other %
The Committee reports regularly to the Board	100.00%	0.00%	0.00%
The Committee has established a work plan for the year which is relevant to the terms of reference	100.00%	0.00%	0.00%
The Committee meets the appropriate number of times to deal with planned matters.	100.00%	0.00%	0.00%
At the end of each meeting the Committee discusses the outcomes and reflects back on decisions made and what worked well or not so well.	100.00%	0.00%	0.00%
Discussion aligns to the Trust values, we care, we listen, we deliver.	100.00%	0.00%	0.00%
The quality of Committee papers received allows me to perform my role effectively.	100.00%	0.00%	0.00%
Reports received have the right format and content.	100.00%	0.00%	0.00%
Committee papers are distributed in sufficient time to give them due consideration.	100.00%	0.00%	0.00%
Minutes are accurate and of a high quality and are received as soon as possible after meetings, setting out key actions and assurances received.	100.00%	0.00%	0.00%
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	100.00%	0.00%	0.00%
Each member contributes sufficient time to fulfil their role.	83.33%	0.00%	16.67%
Members, particularly those new to the Committee, are provided with induction and training.	60.00%	0.00%	40.00%
The Board ensures that members have sufficient knowledge of the Trust to identify key risk areas and to challenge on issues.	85.70%	0.00%	14.29%
Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints.	100.00%	0.00%	0.00%
The Committee has written Terms of Reference that define the Committee's role.	100.00%	0.00%	0.00%
The Committee is empowered to take action and make decisions, aligned to the Terms of Reference.	100.00%	0.00%	0.00%
Sufficient attention and time is given to discuss strategic risks.	100.00%	0.00%	0.00%
Does the Committee interact sufficiently with other Committees to support integrated governance.	83.33%	16.67%	0.00%
Health equity is proactively considered by the Committee and features on its work plan.	66.67%	33.33%	0.00%
Formal reporting is supplemented by opportunities to gather people's experience in support of triangulation.	83.33%	0.00%	16.67%
The work plan supports effective oversight to support assurance reporting, escalation and triangulation.	100.00%	0.00%	0.00%
The Committee's work is aligned clearly with the Trust strategy & strategic objectives.	100.00%	0.00%	0.00%
The Committee ensures that its decisions contribute to strategic direction of the Trust.	100.00%	0.00%	0.00%

DRAFT

Trawalk Reading
22/07/2025 08:10:11

The Committee's priorities are regularly reviewed to ensure alignment with changing priorities and risks.	100.00%	0.00%	0.00%
The Committee has made a positive contribution to work of the Trust over the last year.	100.00%	0.00%	0.00%
There is a process for communicating the Committee's outcomes.	100.00%	0.00%	0.00%

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

Appendix B - Action Plan – FPC

Issued raised	Actions planned/undertaken	Responsible	Priority Level
Induction process: Uncertainty exists around whether an induction process is provided.	A Committee induction is not currently in place, however this is something that Corporate Governance plan to develop over the next 12 months	Corp Gov	
Health equity: Although addressed, its integration and prominence could be improved.	Corporate Governance are currently working with the EDI team to enhance this across committees / Board	Corp Gov	

DRAFT

Trawally, Rachel
22/07/2025 08:12:11

Trawally,Rachel
22/07/2025 08:12:11

Finance and Performance Committee

Terms of Reference

Version:	~~43~~.0
Approved by:	Finance and Performance Committee
Ratified by:	Board of Directors
Date approved:	~~9 May 2024~~
Date ratified:	~~29 May 2024~~
Job title of author:	Corporate Governance Manager / Deputy Trust Board Secretary
Job title of responsible Director:	Non-executive Director and Chair of the Finance and Performance Committee
Date issued:	~~May 2024~~June 2025
Review date:	~~May 2025~~June 2026
Frequency of review:	Annual
Amendment Summary:	- Inclusion of Director of Transformation, Improvement & Productivity within the members list - Renaming of Assurance & Escalation reporting to Effective Oversight: Escalation and Assurance ~~- Removal of third Non-Executive Director as previously agreed by the Board of Directors.~~ ~~- Included the provision supporting Joint Committee meetings taking place.~~ ~~- Updated Assurance & escalation reporting arrangement to recognise this now also included 'decisions' being made.~~ ~~- Frequency of meetings changed to every two months.~~ ~~- Name change of 'Director of Finance, Contracting and Estates' to 'Chief Finance Officer.~~ ~~- Name change of 'Deputy Director of Finance' to 'Operational Director of Finance'.~~ ~~- Inclusion of Director of Nursing within the members list.~~ ~~- Included reference to new strategic framework for the Trust~~ ~~- Updated table of deputies.~~

1 Name of group / committee

Trawally, Rachel
22/07/2025 08:13:21

Finance and Performance Committee.

2 Composition of the Committee

Members: full rights

Title	Role in the group / committee
Non-executive Director	Committee Chair
Non-executive Director	Additional non-executive member
Chief Executive	Accountable Officer for the Trust
Chief Finance Officer	Executive lead for financial resources within the Trust. Assurance and escalation provider to the Finance and Performance Committee.
Chief Operating Officer	Executive lead with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Finance and Performance Committee.
Chief People Officer	Executive lead for workforce development. Assurance and escalation provider to the Finance and Performance Committee. Attendance at meetings will be dependent on the agenda items being discussed.
Chief Information Officer	Executive lead for digital services.
Director of Nursing, Professions and Care Standards	Executive lead for nursing, professions, risk management, compliance, care standards. Assurance and escalation provider to the Finance and Performance Committee.
Medical Director	Executive lead with responsibility for clinical services, KPO, Pharmacy, Research and Development. Assurance and escalation provider to Finance and Performance Committee.
Director of Transformation, Productivity and Improvement	Executive Lead for transformation, productivity and improvement. Responsibility for the Project Management Office and Business Support and Performance.

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

2.1 Governor Observers

Trawally, Rachel 22/07/2025 08:13:21

The Committee welcomes and encourages governors to attend its meetings. The role of a governor at Board sub-committee meetings is to observe the work of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of

the Trust. At the meeting the governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

3 Quoracy

Number: The minimum number of members for a meeting to be quorate is three, two of whom must be non-executive directors. Attendees do not count towards quoracy.

If the Chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by one of the other non-executive directors.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal "acting up" arrangements. A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting must be approved virtually by full rights members and formally reviewed at the next quorate meeting.

4 Meetings of the committee

Frequency: Normally bi-monthly to deliver six Committee meetings per year, with the option of having additional meetings if required.

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

Joint Committee Meetings: Joint Committee meetings can take place between Board sub-committees. It will be for the Executive Directors in partnership with Non-Executive Director Chairs to agree when a meeting will be convened. Joint Committee meetings will be facilitated by the Corporate Governance team and will either be formal meetings, or development sessions. When Joint meetings are convened the relevant Terms of Reference will be adhered to.

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

~~**Alert, Advice, Assure and Decision (AAA+D) Escalation**~~**Effective Oversight Escalation and Assurance** **Reporting:** The Chair of the Committee will provide an update of key issues arising from the meeting to the next Public Board of Directors meeting.

Trawally, Rachel
22/07/2025 09:12:11

5 Authority

Establishment: The Committee is a sub-committee of the Board of Directors and has been formally established by the Board.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

6 Role of the committee

6.1 Purpose of the committee

The purpose of the Finance and Performance Committee is to support the Board's strategic direction and stewardship of the Trust's finances, investments and sustainability.

In particular, the Committee is to provide the Board with assurance concerning aspects of finance and performance relating to the provision of care and services in support of getting the best clinical outcomes and experience for service users and carers. It will seek assurance that there is adequate organisational oversight of the financial, workforce, estates (including health and safety, and environmental), and informatics risks to the Trust's ability to achieve its strategic objectives

The Committee review the financial and non-financial targets of the Board, to ensure that appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance that the arrangements are working effectively. The Committee will oversee the ongoing development of a performance management culture in the Trust where performance management is seen as part of the day job striving for excellence and focussing on improvement in all aspects.

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

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

- we care
- we listen
- we deliver.

Trawally, Rachel
22/07/2025 08:12:11

As agreed by the Board July 2023 within the Better Lives Together strategic framework, the Committee operates aligned to the four strategic priorities:

- Being the Best Place to Work
- Delivering the Best Quality Services
- Making the Best Use of Resources
- Being the Best Partner

6.3 Duties of the Committee

The Committee's key objectives are to:

- monitor financial performance of the Trust against plan and provide assurance to the Board on the delivery of key financial targets;
- identify the key financial risks and drivers to achievement of financial targets, investigate significant variances and report any proposed remedial action to the Board as necessary;
- receive assurance on delivery of the Trust's workforce; estates (including health and safety, and environmental); and informatics strategies;
- provide an oversight of the development and implementation of financial systems across the Trust; and
- provide an oversight of financial performance and key risks across the Bradford Place and wider ICS.

The Committee will:

1) Finance
   - scrutinise the Trust's in-year financial performance, delivery of Cost Improvement Plans and other key financial targets;
   - review the annual budget, regulator targets, and regulator information requests prior to recommendation to the Board of Directors;
   - review the development of the Trust's five-year financial plan, ensuring it is aligned with clinical, estates, workforce, informatics and other business strategies;
   - review the financial risks and mitigations of the ICP/ ICS;
   - review development and implementations of the business strategies that drive the financial planning and performance of the organisation;
   - maintain an oversight of, and receive assurances on the robustness of the Trust's key income sources and contractual safeguards;
   - review internal and external corporate benchmarking reports;
   - consider and recommend to Board proposals for investment in commercial business cases; and
   - review the process for determining capital expenditure projects and their monitoring, including post-implementation reviews.

Trawally Rachel
22/07/2025 08:12:11

2) Workforce issues affecting the Trust's financial strategy

- receive assurance on progress made against the Workforce Strategy;
- consider the control and mitigation of workforce related risks and provide assurance to the Board that such risks are effectively controlled and managed;
- receive reports on the delivery of other Trust strategies and initiatives that interlink with the workforce and organisational development workstream; and
- receive assurance on statutory workforce standards such as agenda for change.

3) Procurement issues affecting the Trust's financial strategy
   - receiving assurance that the Trust's plan is increasing efficiencies; and
   - review operational reports to monitor compliance with effective procurement procedures and policies.

4) Estate issues (including environmental and health and safety) affecting the Trust's financial strategy
   - receiving assurance on delivery of the Trust's estate's strategy;
   - receiving assurance on the Bradford place estate's strategy;
   - receiving assurance on statutory health and safety requirements; and
   - reports on the Trust's proactive approach to health and safety management, and environmental issues.

5) Informatic issues affecting the Trust's financial strategy
   - receive progress updates on delivery of the Trust's digital strategy;
   - receive assurance on the Trust's preparedness to support appropriate cyber security; and
   - assurance against statutory data requirements and compliance with requirements set by the Information Commissioners Office.

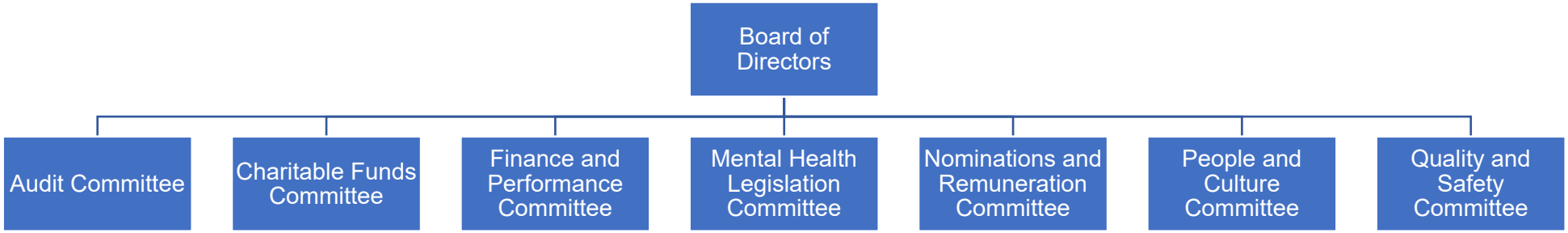
6) System-wide partnership working
   - As required, receive assurance on the governance arrangements that support system-wide partnership working.

7) Receiving assurance on the Trust's performance against:
   - annual budgets, capital plans, and Cost Improvements;
   - quality, innovation, productivity and transformation; and
   - clinical activity and key performance indicators. Seek assurance that the underpinning systems and processes for data collection and management are robust and provide relevant, timely and accurate information to support the operational management of the organisation.

Trawally, Rachel
22/07/2025 08:12:11

Trawally,Rachel
22/07/2025 08:12:11

7 Relationships with other groups and committees



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

Trawalling, Rachel
22/07/2025 08:12:11

8 Duties of the Chair

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the Chief Finance Officer;
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- giving direction to the secretariat and checking the draft minutes;
- ensuring the agenda is balanced and discussion is productive; and
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

9 Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

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

Trawally,Rachel
22/07/2025 08:12:11

Schedule of deputies

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

Full member (by job title)	Deputy (by job title)
Non-executive Director Chair	Another Non-executive Director
Non-executive Director	Another Non-executive Director
Chief Executive	Deputy Chief Executive
Chief Finance Officer	Operational Director of Finance
Chief Operating Officer	Deputy Director of Operations
Chief People Officer	Deputy Chief People Officer
Chief Information Officer	Head of Digital Services
Director of Nursing, Professions and Care Standards	Deputy Director of Nursing, Professions and Care Standards
Medical Director	Deputy Medical Director/Chief Pharmacist

Attendee (by job title)	Deputy (by job title)
Operational Director of Finance	Head of Finance
Trust Secretary	Deputy Trust Secretary

Trawally Rachel
22/07/2025 08:12:11

Effective Oversight: Escalation and Assurance

Report to:	**Board of Directors**	**Meeting date:**	**26 June 2025**
Report from:	**Audit Committee**	**Meeting date:**	**19 June 2025**
Quorate?	**Yes ☒ No ☐**		
Members present	Chris Malish, Simon Lewis, Sally Napper.		
In attendance	Therese Patten, Philipa Hubbard, Stacey Pearson, Leanne Sobratee, Lee Swift, Salma Younis, Helen Higgs, Sarah Denton, Rachel Trawally, Claire Risdon, Osama Rathore.		
Observers	Mike Gill was in attendance as part of the ongoing Well Lead Review.		
Apologies	Apologies were noted from Fran Stead.		
Good Governance	Governance, accountability and effective oversight		**GG**
Agenda items	• Matters arising • Strategic Assurance Report and Supporting items: .1 Strategic Narrative 2. Compliance and Risk Report. • Review of Losses & Special Payments. • Waiver of Standing Orders & Standing Financial Instructions. • Proposed Write off of Outstanding Debt. • BDCFT Annual Accounts 2024/25 • External Audit: ISA 260 Annual Report and Head of Internal Audit Opinion • External Audit: Annual Report, including Value for Money Assessment. • External Audit: Letter of Representation • Internal Audit: Annual Report and Head of internal audit opinion. • Annual Report and Annual Governance Statement 2024/25 • Internal Audit: Annual Internal Audit Plan 2025/26 • Internal Audit: Progress Report and any Follow Up Reports. • Local Counter Fraud Annual Work Plan 2025/26 • Local Counter Fraud Progress Report. • Audit Committee Work Plan 2025/26		
Alert items agreed by Committee	• Nothing.		
Advise items agreed by Committee	• The Committee will follow up on the recent AWOL audit with a limited assurance rating at the next Audit Committee.		
Assure items agreed by Committee	• **Strategic Assurance Report**: The audit committee noted the position regarding low and limited assurance areas, recognizing that some issues are beyond the trust's control.		

Trawally Rachel
22/07/2025 08:12:11

	• **Review of Losses and Special Payments**: No waiving of standing orders and no write-off of debts		
Decisions made by Committee	• **Approved:** The Committee agreed to recommend the Annual Accounts for Board approval. • **Approved:** The Committee agreed to recommend the Annual Report for Board approval. • **Approved**: The Committee approved the internal audit work plan. • **Approved**: The Committee approved the local counter fraud work plan and reduction in attendance to Committee meetings.		
New risks identified by Committee	• There were no new risks identified by the Committee.		
Feedback following discussion at 'parent' meeting			
Report completed by	Sarah Denton, Executive Assistant	**Date**	**19.06.2025**
On Behalf of Chair	**Chris Malish, Non-Executive Director**		

Trawally Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Board of Directors – Meeting held in Private

24 July 2025

Paper title:	**Final Quality Account 2024-25**	**Agenda Item 24.0**
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, Deputy Chief Executive, DIPC	
Prepared by:	Paula Reilly, Senior Risk and Clinical Audit Manager	
Committees where content has been discussed previously	SLT March 2025 QSC April and June 2025	
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	√

Trewally Rachel
22/07/2025 08:12:11

Purpose of the report
This paper presents the final version of the Trust's Quality Account following comments from Stakeholders, for approval.

Executive Summary
All NHS Trusts are required to produce and publish a Quality Account once per year, in accordance with national guidance. The Quality Account is a document that tells people who we are as an organisation, it looks back over the year to show how we have improved the quality of our services and looks forward describing what our plans are for the coming year. This Quality Account is for people that use our services, carers, and members of the public. We also share it with our stakeholders for comment, following which it is made available to the public. The main elements of a Quality Account are: • How we performed last year (2024/25), our prioritised activity and quality improvement work • Information we are required to provide by law, this is reported in a strictly specified way so that we can be compared to other NHS Trusts. • Our plans for next year (2025/26), why we have chosen these priorities, and how we will go about it. • We also include examples of some of the celebrated areas work of that our services have undertaken to improve the quality of care for patients. The final version of this year's Quality Account is enclosed for approval. The document has been produced in collaboration with our services and leadership teams. This version includes all year-end figures and comments received from stakeholders following a 30 day consultation period. The regulations state that Quality Accounts must be published by June 30 each year following the end of the reporting period. The Quality Account must be uploaded to a page on the Trust website and the link subsequently sent via a specified email address at NHS providers.

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**

Trawally Rachel
22/07/2025 08:12:11

Recommendation(s)
The Trust Board is asked to: • Approve the final version of the 2024/25 Quality Account

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR: N/A
Care Quality Commission domains Please check **ALL** that apply	☒ Safe ☒ Effective ☒ Responsive ☒ Caring ☒ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Requirement for NHS Trusts to produce an annual Quality Account which includes the mandated sections; and to publish the account by 30 June 2025.

Trawally Rachel
22/07/2025 08:12:11

NHS
Bradford District Care
NHS Foundation Trust

Quality Account 2024/25

Bradford District Care NHS Foundation Trust







Tawally Rachel
22/07/2025 08:12:11

Contents

Who we are 4

Services we provide 5

Our Trust in Numbers....7

Creating better lives, together: From Ambition to Action – 2023-26 10

SECTION ONE: 12

1.1 What is a Quality Account? 13

1.2 Statement on quality from the Chief Executive....14

1.3 Statement of Directors Responsibilities...16

SECTION TWO: 18

2.1 Priorities for quality improvement....19

2.1.1 Delivering our Quality Improvement Priorities for 2024/25....19

2.1.2 Our Quality Improvement Priorities for 2025/26....24

2.2 Quality Improvement Capability 25

2.3 Trust Strategies that support our delivery of quality....31

2.3.1 Quality Strategy 31

2.3.2 Patient Safety Strategy 31

2.3.3 Clinical Professions Strategy 31

2.4 Statements of assurance from the Trust Board....34

2.4.1 Review of services....34

2.4.2 Care Quality Committee (CQC) update 34

2.4.3 Commissioning for quality and innovation (CQUIN) 2024/25 36

2.4.4 Participation in Clinical Audits....38

2.4.5 Research 42

2.4.6 Information Governance 43

2.4.7 Patient Safety 45

2.4.8 Learning from deaths....47

2.4.9 Inquests 51

2.5 Safeguarding 51

SECTION THREE: 52

3.1 Quality foundations....53

3.1.1 Patient-Led Assessment of the Care Environment (PLACE) 53

3.1.2 Freedom to Speak Up - raising concerns within the Trust....54

3.1.3 Infection prevention 57

3.1.4 Board 'Go See' Visits....58

3.2 Innovation and growth....59

3.2.1 Estates and Facilities....59

3.2.2 Better Lives Charity 61

3.3 Supporting staff – supporting the conditions for quality improvement....63

3.3.1 Staff survey – hearing what staff have to tell us 63

3.3.2 Staff Support and Therapy Service..67

3.3.3 Critical Incident Stress Debriefing....68

3.4 Listening to the voice of experience....70

3.4.1 Patient and Carer Experience and Involvement 70

3.4.2 Patient Advice and Complaints Service (PACS)....73

3.4.3 Triangle of Care 77

3.4.4 Well Together and Volunteering 78

3.5 Medicines Optimisation 80

3.5.2 District Nursing....82

3.5.3 Self-Management Facilitators. 83

3.5.4 The Bradford Keeping My Chest Healthy Project 85

3.5.5 Proactive Care (PACT) team 86

3.6 Mental health services....87

3.6.1 Activity and Groups at Airedale Centre for Mental Health....87

3.6.2 Reflective Practice in Acute Community Services....89

3.6.3 Specialist Mother and Baby Mental Health Service - Bradford, Airedale and

DRAFT

Trawally, Rachel
22/07/2025 08:11:11

Craven's specialist perinatal mental health service 90

3.6.3 Children's 0-19 Service.....93

3.6.4 Mental Health Nurse Kate Dale Honoured in New Year Honours List 2025....94

3.6.5 Children in Care team.....95

3.6.7 Clinical Administration Service 96

SECTION FOUR: 98

4.1 Bradford Healthwatch.....99

To be updated following stakeholder consultation .....**Error! Bookmark not defined.**

.....102

4.3 Independent Auditors Report 103

Glossary 104

Contact us 106

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

Who we are

Bradford District Care NHS Foundation Trust (BDCFT; 'the Trust') offers a wide range of services covering mental health, learning disabilities, physical health (including specialist dental services) and children's public health, from before birth to the end of people's lives. We provide 51 different services across over 60 sites, including two mental health hospitals, for people of all ages across Bradford, Airedale, Wharfedale and Craven.

Supporting people in our communities throughout their lives is a real privilege and means that we have many opportunities to help make a difference to their health and wellbeing. This means helping people to keep healthy for as long as they can be, as well as treating people when they become unwell.

As well as thinking creatively about how we support people and how we make our services accessible to everyone in our communities who need them, we continue to work with our partners across health and social care settings, to consider all the factors that impact on a person's health and wellbeing and create joined-up, holistic service offers that put the person at the centre of decision making. We continue to build on our strong relationships with partners to look outwards across Bradford District and Craven, West Yorkshire, and beyond.

Bradford District and Craven stretches from Bradford city centre, past Keighley in the Aire Valley, through the large market towns of Ilkley and Skipton, to Ingleton in the Craven basin. Our community has a population of over 659,000 people in a mixed urban and rural area, covering 595 square miles.

The population we serve is one of the most multicultural in Britain with over 100 languages spoken. Some areas of Bradford are amongst the most deprived in the country, reflected in higher-than-average demand for health services and reduced life expectancy.

We employ over 3,000 people who, directly and indirectly, provide healthcare and specialist services to local people, including registered nurses (health visitors, school nurses, district nurses, specialist nurses), non-clinical roles (digital, estates and facilities, finance, HR, administration, governance), health support workers, psychological therapy roles, allied health professionals (AHPs), social workers, dental and medical roles, AHP clinical support roles and pharmacy roles. Our people are the core of what we do and without them we would be unable to deliver services.

DRAFT

Trawsnant, Rachel
22/07/2025 08:12:11

Services we provide

During 2024/25 Bradford District Care NHS Foundation Trust provided 51 NHS services in the following areas:

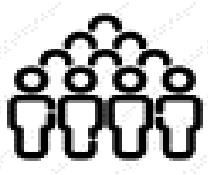
Adult low secure mental health service	Adult mental health A&E liaison
Adult Mental Health Acute Inpatient services	Assertive Outreach service
Bradford and Airedale Neurodevelopmental service	Breastfeeding support service
Child and Adolescent Mental Health service	Children and young people's community eating disorders service (Freedom team)
Community Dental service and oral health improvement	Community mental health teams - working age adults
Community nursing	Community nursing children with special needs in special schools
Continence service	Criminal Justice Liaison service
Early intervention in psychosis	Falls prevention exercise service
First Response service	Homeless and new arrivals health team
Housing for health	Individual placement and support employment service
Intensive home treatment	Learning disabilities - Assessment and Treatment Unit
Learning disabilities - Health Facilitation and Community Matron service	Learning disabilities - intensive support team
Learning disabilities - specialist therapies clinical liaison team	Liaison and Diversion Service (Wakefield)
Little Minds Matter – Bradford infant mental health service	Looked-after children's health team

Trawenik Kranjci
22/07/2025 08:12:11

Maternal Early Childhood Sustained Health Visiting	Mental Health Support Teams in schools and colleges
Older people's mental health - Acute Inpatient services	Older people's mental health, including community mental health team services, acute and care home liaison services, Memory Assessment and Treatment service
Palliative Care – Palliative Care Team; Palliative Care Support Teams & Fast Track; End of life Facilitator; End of Life Care Education Facilitation Service	Podiatry – core and specialist
Primary Care Wellbeing service	Proactive Care Team, including Admiral Nurse Service
Psychiatric intensive care unit	Psychiatric Rehabilitation services
Psychological Therapies - Specialist service	Public Health Nursing Children's service (Bradford)
Public Health – Health Promotion and Resources service	Public Health School Aged Immunisation Service, including Influenza (Bradford)
Public Health School Aged Immunisation Service, including Influenza (Wakefield)	Ready to Relate training
Specialist Mother and Baby Mental Health Service	Speech and language therapy
Speech and Language Therapy for Pupils within Resourced Provisions and for Deaf Children	Talking Therapies (Previously IAPT)
Tissue viability	Youth offending team: health team
Youth offending team: health team	Well Together service

Trawally Rachel
22/07/2025 08:12:11

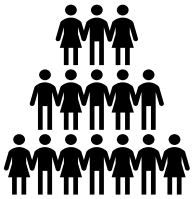
Our Trust in Numbers



595,000 (approx.)
People we provide services to



51
services provided



3438
Substantive staff



291
Members of our workforce race equality network



GOOD
Overall CQC rating



323
Other professional including scientific and technical staff, including psychologists



1038
Registered nursing and midwifery staff



968
Admin, estates and non-clinical staff



69
Sites we operate from

Trawally,Rachel
22/07/2025 08:12:11

£233.3m
Annual turnover for 2024/25



96
Medical staff including consultants,



739
Clinical staff, including health care support workers



1863
Bank staff



220
Volunteers



160
Members of our disability and wellbeing network (DaWN)



68
Members of our Rainbow Alliance



288
Allied health professionals including occupational therapists and dietitians

Trawally,Rachel
22/07/2025 08:12:11

87.2%

Staff that feel their role makes a difference to service

220

People that have taken part in our service user network activities

5758

BDCFT X (Twitter) followers

4,900

BDCFT page fans on Facebook

20416

Visitors to our website each year

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

Creating better lives, together: From Ambition to Action – 2023-26

Our Trust strategy for 2023-2026 builds on our commitment to quality, guided by our Care Trust Way approach. The Care Trust Way" is Bradford District Care NHS Foundation Trust's (BDCFT) approach to continuous improvement, empowering staff to identify and implement service improvements. It is a staff-led model designed to involve everyone in enhancing the quality of care. It reflects the changes in the health and social care landscape and how we have developed over the last few years and sets out our ambitions and how they will be delivered.

The increasing demand and workforce challenges that we are experiencing are unprecedented. The current financial pressures, along with national challenges in attracting and retaining staff, mean that maintaining quality and access to services, whilst delivering care to an ageing and growing population, is a real and increasing challenge. Health inequalities are growing, worsened by the impacts of climate change.
Despite these challenges we continue to strive to improve the quality of our services and the experiences of those that use our services.

We have played a proactive role in developing the integrated care agenda in the Bradford District and Craven Health and Care Partnership and in the West Yorkshire Health and Care Partnership (also called the Integrated Care System). The challenges and changes that we are experiencing as a health and care partnership mean that we must continue to work together to plan and shape services and use resources in the most effective way possible, so the care we offer to the communities we serve is the best it can be.

Our strategy for 2023-2026, balances the scale of our ambition with the scale of the challenge, with hopeful realism being a common thread throughout. We are working to ensure that we have sustainable services: financial, environmental and social, all built on a strong foundation. Looking to the future we strive to ensure we continue to integrate, improve and innovate, adapting our service offer to the changing health needs of our communities.

We also have a role within our neighborhoods, community and wider place. Our Trust is a partner organisation within both the Bradford District and Craven and the West Yorkshire Health and Care Partnerships, a provider and enabler of health care, an employer; and a community of learning where our workforce is enabled to grow and develop in line with their ambitions and aspirations.

Trawalla Rachel
22/07/2023 08:12:14

Supported by the values that we have embedded over the past few years, we will work

collaboratively with our health and care partners and the wider community to provide safe and effective services, ensuring that we proactively support those most in need. We will work with our people to ensure that our Trust is the best place to work. Our 2023-2026 strategy describes our priorities, how we will deliver them and the impacts we expect to see.

Click to see the full strategy From Ambition to Action



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 that they belong and are valued.

Deliver best quality services

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

Making best use of resources

We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do.

Be the best partner

We will be at the forefront of the integration, improvement and innovation, working with partners to deliver services that enable our population to live happier, healthy lives.

Trawally,Rachel
22/07/2025 08:12:11

SECTION ONE:

Declarations

Trewalla Rachel
22/07/2025 08:12:11

1.1 What is a Quality Account?

All NHS Trusts are required to produce and publish a Quality Account once per year, in accordance with national guidance. The Quality Account is a document that tells people who we are as an organisation, it looks back over the year to show how we have improved the quality of our services and looks forward describing what our plans are for the coming year.

This Quality Account is for people that use our services, carers, and members of the public. We also share it with our stakeholders for comment, following which it is made available to the public.

The main elements of a Quality Account are:

- How we performed last year (2024/25): our prioritised activity and quality improvement work
- Information we are required to provide by law: this is reported in a strictly specified way so that we can be compared to other NHS Trusts.
- Our plans for next year (2025/26), why we have chosen these priorities, and how we will go about it.

We also include examples of some of the celebrated areas work of that our services have undertaken to improve the quality of care for patients.

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

1.2 Statement on quality from the Chief Executive



Therese Patten, Chief Executive

On behalf of the Board of Directors I am delighted to introduce our annual Quality Report for 2024/25. This report reflects our ambitions as a Trust, details our achievements in improving service quality and describes and how we intend to make further improvements in the years ahead.

We are now working to deliver our refreshed Trust strategy, Creating better lives, together: from ambition to action. This reinforces our commitment to quality improvement which is guided by our Care Trust Way approach and sets out how our ambitions will be delivered.

As with other health and care providers, the increasing demand and workforce challenges that we are experiencing, are unprecedented. The current financial pressures, along with national challenges, mean that maintaining quality and access to services, whilst delivering care to an ageing and growing population, is a real and increasing challenge. This is set against a background of widening health inequalities, which strengthens our resolve to continue to improve the experience of people using our services.

We are very proud that despite the challenges, our staff have continued to work together to deliver services that are innovative and adapt to the needs of the communities they serve. We want to continue to foster a culture where people are proud of the work they do and would be confident that, if they or their loved ones needed it, they would get the best possible care from our services.

The achievements and progress you will read about in this report are clear evidence that we are making a difference by delivering services to our communities, that have a real impact on their health and wellbeing. This is testament to the resilience of our workforce and their continued desire to improve the experience for people who come into contact with our services. I am regularly inspired by stories I hear and the passion of our people and would like to thank everyone for their hard work and dedication.

Our Trust is privileged to deliver services that touch people's lives from before they are born, to the end of their lives. This means we have multiple opportunities to support people to gain the skills and knowledge, and where needed, access interventions and treatment, to enable them to live lives that are as healthy and happy as possible. We will

Trawscwyd Pennaeth 22/07/2025 09:12:27

continue to work with our partners across health and social care, and more widely, to strive to deliver services that are of good quality provided by the skilled and committed people.

The coming year will continue to bring with it challenges, but I remain confident in the ability of our people to work together to deliver the best possible services for our communities.

Chief Executive's Declaration

The Trust Board is confident that this Quality Report presents an accurate reflection of quality across Bradford District Care NHS Foundation Trust.

As Chief Executive of Bradford District Care NHS Foundation Trust I can confirm that, to the best of my knowledge, the information within this document is accurate.



Therese Patten, Chief Executive
Date: 14 May 2025

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

1.3 Statement of Directors Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England (previously NHS Improvement) has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2022/23 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2024 to March 2025
  - papers relating to quality reported to the board over the period April 2024 to March 2025
  - feedback from commissioners dated 23 May 2025
  - feedback from local Healthwatch organisations dated 27 May 2025
  - the latest national patient survey
  - the latest national staff survey
  - the Head of Internal Audit's annual opinion of the trust's control environment
  - CQC inspection report dated September 2021
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS England's (previously NHS Improvement's) annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

Trawally Rachel 22/07/2025 08:12:11

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

Signed: 

Therese Patten, Chief Executive
Date: xx June 2025

Signed: 

Dr Linda Patterson OBE FRCP, Chair
Date: xx June 2025

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

SECTION TWO:

Priorities for improvement, improvement capability and statements relating to the quality of NHS services provided

Tremain-Rachel
22/07/2025 08:12:11

2.1 Priorities for quality improvement

2.1.1 Delivering our Quality Improvement Priorities for 2024/25

In our 2023/24 Quality Account, we set out our 2024/25 priorities for quality improvement, as required for this document.

These priorities linked to the Trust's strategic framework's ambition to 'Deliver the Best Quality Services'. Within this ambition, three themes described how we would achieve this. The actions span over three years, and we expect to see incremental change over this period.

The priorities, against each theme, and the progress we have made to deliver them are summarised in the tables below.

Theme 1 – Access and Flow

We said
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.
Our progress
During 2024/25 we worked across a range of services to identify opportunities to use continuous improvement methods to support improvements in access to our services, waiting times, experiences and outcomes. The below describes some of our achievements: • In our Children and Young Peoples Mental Health Services the waiting times from referral to start of meaningful intervention across core services has reduced from 21 weeks to 12 weeks • Community Dental Waiting List initiatives - In response to long waiting lists for adults and children awaiting dental care under a general anaesthetic, Bradford District Care Trust worked in partnership with Bradford Teaching Hospitals and Locala Community Partnerships to deliver a waiting list initiative between January and March 2025. This has supported approximately 80 adults and children, many with complex health needs to receive dental treatment that was not possible through general dental practice.

Trawally Rachel 22/07/2025 08:12:11

Without treatment, these patients would suffer with symptoms associated with their dental disease . This can also severely impact on individual behaviour which often leads to stress and additional challenges for carers and relatives.

- The waiting list initiative has been very successful, facilitating improved access to treatment, and in large part owes its success to the joint working between the partners involved in delivering the scheme.
- We have introduced the use of AI within NHS Talking Therapies which has significantly improved performance and outcomes for our service users. There has been increased access, improved recovery and improved waiting times

KPI	Oct 22 - Sep 23	Oct 23 - Sep 24
Recovery	53%	54%
Referrals	13118	16524
6 week Waits	78%	95%
18 week Waits	99%	100%

- We have introduced digital consent forms in our Children's Services to support accessibility to vaccination and immunisation programmes to increase vaccine uptake in low uptake areas.
- We have started the roll out of the Patient Engagement Platform 'Patient Knows Best' across Podiatry and Dental Services to support better access to information through app-based technology. This supports the patient being in control of their information, helps improve attendance at appointments and engagement with the services on offer

This Quality Priority will continue into 2025/26, and extends the work seen in 2024/25 to more services and pathways.

We said

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.

Our progress

As part of transformational change, work has been ongoing to support collaborative teams within community settings. The establishment of an award-winning proactive care team is an example of this where acute, mental health and physical health services proactively support the population needs, focussing on those with multiple conditions and who are not proactively engaging with health care. Next year this will be expanded to explore neighbourhood teams as part of the NHS 10-year plan ambitions

We said

Trawsnant Regal 22/07/2025 08:21:11

Work collaboratively with partners in a locality-based model to reduce health inequalities by using data and evidence-based practices to maximize the impact and outcomes
Our progress
Collaboration and integrated working has been a key priority across both Care Groups. Key developments relating to neighbourhood working have been seen in the following services: • Continued roll out of Proactive Care Team (PACT) and its focus on people with multiple health conditions, experiencing greatest social economic adversity and poorer health outcomes. An additional PACT approach is now developing in Keighley informed by population health data and taking a needs-based approach. • Community Mental Health Transformation is supporting the integrated commissioning and delivery of services with voluntary, community and social enterprise (VCSE) partners across primary care network (PCN) footprints, targeting the needs of the local population in relation to their mental health. Each locality/neighbourhood offer is designed to have a focus aligned to the local needs of the PCN population, thus targeting health equity and outcomes aligned to individual needs. • The Personal Health Budgets Pathway has been delivered in partnership with Mind In Bradford to tailor support to people who are in hospital and need some additional support to help them transition safely back to their home. This has supported tackling digital exclusion, food and fuel poverty, loneliness and isolation and helped create reasonable adjustments for those people who are neurodiverse. Across 2024/25 we have supported 316 PHB applications and helped facilitate the recovery of 280 people. This has not only impacted on the experience for those in hospital, it has supported improved access to inpatient beds by saving 654 bed days, ensuring we can support people in hospital when we need to and they are as close to home as possible

Theme 2 - Learning for Improvement

We said
Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families.
Our progress
Our Children's Services staff identified an opportunity to enhance health support for pupils in schools by creating a more coordinated and streamlined approach. The aim was to reduce disruptions for education staff while improving access to essential health services for children and families. Key issues identified in Bradford included: - Some children struggling to attend regular health appointments.

Trawally Mustapha 22/07/2025 09:12:11

- Families facing difficulties in navigating the right health services.
- Children experiencing health-related barriers to learning (e.g., oral health, mental health, neurodiversity, asthma) that were not being adequately addressed.

To address these challenges, the BDCT in conjunction with Education Alliance for Life Chances (EALC initiated a 'One Stop Health Shop' (OSHS) pilot event in collaboration with Dixons Allerton Academy. The success of this event led to further events at different schools, reaching a broad spectrum of students, including those in special education settings.

The Personal Health Budgets Pathway has been delivered in partnership with Mind In Bradford to tailor support to people who are in hospital and need some additional support to help them transition safely back to their home. This has supported tackling digital exclusion, food and fuel poverty, loneliness and isolation and helped create reasonable adjustments for those people who are neurodiverse. Across 2024/25 we have supported 316 PHB applications and helped facilitate the recovery of 280 people. This has not only impacted on the experience for those in hospital, it has supported improved access to inpatient beds by saving 654 bed days, ensuring we can support people in hospital when we need to and they are as close to home as possible

Community Dental Waiting List initiatives - In response to long waiting lists for adults and children awaiting dental care under a general anaesthetic, Bradford District Care Trust worked in partnership with Bradford Teaching Hospitals and Locala Community Partnerships to deliver a waiting list initiative between January and March 2025. This has supported approximately 80 adults and children, many with complex health needs to receive dental treatment that was not possible through general dental practice. Without treatment, these patients would suffer with symptoms associated with their dental disease. This can also severely impact on individual behaviour which often leads to stress and additional challenges for carers and relatives.

Learning:

- **Tailored Approach**: Events were adapted based on school input and student needs.
- **Community Collaboration**: Local VCSE (Voluntary, Community, and Social Enterprise) organisations contributed additional health and wellbeing services.
- **Flexible Delivery Models**: Sessions varied between morning, afternoon, and full-day formats.
- **Appointment System**: Events included both allocated and drop-in appointments.
- **Effective Communication**: Publicity efforts across the school community were critical, with parents invited to participate.
- **Age-Specific Engagement**: Content and activities were adapted to different age groups for meaningful interactions.

Trawally Rachel
22/07/2025 08:12:12

- **On-the-Day Responsiveness**: Services provided a range of support, including clinical interventions, signposting, consultations, referrals, and advice.
- **Pupil Engagement**: Whole year groups and individuals participated, with some attending voluntarily and others encouraged by staff.
- **Structured vs. Free Exploration**: A mix of structured time and open roaming helped maximize engagement.
- **Feedback Collection**: Feedback was gathered through evaluation forms and direct conversations with parents and pupils.
- **Scheduling Considerations**: Events were coordinated with school schedules and community activities (e.g., Friday prayers).

We said
Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste.
Our Progress
The Care Trust Way (CTW) has continued to develop and support service delivery focusing on waste reduction and driven by clinicians. The team are supporting three inpatient areas with the role out of the culture of care initiative aimed at acute mental health inpatients and driven in collaboration with service users. The training for CTW practitioners has been expanded to encourage teams to consider how this supports transformational change including quality management, delivery, value stream mapping and stop the line events. Work continues daily lean management and report out of all services. Continuing with the methodology enhances the service delivery and transformation of the services

Theme 3 – Improving the Experience of People who use our Services

We said
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
Our Progress
The Trust has become a Charter member in West Yorkshire Integrated Care System for its ambition and diligent commitment as a trauma informed organisation/board. This has included board training, involvement in the complaints process and involvement strategy. Whilst supporting teams to deliver care in a compassionate way.

Trawalty Panel
22/07/2025 08:12:11

We said
Ensure the voices of people in our services help shape our continuous improvement journey.
Our Progress
There is currently work on going to refresh the involvement strategy within the organisation to ensure that we maintain continuous improvement in the development of peer support workers, volunteering opportunities and patient stories which share their experience of our services and how we learn from these as an organisation to support transformational change. This has included the development of the triangle of care, patients' apps and engagement of individuals with experience in developing/transforming services of the future.
We said
Enable better decision-making and choice on care provision and clinical practice through more active involvement of our service users, particularly those disproportionately represented in our services whose voices we don't hear
Our Progress
There is currently work on going to refresh the involvement strategy within the organisation to ensure that we maintain continuous improvement in the development of peer support workers, volunteering opportunities and patient stories which share their experience of our services and how we learn from these as an organisation to support transformational change. This has included the development of the triangle of care, patients' apps and engagement of individuals with experience in developing/transforming services of the future.

2.1.2 Our Quality Improvement Priorities for 2025/26

2024/25 was the first year of setting out and reporting on our Quality Improvement Priorities against our strategic themes as described in section 2.1.2.

The same priorities we identified for 2024/25 will be taken forward into 2025/26 so that we can continue to report on their progress.

DRAFT

Trawally Rachel
22/07/2025 08:12:11

2.2 Quality Improvement Capability

Annual Quality Report 2025/26

As we launch into another year of progress and improvement, we are proud to present the Annual Quality Report for 2024/25. Looking back on the past year, we acknowledge the dedication and collaboration across our organisation that has driven our progress and set the ambitions for the future.

In our 2023/24 report, we emphasised our commitment to delivering high-quality services through established improvement methods, including the Care Trust Way. The Care Trust Way was launched back in 2019, introducing a way of working with a common language, tools and techniques, to embed purposeful conversations, continuous improvement, innovation and growth. We also highlighted our alignment with NHS Impact, a national improvement approach that is aimed at driving better care, outcomes, and value across the NHS. This helps us to position ourselves strongly within the national improvement framework. These principles continue to guide us through challenges such as financial pressures, staffing constraints, and operational demands.

As we move into 2025/26 we recognise the need to evolve and enhance our approach. Building on the successes and learning from previous years, we are introducing new methods to drive quality improvement further, with the introduction of a Quality Management System and the launch of value streams across the care groups. A value stream represents the patient or customer pathway identified as a strategic priority for improvement. It encompasses all the steps—both value-adding and non-value-adding—in delivering outcomes that matter. The goal is to optimise these pathways, reduce waste, and add value at every stage.

This report provides an account of our achievements, challenges, and milestones, offering insight into the ongoing evolution of our quality improvement journey. Our staff continue to play a vital role in this progress, actively engaging in training, coaching, and new improvement initiatives.

We extend our sincere gratitude to our staff, partners, and stakeholders for their dedication and invaluable contributions, especially during these challenging times. As we look ahead, we remain committed to embedding a culture of innovation, learning, and collaboration.

Trawally Rachael 22/07/2025 08:12:14

With these new strategies in place, we are confident in our ability to build on our achievements and navigate future challenges with resilience and determination.

Over the past 12 months our team has focused on continuous improvement across the organisation, working with teams from mental health, physical health and corporate services. Below we showcase a number of those improvements where new approaches have been embraces and challenges overcome together.

Best Place to Work – Improving Absence

Identifying the Challenge

Effective absence management is crucial to maintaining a supportive and productive workplace. Our goal was to refine our approach to absence management by enhancing policies, processes, and managerial support, ensuring employees receive the assistance they need while promoting attendance and well-being.

Key Actions Taken

Through a series of solution-focused discussions and collaborative efforts, we implemented several key improvements:

- **Policy Review & Update** – Ensured policies remain relevant and effective in addressing absence management.
- **Enhanced Return to Work (RTW) Processes** – Introduced an updated RTW form to streamline reintegration.
- **Refined Stress Risk Assessment** – Improved tools to better support employee well-being.
- **Manager Case Review Process** – Established a structured approach for handling absence cases.
- **Proposed KPIs** – Developed metrics that would monitor the number of Return To Work interviews completed and number of staff participating in the Attendance Management Training.
- **Expanded Training** – Increased Attendance Management Training sessions to enhance managerial capability.
- **Streamlined Access to Resources** – Added quick links on desktops and the staff intranet front page for easy navigation.

DRAFT

Trawally Rachel
22/07/2025 08:12:11

Outcomes and Next Steps

These actions have laid the foundation for a more structured and supportive absence management approach. Moving forward, we will monitor the effectiveness of these changes, ensure ongoing training, and continue refining our processes to maintain a positive and productive workplace, we will also be exploring how we can make best use of new technologies like Artificial intelligence (Ai) and automation to support staff better.

Memory Assessment Treatment Service (MATS) – Older People's Mental Health (OPMH)



Identifying the Challenge

Building on continuous improvements from 2022 and 2023, the focus for the past year has been to enhance the care pathway for patients with dementia, Alzheimer's, and other severe memory problems. With the successful implementation of a new triage process in 2023, the team trialled three new **PDSA (Plan-Do-Study-Act) tests** to further improve patient care and support.

Key Actions Taken

Over the last 12 months, the following initiatives were introduced and tested:

1. **Post-Diagnostic Pathway Development** – Established a nurse-led system to ensure patients receive timely and effective post-diagnosis care. This includes a structured approach to medication management and collaboration with the voluntary sector to reduce stress and anxiety after diagnosis.
2. **Volunteer Recruitment** – Welcomed three volunteers to enhance the experience of patients awaiting Memory Services, providing additional support and engagement.
3. **Expansion of Admiral Nurse Provision** – Extended specialist dementia care support across all four OPMH Community Mental Health Teams (CMHTs), increasing access to expert guidance for complex dementia cases.

Outcomes and Next Steps

These initiatives mark a significant step in improving dementia care within OPMH. Moving forward, the focus will be on evaluating the impact of these changes, refining processes based on patient and staff feedback, and continuing to enhance support for individuals and families navigating memory-related conditions.

DRAFT

Trawnby, Rachel
22/07/2025 08:12:11

Sponsor Development Session – e-referral

Identifying the Challenge
As part of our commitment to modernizing clinical systems and improving patient access, a trustwide review of the **E-Referral system** was conducted. The focus was on enhancing the **Consent to Share Records** process and streamlining referrals, ensuring that our services align with patient needs and expectations.

Key Actions Taken
During the review, discussions centred on:

- **Improving Consent to Share Records** – Exploring ways to modernize our clinical systems to give patients greater control over their information while ensuring seamless communication between services.
- **Enhancing Referral Processes for Podiatry** – Introducing an easy-to-use **self-referral system** to improve access to this high-quality service and reduce barriers to care.

Outcomes and Next Steps
These improvements represent a step toward a more **patient-centered and accessible** referral system. The next phase will focus on expanding these improvements across the organisation, with a vision to continue refining the process into 2026 and beyond.

Purposeful inpatient admission (PIPA) improvement Event

Identifying the Challenge
The **PIPA initiative** has faced several challenges in the past, including limited engagement from key stakeholders and inconsistent follow-up on actions. These barriers hindered the initiative's effectiveness and slowed progress. However, the latest **Kaizen Event** marked a turning point, with full engagement from all attendees, including medics involved from the planning stages. Crucially, this time, there has been clear follow-up on actions and a focused plan for next steps.

Key Actions Taken
The workshop led to several significant improvements:

- **Enhanced Patient Discharge Planning** – Increased the number of patients with an **Estimated Date of Discharge (EDD)** to improve flow and planning.
- **Improved Standardisation** – Implemented **consistent practices** to streamline processes across teams.

Trawally, Rachel 22/07/2025 08:12:12

- **Utilised Visual Controls** – Introduced **visual tools** for real-time visibility of key patient metrics, allowing teams to respond quickly.
- **Implemented Clear Guidance** – Developed structured guidance to support **clinical staff in PIPA meetings**, including formalized training where none existed before.

Outcomes and Next Steps

A significant shift in staff feedback highlights the growing recognition of **PIPA's value**. Following the success of the Kaizen event, inpatient staff revealed a desire for more dedicated time for these discussions. Moving forward, we will build on this momentum by embedding these improvements, ensuring sustained engagement, and refining processes to enhance patient care



<u>Moving on into 2025/26</u>

This year we will continue to drive meaningful change by introducing a **Quality Management System (QMS)**.

A Quality Management System (QMS) is a structured framework designed to consistently ensure that an organisation's products or services meet defined quality standards and regulatory requirements. It involves the creation of processes, procedures, and responsibilities that collectively guide the planning, execution, and monitoring of quality throughout an organization. A QMS aims to improve efficiency, reduce risks, and enhance customer satisfaction by promoting continuous improvement. It typically includes



Trawalla, Rachael
22/07/2025 08:12:11

components such as quality planning, quality control, quality assurance, and quality improvement practices, all of which work together to ensure that every aspect of the organisation's operations is aligned with its quality goals. By focusing on process optimisation and accountability, a QMS fosters a culture of excellence, enabling organisations to deliver consistent, high-quality outcomes.

By integrating QMS principles into our daily operations, we aim to strengthen governance, improve data-driven decision-making, and ensure that best practices are consistently applied. This aligns with our commitment to delivering high-quality, patient-centred care and will support ongoing projects focused on efficiency, safety, and staff engagement**.**

Launching value streams in care groups

As stated we will introducing the concept of value streams within our care groups over the next 12 months, will dedicated focus on patient pathways and processes.
Key characteristics of a value stream:

- **Strategic Priority:** Focused on areas with the greatest potential impact.
- **End-to-End Journey:** Covers the entire process from the patient's or customer's perspective.
- **Dynamic Focus:** Not just process maps, but continuous assessment and improvement over time.

Over the next 12 months, we will focus on launching these value stream programmes across our care groups, ensuring that each pathway is strategically aligned to deliver the greatest impact. By embedding this approach, we aim to drive continuous improvement, streamline processes, and enhance outcomes for patients and staff alike. This initiative will serve as a foundation for long-term transformation, developing a culture of efficiency, collaboration, and value-driven care.

Innovation – Embracing artificial intelligence (AI) and Automation and digital ways of working
As part of our commitment to high-quality, efficient, and person-centred care, 2025 and onwards we will be embracing the opportunities offered by AI, automation, and digital transformation. This approach aligns with the ambitions set out in the **new NHS 10-Year Plan**, which calls for the adoption of smart technologies to reduce administrative burden, support staff, and unlock productivity across the health and care system.

Trawally Ragon
22/07/2025 08:11:11

In 2024/25, we began laying the foundations for innovation by exploring the potential of tools like **Microsoft Copilot**. A business case has been approved to pilot Copilot across a range of teams, focusing on use cases such as summarising documents, drafting emails,

and automating meeting notes. This will be evaluated for impact on productivity, administrative time savings, and overall staff experience—helping us understand where AI can have the most meaningful impact.

We are also identifying areas where **automation** can release capacity in high-demand services, such as HR, estates, and facilities. These efforts are closely aligned with our quality improvement strategy and value stream approach—ensuring digital innovations contribute directly to better outcomes and reduced variation.

Our innovation efforts are guided by the principle of **"digital by design"**, ensuring that any new technologies we adopt are user-friendly, inclusive, and sustainable. As we look ahead to 2025/26, we will continue co-designing solutions with our staff, scaling what works, and evaluating progress transparently. This will help us meet our ambition: to finish work on time, reduce unnecessary admin, and focus on what matters most—delivering safe, effective care for our communities.

2.3 Trust Strategies that support our delivery of quality

2.3.1 Quality Strategy

The Trust's overarching approach to quality is set out within the main Trust strategy 'From Ambition to Action' which is described within section one of this report.

2.3.2 Patient Safety Strategy

The Trust has a Patient Safety Strategy in place. This is aligned to the NHS Patient Safety Strategy and describes our ambition to embed insight, facilitate involvement and drive improvement. The Patient Safety Strategy will be refreshed during 2025/26 in line with national updates and evaluation of the first year of working with the Patient Safety Incident Response Framework.

2.3.3 Clinical Professions Strategy

The Trust's Clinical Professions Strategy sets out how members of the various clinical professions employed by the Trust will contribute to achieving the strategic priorities set out in the Trust's overarching strategy, better lives, together. The strategy was developed through collaboration cross all professions and with reference to a range of local and national strategies.

Trawalliv Trust
22/07/2025 08:12:11

Whilst the Clinical Professions Strategy describes how it will contribute across all four of the Trust's priorities, for the purpose of the Quality Account we have chosen to highlight its ambitions in relation to our ambition to deliver the Best Quality Services.

Delivering Best Quality Services
We will • Support all our people to deliver the best evidence-based care for our communities, enabling continual development and learning for improvement around the Care Trust Way, sharing research, innovation and best practice, and ensuring that quality standards underpin all that we do. • Work to ensure the care provided across our professions is sensitive to health equity and enables all people to access support in a way that works for them. • Have strong and effective professional governance structures to ensure safe and effective practice of all registered and non-registered colleagues within individual professional groups. • Where possible do things once, collectively across professions and establishing collaborative, effective care pathways. • Work together with and alongside operational colleagues ensuring all decisions are clinically informed and in the best interests of service users. Promoting parity of esteem between clinical and operational leadership.
We will know we have been successful when: • We see improvements in outcomes for people evidenced through routine outcome measures. • We see improvements in the experience people have of our services through service user reported outcome measures and satisfaction data such as Friends and Family Test.



Trawally,Rachel
22/07/2025 08:12:11



DRAFT

Trawally,Rachel
22/07/2025 08:12:11

2.4 Statements of assurance from the Trust Board

This section has a pre-determined content and statements that provide assurance about the quality of our services in BDCFT. This information is provided in common across all Quality Accounts nationally, allowing for comparison of our services with other organisations. The statements evidence that we are measuring our clinical services, process and performance and that we are involved in work and initiatives that aims to improve quality.

2.4.1 Review of services

During 2024/25, BDCFT provided and/or subcontracted 51 NHS services. BDCFT has reviewed all the data available to it on the quality of care in all 51 of these services.

The income generated by the NHS commissioned services reviewed in 2023/24 represents 87.4 % of the total income generated from the provision of services by BDCFT for 2024/25

A detailed review of our services appears in part three of this document. This also gives an overview of how we are doing against the quality indicators that have been set by us and our stakeholders.

2.4.2 Care Quality Committee (CQC) update

Care Quality Commission registration status

Bradford District Care NHS Foundation Trust is required to register with the Care Quality Commission and our current rating is 'Good'.

The Care Quality Commission has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2024/25.

The CQC have not undertaken any investigations into Bradford District Care NHS Foundation Trust in **2024/25.**

During this period the Trust has made one change to its registration status with the CQC. An update was made to our Statement of Purpose reflecting a temporary change of location from Fern to Willow and a change of description for both Lynfield Mount and Airedale Centre for Mental Health.

Trawsnfynydd
22/07/2025 08:12:11

The CQC have not carried out any service inspections during 2024/25. The CQC have undertaken a number of Mental Health Act inspections of our inpatient units in this time, visiting:

- Heather Ward June 2024
- Thornton Ward July 2024
- Dementia Assessment Unit November 2024
- Bracken Ward December 2024
- Ashbrook Ward December 2024
- Ilkley Ward January 2025

At each visit areas of good practice and areas for improvement activity are identified and the service responds using a Provider Action Statement. Implementation of actions is overseen through the Mental Health Care Group Quality, Mental Health Legislation Forum, Performance Assurance Group, and through the Patient Safety and Learning Group.

The overall rating for the Trust is shown below.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement → ← Nov 2021	Good ↑ Nov 2021	Good → ← Nov 2021	Good → ← Nov 2021	Good ↑ Nov 2021	Good ↑ Nov 2021

Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community end of life care	Good Jun 2019	Good Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019	Good Jun 2019	Outstanding Jun 2019
Community health services for children and young people	Requires improvement Aug 2022	Good Aug 2022	Good Aug 2022	Requires improvement Aug 2022	Good Aug 2022	Requires improvement Aug 2022
Overall	Good	Good	Outstanding	Good	Good	Good

Trawally,Rachel
22/07/2025 08:12:11

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020
Mental health crisis services and health-based places of safety	Good ↑ Dec 2021	Good →← Dec 2021	Good →← Dec 2021	Good →← Dec 2021	Good →← Dec 2021	Good →← Dec 2021
Wards for older people with mental health problems	Requires improvement Jun 2019	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
Community-based mental health services of adults of working age	Good ↑ Dec 2021	Requires Improvement →← Dec 2021	Good →← Dec 2021	Good →← Dec 2021	Good ↑ Dec 2021	Good ↑ Dec 2021
Community mental health services for people with a learning disability or autism	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Wards for people with a learning disability or autism	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Forensic inpatient or secure wards	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
Community-based mental health services for older people	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Specialist community mental health services for children and young people	Requires Improvement Dec 2021	Good Dec 2021	Good Dec 2021	Requires Improvement Dec 2021	Good Dec 2021	Requires Improvement Dec 2021
Overall	Requires Improvement	Good	Good	Good	Good	Good

2.4.3 Commissioning for quality and innovation (CQUIN) 2024/25

In December 2023 NHS proposed that CQUIN schemes for 2024/25 would be paused while they undertook a review of quality indicators and collections. Because of this no CQUIN collections or submission were made during 2024/25.

CQUINS for 2025/26

As of December 2024, there has been no announcement on the reintroduction of CQUINs, or any other equivalent quality indicators, for 2025/26.

Trawsfynydd Rachel 22/07/2025 08:12:17

National operational planning guidance is due before January 2025. This may include details of any new planned programmes.

Performance against indicators set out in Single Oversight Framework

The table below shows our performance against the operational performance indicators set out by NHS England (previously Improvement), in the Single Oversight Framework.

Indicator	BDCFT performance data				
	Threshold	Q1	Q2	Q3	Q4
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (Dental)	92%	57.5%	63.7%	55.0%	65.2%
People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral	60%	76.3%	78.7%	79.5%	77.7%
NHS Talking Therapies (previously IAPT) – proportion of people completing treatment who move to recovery	48%	49%	49%	48%	48%
NHS Talking Therapies (previously IAPT) – % of people waiting 6 weeks or less to begin treatment	75%	95.4%	94.1%	94.8%	95.9%
NHS Talking Therapies (previously IAPT) – % of people waiting 18 weeks or less to begin treatment	95%	99.9%	99.1%	99.6%	100%
Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area		1129	979	1230	1535

***The performance of the above indicators is reported and monitored throughout the year**.

Trawally,Rachel
22/07/2025 08:12:11

2.4.4 Participation in Clinical Audits

The Trust undertakes a full programme of clinical audit which is reported to our Board through the Quality and Safety Committee. We believe that a good audit programme supports clinicians, managers, service users, carers, the community, and commissioners to understand the current state and position in relation to the recommended quality standards. It also provides useful intelligence to support continuous quality improvement and help us close any gaps. Our audit activity for 2024/25 included:

1. National clinical audits.
2. Local clinical audits.

6.1 National Clinical Audits

During 2024/25 six national clinical audits covered relevant health services that Bradford District Care NHS Foundation Trust provides.

During that period Bradford District Care NHS Foundation Trust participated in 100% of the national clinical audits which it was eligible to participate in.

The six clinical audits that Bradford District Care NHS Foundation Trust was eligible to participate in and did participate in during 2024/25 are as follows:

NHS Digital:

a. National Diabetes Footcare (NDFA).

National Prescribing Observatory for Mental Health (POMH-UK):

a. Topic 16c: Rapid Tranquillisation
b. Topic 21b: The Use of Melatonin
c. Topic 24a: The Use of Opioids
d. Topic 18c: The Use of Clozapine

Royal College of Physicians:

e. Falls and Fragility Fracture

The national clinical audits that Bradford District Care NHS Foundation Trust participated in, and for which data collection was completed during 2024/25, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

DRAFT
Trawally Rachel
22/07/2025 08:12:11

Name and Type of Clinical Audit	Number of Cases Submitted	% of Required Cases Submitted, as specified in the guidance	Overall Percentage Compliance
NDFA	343	N/A	Data collection currently ongoing
POMH Topic 16c: Rapid Tranquillisation	100	N/A	69%
POMH Topic 21b: The Use of Melatonin	70	N/A	72%
POMH Topic 24a: The Use of Opioids	42	N/A	Data submitted, awaiting national report
Topic 18c: The Use of Clozapine	80	N/A	Data submitted, awaiting national report
Falls and Fragility Fracture	0	No eligible cases for audit	-

**N/A: not applicable as there was not a minimum requirement for the number of cases that should be submitted for the audit.*

Details regarding action taken/to be taken in response to one of the national audits can be found in Appendix 2.

National clinical audit results enable us to benchmark our performance against other participating Trusts. The audit project lead(s) for the clinical audit is/are responsible for sharing the results appropriately with all relevant staff and at all relevant meetings. This supports local learning with action plans developed to ensure improvement.

6.2 Local Clinical Audit (internally driven projects)

Trawally, Rachel 22/07/2025 04:12:21

It is recognised that much of the clinical audit activity in NHS trusts will involve individual healthcare professionals and service managers evaluating aspects of care that they themselves have selected as being important to them and/or their team and this is

classified as local clinical audit. Included in the table below is a summary of the status of all local clinical audits that have been registered between 01/04/2024 and 31/03/2025.

Local Active Clinical Audits

Clinical Audit Status:	In progress	Completed	Discontinued	Total
	21	14	0	35

6.5 National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) Studies

There have been no NCEPOD studies applicable to the Trust during 2024/25.

Clinical Audit Actions Taken/To Be Taken

National Audit

Audit title	Actions taken/to be taken
National Prescribing Observatory for Mental Health (POMH) Audit: Rapid Tranquilisation (RT) in the Context of the Pharmacological Management of Acutely Disturbed Behaviour	This national audit looked at the use of RT using intra-muscular medication for the management of acutely disturbed behaviour. The aim of the audit was to measure compliance with both national and local guidance focusing on requirements post RT. These requirements include a professional debrief, a patient debrief, the updating of care plans and immediate monitoring of both mental and behavioural state and physical observations. In all cases there was evidence of a post incident professional debrief. The details of the professional debrief documentation varied; sometimes documentation referenced details of the incident and sometimes referenced the medication administered. 80% of patients were offered the opportunity for a debrief and to discuss the incident in a supportive environment. A small number of patients were deemed too unwell to engage with a debrief and were therefore not offered the opportunity. For one patient only there was no documentation to evidence that a debrief was considered or took place. Care plans were mostly updated following the use of RT however the audit specifically looked for evidence that care plans identified triggers and/or early warning signs for disturbed behaviour and an acknowledgement of the patient's preferences and wishes should they become behaviourally disturbed again. The level of detail required in care plans is more explicit nationally than in local policy and less than half of the care plans that were audited included the details required as part of the audit. Some care plans were overwritten therefore it was not

Trawally Rachel
22/07/2025 08:12:11

	possible to determine what was in the care plan at the point it was updated post RT. Immediate monitoring post RT showed the lowest level of compliance. Guidance states that patients mental and behavioural state should be monitored in the hour post RT. The audit evidenced that only 52% of patients were on one-to-one observations. Physical observations, including pulse rate, blood pressure, respiratory rate, temperature and oxygen saturation should be carried out every 15 minutes in the hour post RT. For 73% of patients there was evidence that the full monitoring took place. Non-compliant cases for observations were due to the absence of a form in the record, which is likely due to the paper form not being uploaded to the clinical record rather than the observations not being completed, or some incompleteness of the forms e.g. less than 4 of the 15-minute observations were completed within the hour. Local spot checks are now carried out routinely by Clinical Leads on the wards to ensure appropriate monitoring has been completed post RT. E-observations have now been rolled out across the Trust and it is hoped that this will address the issues of documentation to evidence physical and visual observations. Reporting and/or further clinical audit will take place to monitor this. A Clinical Summit is planned in the coming months, with support from the Trusts Improvement Team. The inclusion of specific information within care plans will be addressed at this point. The local Rapid Tranquillisation procedure is being reviewed and will be updated to ensure local guidance mirrors national guidance. Furthers discussion will take place locally regarding the doctor's role following an episode of RT and whether they should be involved in the patient debrief or informed of the RT episode as a minimum.

Local Audit

Audit title	Actions taken/to be taken
NEWS2 (National Early Warning Score) in District Nursing Re-audit	The NEWS2 is a system for scoring physiological measurements that are routinely recorded at a patient's bedside. Its purpose is to identify acutely ill patients, including those with sepsis, by assessing their respiration rate, oxygen saturation, systolic blood pressure, pulse rate, level of consciousness or new-onset confusion and temperature. These results can be used as an early warning sign of serious conditions. A local NEWS2 Community Nursing Standard Operating Procedure (SOP) was developed in 2022 to provide staff working in the community with guidance regarding when the NEWS2 tool should be used, with an available NEWS2 template within SystmOne to support with the completion of scoring. A baseline audit was completed in 2023 to measure how well staff were following this guidance. This re-audit has taken place to further assess the progress made to date. Overall, the results show improvement in two out of the four standards. 30% of

Trawally Rachel 22/07/2025 08:12:11

patients had a NEWS2 score completed at their initial core assessment, 44% had a NEWS2 score completed as part of their annual core reassessment and 64% had a NEWS2 score completed in response to concerns about a deterioration in physical health. Percentage compliance for the audit has been strictly determined in line with the requirements of the SOP which states that patients should have a NEWS2 completed at their initial assessment by a Planned Care Team and cases have only been considered compliant where this happened however the audit highlighted that a NEWS2 was often completed by an Unplanned Care Team for the same episode of care which likely explains the absence of a NEWS2 by the Planned Care Team. As part of the recommendations for the audit, the service will be reviewing the SOP and exploring the inclusion of a NEWS2 assessment completed by other Adult Physical Health Services in BDCFT when in relation to the same episode of care within a period of 24 to 48 hours. A very small number of patients had a NEWS2 score which indicated that the sepsis screening tool should be completed but this was not completed in any of the cases. The service will digitally explore how the sepsis screening tool may be more visible within the template to support completion and will consider exploring with other organisations how they record NEWS2 and sepsis screening tools. During data collection a high standard of documentation was recorded by some teams with evidence of regular NEWS2 completion during routine and unplanned visits. There was also evidence of prompt escalation of NEWS2 scores to GPs and/or referrals to appropriate teams where specialist care was indicated. Learning from the top three performing teams will be shared wider with all teams to support improvement. A Trustwide policy, called Deteriorating Patient Management Policy including National Early Warning Score (NEWS2) and Sepsis Screening Tool, was developed and rolled out in December 2024 therefore there is now a standardised approach for the use of NEWS2 across the organisation. A training package has also been developed for staff. There is a desire that when NEWS2 is re-audited next year that this will be carried out organisationally rather than specific to District Nursing.

2.4.5 Research

The number of patients receiving NHS services provided or sub-contracted by BDCFT in 2024/25 that were recruited during that period to participate in research approved by a research ethics committee was 405, from 24 Clinical studies during the period. 147 of these participants were clinical staff.

Trawsfynydd Technical 22/07/2025 08:12:11

Participation in clinical research demonstrates BDCFT commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.
As well, in the last three years,135 publications have resulted from our involvement in National Institute for Health Research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.
Our engagement with clinical research also demonstrates BDCFT's commitment to testing and offering the latest medical treatments and techniques.

2.4.6 Information Governance

Data quality

We are committed to making sure that the data we use to deliver effective patient care is accurate and complete and used in the same way across the whole Trust. Improving the quality of the data we use improves patient care.

Electronic clinical record systems

BDCFT currently have three key electronic clinical record systems:

- SystmOne (community services, mental health and learning disability services)
- PCMIS (Talking Therapies)
- R4 (community dental service)

The Trust's Data Quality Policy provides the framework to ensure that high standards of data quality are clearly set, achieved and maintained for clinical information. The key elements of the Trust's approach are:

- Establishing and maintaining policies and procedures for data quality assurance and the effective management of clinical records;
- Undertaking and commissioning regular assessments and audits of data quality. This encompasses internal and external audit of the quality and accuracy of metrics reported to the Board and externally, including nationally mandated access and waiting times;
- Setting clear and consistent definitions of data items, in accordance with national standards, avoiding duplication of data and data flows;
- Providing tools to monitor data quality and data quality compliance to agreed standards;
- Ensuring managers take ownership of, and seek to improve, the quality of data within their services;

DRAFT
Trawally Rachel 22/07/2025 08:12:11

- Wherever possible, assuring data quality at the point of entry, and/or at each interaction with the data to address issues as close as possible to the point of entry; and
- Promoting data quality through regular reviews, procedures/user manuals and training.

The Trust has a robust process around measuring, monitoring and continuously improving data quality. A Data Quality Steering Group brings together key stakeholders across the Trust who contributes to data quality, where clear actions are identified and agreed. Improvement of data quality is also managed through regular services reviews and local assessments, making sure data quality issues are dealt with at source, or via additional system training where the staff are encouraged to get it right first time, or escalated to service and operational meetings.

NHS number and general medical practice code validity

The Trust submitted records during 2024/25 to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patients valid NHS number was:

- 99.9% for admitted patient care (April 2024 – Feb 2025)
- 100% for outpatient care (April 2024 – Feb 2025)

The percentage of records in the published data which included the patients valid General Medical Practice Code was:

- 100% for admitted patient care (April 2024 – Feb 2025)
- 100% for outpatient care (April 2024 – Feb 2025)
- The Trust did not submit records during 2024/25 for Community and Dental services to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Data Security and Protection toolkit

The national deadline for completing the final assessment is 30th June 2025, therefore the results for 24/25 will not be available at the time of publishing this report.
The results of the 2023/24 final assessment demonstrated that the standards were met.

Trawalla Rachel
22/07/2025 08:11:11

Clinical coding error rate

The Trust's services were not subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission.

2.4.7 Patient Safety

Bradford District Care NHS Foundation Trust (BDCFT) has made changes over 2024/25 in the way it supports a continuous approach to learning and improving patient safety. The most significant is the implementation of the NHS Patient Safety Incident Response Framework (PSIRF). The NHS Patient Safety Strategy (2019) describes the Framework as “a foundation for change” and as such, it challenges us to think and respond differently when a patient safety incident occurs.

The PSIRF approach is different to the way the NHS has approached patient safety in the past, and exciting because it is enabling a whole cultural and system shift in our thinking and response to patient safety incidents and how we work to support learning to continuously improve patient safety. The Trust worked with the framework in shadow form and fully transitioned in April 2024.

PSIRF gives us a set of principles that we work to, and we have full accountability for the management of our learning responses. We developed our first Patient Safety Incident Response Plan (PSIRP) through detailed analysis of our patient safety data and intelligence and, combined with our new Patient Safety Incident Response Policy, we have adopted new methods to reviewing, investigating and generating learning from safety incidents and events.

We continue to progress all areas of PSIRF embedding, which is a long-term process given the scale of change. We continue to engage with our patients, families and carers to ensure that their voice is central in all our patient safety investigations. PSIRF sets out best principles for this engagement and we aim to ensure this is embedded at all stages of our incident response processes.

Embracing a restorative and just culture underpins how we approach our incident responses. We are working to build on our culture to foster an environment in which people are encouraged to highlight patient safety issues and incidents and feel safe and supported to do so.

As we move forward into the next year we will be reviewing our first 12 months under PSIRF, the details within our PSIRP, and considering how we monitor the impact and effectiveness of our patient safety responses. We will continue to adapt our approaches and respond to findings as we progress on this journey.

Trawelly Rachel
22/07/2025 08:12:11

We are supported by our commissioners, partner providers and other stakeholders in continuing to embrace the opportunity that PSIRF brings to learn and improve to promote

the safe, effective and compassionate care of our patients, their families and carers whilst protecting the wellbeing of our staff.

Progress in achieving our Patient Safety goals is described below:

Ambition	Progress
Develop and embed a process for implementation of the Patient Safety Incident Review Framework (PSIRF)	BDCFT developed an implementation plan, with accountability to the Quality and safety Committee, and transitioned to PSIRF in April 2024. The trust has a fully developed Patient Safety Incident Response Plan (PSIRP) and supporting Policy. The first annual review of this will be undertaken in 2025/26.
Create and recruit into roles for Patient Safety Partners and Patient Safety Champions across the Trust;	The trust has several Involvement Partners who carry out some of the functions of the Patient Safety Partner role on quality-focussed Committees and groups. A specific trust PSP role will be reviewed and considered in 2025/26. The network of patient safety champions (renamed Allies) has grown considerably with over 60 staff members now working with the Patient Safety Lead on patient safety issues. This network will be developed further through training opportunities in 2025/26.
Implement integration of high-quality data and intelligence on patient safety and quality of services into integrated business planning and oversight of delivery using the Quality Assurance Framework as an independent means of testing the safety and quality of services;	The Quality Assurance Framework has been implemented and has recently been refreshed to consider changes to how the CQC inspect services. Data quality has improved, though further work is being undertaken to improve triangulation and analysis of data.
Continue to develop the Safeguard Quality Dashboard to ensure it is accessible and contains useful information;	This ambition was completed, however ongoing developments include the incorporation of complaints trends / themes, legal information, categorisation of contributing factors from patient safety data sources.
Review and improve our approaches to sharing learning and engaging	This work is part of the Trusts continuous improvement approach to patient safety. Under PSIRF new methods for generating learning are

Trawallwyddfa 22/07/2025 08:12:11

teams in discussions about patient safety and quality;	now being used which are more engaging and accessible for teams. The Patient Safety and Learning Group has been refreshed to reflect the strategy with a focus on sharing learning, early identification of issues and accountability.
Work across place to develop and embed a consistent approach to patient safety and quality	The Trust is embedded in workstreams across place and West Yorkshire covering a broad spectrum of quality and safety work.

2.4.8 Learning from deaths

Learning from deaths is supported by two key policies in BDCFT; the Patient Safety Incident Response Policy and associated Patient Safety Incident Response Plan, and the Learning from Deaths policy. These policies guide and inform the organisation about reporting, investigating, and learning from deaths.

During 2024/25, 312 of Bradford District Care NHS Foundation Trust's patients died.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients who have died	84	65	94	69

All deaths, whether expected due to a clinical condition or unexpected, are reviewed bi-weekly in the Patient Safety Executive Panel (PSEP). This Panel aligns with good governance processes for the Patient Safety Incident Response Framework (PSIRF) requirements which the Trust transitioned to in April 2024. The Panel has delegated authority from the Board of Directors to oversee the continuous development of the trust's Patient Safety Incident Response Plan (PSIRP), the quality and appropriateness of the trust's response to patient safety incidents and to seek assurance that appropriate learning has been identified and actions taken as a result in order to minimise the risk of future harm.

This group commissions reviews using a wide range of methods identified within the PSIRP. This may be a Patient Safety Incident Investigation (PSII), a Local Learning Review (LLR), an After Action Review (AAR), a Thematic Analysis (TA) or a Structured Judgment Review (SJR). All methods take a systems-based approach to identifying learning and methodologies are selected for their capacity to generate the most valuable learning for improvement.

The SJR tool is also used as an approach for a random sample reviews of deaths. This is a national tool developed by the Royal College of Psychiatrists to allow clinicians to take an expert view of the care offered. The PSEP may also commission initial reviews which

Trawalligh Trust
22/07/2025 06:10:11

do not consider the full range of factors within the SJR review to understand if an SJR is appropriate.

The Patient Safety Executive Panel considers the outcomes of the reviews and asks the relevant clinical service to develop a management response (including an action plan where needed) to any areas where it has been suggested that care should be improved. Issues that are of general relevance will be added to the trust learning hub to enable broader sharing across the organisation. For all deaths of patients who have a Learning Disability, the initial review is shared in the Patient Safety Executive Panel and they are referred to the national programme for Learning from lives and deaths – People with a learning disability and autistic people (LeDeR).

By 31st March 2025, 18 Reviews (SJR's, LLR's and AAR's), 10 Thematic Analysis and 15 Patient Safety Incident investigations (PSII) have been carried out in relation to the care provided to patients who had died.

The number of deaths in each quarter for which a Review or Patient Safety Incident Investigation (PSII) was carried out are shown in the following table:

	Quarter 1 24/25	Quarter 2 24/25	Quarter 3 24/25	Quarter 4 24/25
Number of deaths for which a Structured Judgement Review was completed	5*	5	1	1
Number of deaths for which a Local Learning Review was completed	*Not previously broken down by type, figures included in the above*	3	2	1
Number of deaths for which an After Action Review was completed		0	0	0
Number of deaths for which a Thematic Analysis was completed			10	0
Number of deaths for which a PSII was completed	3	5	6	1
Number of deaths of persons with learning disabilities or Autism, referred for local LeDeR review.	6	2	9	9

Trewalla Archive 22/07/2025 16:11:11

There were seven cases where patients had died in the previous reporting period (2023/2024) but the structured judgement reviews and Learning Reviews were completed in this reporting period (2024/25).

The 10 deaths covered under thematic analysis were from previous reporting periods and were completed under 2 TA's:

- TA (3 deaths) - Service users with Gender dysphoria who died by suicide/suspected suicide whilst under the care of CAMHS.
- TA (7 deaths) - Suspected suicide where Service user had contact/assessment with crisis Services (First Response, Acute Liaison Psychiatry) within 1 month of death but was not under secondary MH care.

There were no serious incident investigations (the term used until 01/04/2024 when BDCFT moved from the NHS Serious Incident Framework to the PSIRF) where deaths had occurred in the previous reporting period (2023/24) and the investigation was completed in this reported period (2024/25).

Learning and improvement

BDCFT takes a proactive approach to learning from deaths and the following summary highlights where good practice and areas identified for improvement have been highlighted during 2024/25. This learning is used to shape future quality and safety improvements.

Learning from good and excellence:

The areas highlighted by reviews as demonstrating good and excellent care were varied but centred round some themes:

- Comprehensive referrals and recognition of complex needs
- Rapid response to crisis situations, urgent need and robust assessment
- Positive assertive approaches to patient engagement and involvement
- Effective management of deteriorating conditions
- Holistic care and support for patients with physical health and palliative care needs
- Family/professional relationships and communication; collaboration and flexibility
- Risk assessment, triage, care planning and including family views
- Service user centred care

Learning for improvement:

Some learning was identified where care had not gone so well, and improvements could be made. An action plan is developed for all events where learning is identified and is monitored through the mortality and quality improvement processes in the Trust. Examples of these themes are:

- Flexible and person-centred approaches for long-term mental health support

Trawallw Reading 22/07/2025 08:15:11

- Involvement and engagement of family and support network in discharge planning
- Clarity in crisis planning for preventing relapse
- Timeliness between initial referral and the first contact
- Communication and documentation; referral, appointment, correspondence related
- Death and dying procedures, DNACPR/ReSPECT and resuscitation policy
- Multi agency working; contact with police, PREVENT or safeguarding
- Risk assessment and prioritisation
- Consistent application of policy and process

The Trust continues to strengthen opportunities to improve how we learn from deaths: We participate in the 'Northern Alliance' of mental health trusts, which focusses on mortality review processes, providing a regional network for identifying and sharing opportunities for learning and improvement. We are also members of the Yorkshire and Humber Improvement Academy (YHIA) Regional Mortality Steering Group which follows a similar theme on a quarterly basis.

The PSEP group now receive a Coroners Learning from Deaths Summary Report on a monthly basis. This provides a summary of national Prevention of Future Death Reports and will be used to proactively identify if any learning from other areas is relevant to BDCFT, to inform further triangulation and any safety action required.

A number of developments are ongoing to enable the workstreams in relation to mortality to improve and mature.

- An annual review and refresh of the Trusts Patient Safety Incident Response Plan (PSIRP) will be undertaken in April 2025 to ensure ongoing responses to patient safety incidents (including deaths) are appropriate, in line with legislation, best practice and guidance and actively promotes and supports a just learning and generative safety culture across the organisation.

- The Trusts Mortality Data Audit was completed in Q2 by Audit Yorkshire, who provided an overall opinion of **significant assurance.** 5 recommendations (3 minor, 2 moderate) were noted within the findings which were completed in line with the end of 2024 deadline.

- Under the LfD Framework with the National Quality Board (NQB) we are required to further review a sample of deaths, that do not fit within the main identified categories, so we can take a broader overview of where learning and improvement is needed. The learning from this sample will be triangulated with other reviews and used to inform improvement.

Trawally Rachel 22/07/2025 08:11:11

- The collaboration with Medical Examiners (ME's) has strengthened since the ME process became statutory in April 2024 and BDCFT have built good foundations with

the process, with plans to review how learning from deaths can be better aligned across the Bradford and Craven district going forwards.

- To further support the organisation in ensuring that meaningful learning is identified from reviews, Local Learning Review training is being rolled out during 2025.

2.4.9 Inquests

Between the 1 April 2024 and 31 March 2025 we were registered by the Coroner to be involved in 60 inquests, 40 of which have been concluded.

From these inquests, BDCFT received 1 Prevention of Future Death (PFD) reports which are served by the Coroner under the Coroner's (investigations) Regulation 28.

2.5 Safeguarding

The safeguarding team works with the patient safety team and frontline services to review any safeguarding related incidents, Patient Safety Incident Investigations or Local Learning Reviews, and highlight any good practice or learning.

The safeguarding team also contributes to Safeguarding Partnership statutory safeguarding reviews, which involves looking at incidents where an adult at risk, or child has died or come to significant harm because of abuse or murder. The safeguarding team works with BDCFT front line services to review practice and guidance, to write reports that identify good practice and opportunities for further learning and then how we can support making any identified changes.

The Safeguarding team ensures that any good practice or learning from all of these reviews mentioned is shared across BDCFT and Safeguarding Partners. The safeguarding team does this through staff training and supervision and our quarterly safeguarding newsletter.

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

SECTION THREE:

A review and celebration of the quality of services

Tregaith Rachel
22/07/2025 08:12:11

3.1 Quality foundations

3.1.1 Patient-Led Assessment of the Care Environment (PLACE)

Bradford District Care NHS Foundation Trust has been routinely rated highly in the Patient-Led Assessments of the Care Environment (PLACE) results since inception, repeatedly exceeding the national average across all areas.

The PLACE visits assess the patient environment and how well it supports and enhances the provision of clinical care and are carried out by groups of assessors including service users, relatives, carers, and patient advocates.

The annual assessments score NHS organisations on cleanliness, quality and availability of food and drink, how well the building meets the needs of the people who use it including being dementia-friendly, and how well the environment protects people's privacy and dignity.

Estates and Facilities teams lead initiatives to improve the patient environment including redecoration schemes, new furniture, improvements to therapeutic space, improved signage, new doors and windows to support patient safety and outdoor space initiatives.

Bradford District Care NHS Foundation Trust's Chief of Finance, Mike Woodhead, said: "We are delighted with the results, which reflect the hard work and commitment that our staff put in every day to ensure that the patient experience is a positive one. We know that areas like food and cleanliness can make a big difference to a person's wellbeing, and whilst we celebrate this result, we will continue to improve our hospital environments, so they reflect current best practice to support therapeutic care and patient recovery."

Results from PLACE-24 Assessments

	Cleanliness	Condition, Appearance & Maintenance	Dementia	Disability (accessibility)	Food & Hydration	Privacy, Dignity & Wellbeing
National Average 2024	98.31	96.36	83.66	85.20	91.32	88.22
Trust Average 2024	**98.77**	**99.00**	**91.19**	**89.79**	**96.07**	**98.60**
Airedale Centre for Mental Health	99.37	99.58	90.65	86.39	96.80	98.77
Lynfield Mount Hospital	98.52	98.77	91.41	91.20	95.77	98.53

Trawalla Krasnodar 22/07/2025 09:13:11

3.1.2 Freedom to Speak Up - raising concerns within the Trust



Freedom to Speak Up (FTSU) is one element of a wider strategic approach to cultural transformation and improvement within the Trust. The principles that underpin it are mirrored in those of our values and behaviours and work around our fair and compassionate culture. Our aim is to create an environment and culture in which speaking, listening and following up are all seen as 'business as usual', and where raising concerns results in improvement.

Creating psychologically safe cultures in all our teams serves both the Improvement Strategy and the 'making speaking up business as usual' journey.

Different ways staff can speak up

People are encouraged to speak up through their line management structures in the first instance or through safeguarding, human resources or by any other means they wish. However, we recognise that this is not always possible and so when these routes are not available to them or they have already tried these routes and are not satisfied with the response, the FTSU Guardian is available. The FTSU Guardian is independent and impartial, and has direct access to the Chief Executive, Chair, Non-Executive Director and Executive Director lead for FTSU. Staff can speak with the Guardian online, in-person or by telephone per their preference. FTSU Ambassadors are also available to colleagues to support them in identifying where to take their concerns, but do not manage cases themselves.

This year the use of the weekly Executive Broadcasts via MS Teams continued to be a further way that people can raise queries (either openly or anonymously) directly to the Executive Team. Where possible, these queries are answered during the session, in other instances they are made into FAQ documents and circulated to all staff following the briefing.

Things that staff have spoken up about and provided us with an opportunity to improve include patient safety, staff safety/wellbeing, failure to follow correct processes, understaffing, biased recruitment, and bullying/cultural issues.

How feedback is given to those speaking up

Feedback is given via the FTSU Guardian, directly by the relevant manager within the service concerned, the relevant Executive Director or the Chief Executive, as deemed appropriate to the individual case. Feedback includes how concerns have been investigated or responded to, any changes that have been made to processes and

Trawsfynydd Reactor 22/07/2025 09:13:37

DRAFT

systems as a result, lessons learned for individual services and lessons that are transferable across the organisation.

Bi-annual reports to Board identify themes from the issues staff are speaking up about and provide assurances that staff are fed back to appropriately. Our communication strategy is also aiming to improve the feedback we give to staff across the organisation, not only to raise awareness of FTSU, but to feedback using a "You Said, We Did" approach.

How we ensure staff who speak up do not experience disadvantageous and/or demeaning treatment ('detriment')

The Trust policy clearly states that the organisation will ensure that staff who speak up will not experience disadvantageous and/or demeaning treatment as a result of doing so. Staff who fear victimisation by colleagues can speak up anonymously via the Freedom to Speak Up online reporting form. Colleagues can also speak up openly but ask for their information to be kept confidential via the FTSU Guardian. We monitor the number of anonymous contacts, with a low number being an indicator of staff's confidence in the system. There has been a slight increase in the last 12 months, but this may simply be within the increased overall quantity of people speaking up and that is a welcome change as we develop a more confident attitude to raising concerns. We also monitor the numbers of staff experiencing disadvantageous or demeaning treatment because of speaking up through our user survey and take measures to address this. Anonymised information is reported at Board and nationally to the National Guardian's Office (NGO).

Improvement work

Our leaders are committed to a 'speak up, listen up, follow up culture', as demonstrated by the ongoing developments made in this area over the last year:



➢ Policy & Strategy

The FTSU policy underwent an annual review and is in line with the latest NHS England guidance and national template. The Trust's FTSU Strategy 2022/23 to 2024/25 and associated action plan continue to drive the team's improvement efforts.

➢ Executive Engagement

The FTSU function has been increasingly utilized by the Executive Team in 2024 as an additional resource for interventions with teams who have been experiencing difficulties. The modelling of this leadership attitude that welcomes speaking up as an opportunity for improvement is central to the continuing 'culture change' within the Trust. We also had an

Trawsnewid Bronglais 22/07/2025 08:12:11

Internal Audit undertaken in October 2024 which provided an opinion of 'Significant Assurance' about the Trust's speaking up arrangements.

- **Communication Plan**

The FTSU communication plan is regularly reviewed and updated to further improve the way we ensure that the FTSU message is communicated widely to all staff groups. This includes methods such as e-Updates, monthly rotating screensavers, promotional materials (posters, leaflets and business cards), virtual presentations, attendance at induction and other events, and messages in payslips.

- **Ambassadors**

The Ambassador role supports the Guardian and deputy in connecting with hard-to-reach groups of staff, promoting the speak up/listen up message, and signposting staff to different routes to speaking up. This year we have continued to provide regular bi-monthly support sessions, including guest speakers from different areas within the Trust. The Ambassadors are proving to be a valuable additional support to the culture change within teams, as awareness of the options for speaking up is raised.

- **FTSU Portal**

The FTSU Connect pages on the Trust intranet continue to be a useful resource as a virtual 'office' containing all the relevant information somebody may need if they are thinking about contacting the Guardian. The online booking system which is available allowing colleagues to check availability and schedule an MS Teams meeting with the Guardian at a time to suit them has been well used.

- **Training**

The National Guardian's Office "Speak Up" eLearning is still mandatory for staff at all levels. The "Listen Up" and "Follow Up" eLearning packages for managers are also available via the electronic staff record. Since March 2023, the FTSU team have been sharing in the monthly Corporate Induction/Welcome event for new starters. This is a powerful statement of the Trust's ambition and commitment to making speaking up 'business as usual' and we have received positive feedback about this being included right at the start of people's time with the organisation. In addition, the FTSU team have developed local training and continue to deliver online managers' study sessions which focus on the skills needed if someone raises a concern to them, such as enhanced listening and receiving feedback as a gift. This additional supportive training for managers is intended to normalise team members confidently raising concerns within their teams and it is hoped more managers will access these sessions. The 'take up' rate of the enhanced listening training can be seen a 'cultural barometer' and support from senior leadership will be valued in encouraging manager participation.

Trawsfynydd Raphael 22/07/2025 08:12:11



3.1.3 Infection prevention

Infection prevention

Preventing and controlling infections is a mandatory requirement for all NHS organisations, and the trust must comply with the 'Code of Practice for health and adult social care on the prevention and control of infections and related guidance'. The criterion within the code reflects the need to assure the public that appropriate quality of care is provided in public service settings where people receive care and cannot control hygiene standards themselves. In such cases, they ultimately rely on the service provider to maintain high standards of care on their behalf.

The Trust is committed to delivering the highest infection prevention and control standards to prevent avoidable harm to patients, visitors, and staff from healthcare-associated infections (HCAI). Ensuring a robust infection prevention and control function is embedded within all clinical areas of the organisation is a key priority. Having infection prevention policies in place and implementing them is a crucial way to reduce and prevent avoidable HCAI for both patients and staff members, ensuring a safe environment. The risk of acquiring an infection while being cared for by the Trust's healthcare workers remains low, with the trust having no cases of Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia or Clostridoides difficile (Cdiff) this past year.

Seasonal Influenza Vaccination Campaign

The 2024/25 seasonal flu campaign for the Trust frontline healthcare workers commenced on the 1st October 2024. This year's campaign ran alongside the COVID-19 booster campaign and a total of 44.2% of frontline healthcare workers vaccinated.

- Medical staff 59%
- Qualified nurses 51.5%
- Allied health professionals 44.4%
- Support staff 34.7%
- Total 44.2%



Trawally,Rachel
22/07/2025 08:12:11

3.1.4 Board 'Go See' Visits

The 'Go See' Framework

During 2024-25, members of our Trust Board has continued to carry out 'Go See' visits which incorporated quality and safety walkabouts. 'Go See' is based on the concept of a Gemba walk, which was developed by Taiichi Ohno, one of the leading pioneers in the development of lean management. The *Go See* visit offers an opportunity for Executives to leave their daily routine, see where the real work happens and build relationships with staff based on mutual trust.

Go See visits are an opportunity to gain an overview of what is going on in the workplace, offering the ability to gain insights into potential improvement opportunities. As such, our 'Care Trust Way' embraces the principle of *Go See* not just for Executives, but for all leaders across the Trust including Non-Executive Board members.

Go See visits are a vehicle for the Trust to 'Know its Business, Run its Business and Improve its Business' at both an operational and a strategic level.

Know your Business – leaders will have a first-hand knowledge of the work being done, there will be strong relationships built on trust. Executives and Non-Executives are able to gain knowledge and assurance to underpin the conversations they are having and experience further opportunities for triangulation across a variety of different platforms.

Run your Business – leaders are better able to understand the opportunities for improvement, have increased visibility of what is going on in each place and are able to make better decisions because of this. Executives and Non-Executives can make better strategic decisions underpinned by an in-depth knowledge of the business and first-hand views from Trust experts on what it feels, looks, and sounds like to them and their colleagues within the service.

Improve your Business – leaders can support local improvement opportunities based on the first-hand knowledge and experiences they have of services. Trends and themes identified as part of *Go See* are collated and triangulated with other sources of learning to help Executives and Non-Executives identify systemic issues and receive assurance as to the embeddedness of improvements to further support sustainability.

DRAFT

Trawally Rachel
22/07/2025 08:12:11

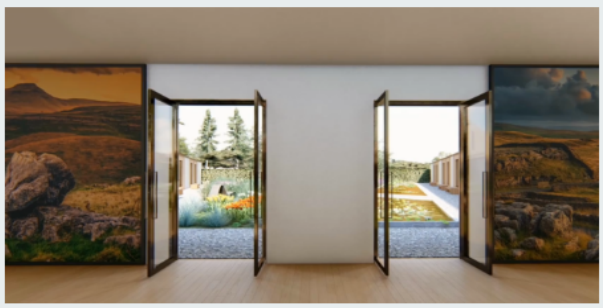
The Board were involved in the following types of *Go See* visit during 2024-25.

Type of visit	Purpose	Membership
Executive/Associate Director ad hoc visits	Responsive visits to probe issues / celebrate successes. The visits allow Executive/Associate Directors to support in unblocking local issues where necessary, share learning, gain additional assurance and help teams feel both supported and recognised	Executive / Associate Director
Non-Executive Director/Executive Director planned visits	Visits to support identification of systemic issues and celebrating success. Standard work would look at high level people (morale / safety), performance (including quality & finance as well as service delivery) and improvement (work undertaken, successes celebrated, areas for improvement work identified and opportunities to share learning)	Non-Executive Directors with Executive / Associate Directors Observed by Governors
Chair/Chief Executive visits	Strategic level activity focussing on morale, improvement work and sharing vision and values	Chair / Chief Executive

3.2 Innovation and growth

3.2.1 Estates and Facilities

In August 2024,the Trust was allocated £50 million in capital funding from the Department of Health and Social Care (DHSC). This funding will allow the Trust to invest in the construction of a new main entrance and a two-storey ward block comprising 2 new 18-bed wards with 100% ensuite facilities. The central capital funding allows the proposed redevelopment to be phased over the next four years. It comes after



Trawallach
22/07/2025 08:15:11

years of planning, lobbying and the submission of bids. Further refurbishments will also be completed to include refurbishments to two existing wards to provide bathroom facilities for all, improved off ward therapy, a new café and an additional S136 suite at Lynfield Mount Hospital. The redevelopment will not only benefit our service users by creating an outstanding environment in which we can deliver the best care, it will also improve working conditions and resources available, supporting us to be the best place to work.

A series of enabling works have been completed in 2024/25 including the formation of a new car park, EV charging stations and cycle store; in readiness for the next stage of major redevelopment on Lynfield Mount Hospital site.
In addition, the former Assessment and Treatment Unit has been refurbished to form Willow Ward. This is to allow temporary relocation of Fern Ward from Airedale Centre for Mental Health (ACMH) to complete a significant project to replace the domestic hot and cold water pipework on site at ACMH. Works are scheduled for completion in September 2025.

In our primarily staff areas in 2024 we have upgraded toilets and staff rest spaces at New Mill and Level 5 has been reconfigured and refurbished for work areas for Digital Services, SMABS, Talking Therapies, Community Infant Feeding and IAPT. In 2025 refurbishment works will commence at New Mill on levels 1 to 4. These works will enable New Mill to act as a hub location for community mental health and physical health services in the Shipley area and will deliver improved work environment and better utilisation of our spaces for existing corporate services based in the building.
Within our team in August the health, safety and security team were awarded with a Royal Society for the Prevention of Accidents (RoSPA) Presidents Award in 2024 for achieving ten consecutive Gold Awards at the RoSPA Awards 2024 for health and safety performance.



In October the estates and facilities (E&F) operational team achieved ISO9001 certification, this is an audit undertaken of systems and processes in estates and facilities to assure compliance with this internationally recognised standard.

Trawally,Rachel
22/07/2025 08:12:11

Earlier in the year in May our Estates and Facilities Business Manager Liza Pyrah won the People Development Award at the 2024 Health Estates & Facilities Management Association (HefmA) Awards. Liza was nominated because of her role as lead for the E&F training and development strategy: developing the E&F workforce of the future. Liza was nominated because of her role as lead for the E&F training and development strategy, specifically for her role in enhancing apprenticeship opportunities in E&F and linking with local schools to publicise estates and facilities as a career choice for the E&F workforce of the future.



Throughout the year the fire safety team have increased the mandatory training offerings they deliver particularly to our higher risk areas with the implementation of fire warden training and inpatient risks training- leading to increased awareness and understanding for our staff groups in higher risk areas on strategies they should adopt to minimise fire risk and actions to take in the event of an emergency incident.
Within our energy, waste and sustainability Team the Trust received funding from Natural England to host a Green Therapy Development Officer who is working to embed nature based activity within inpatients with a view to helping to improve biodiversity and other environmental impacts of improved green space, whilst also improving physical and mental health of patients involved in these activities.

And finally the Trust has joined the SusQI Academy and is working to embed sustainability within our quality improvement work and the team has been involved in regional climate change adaptation work which is expected to be adopted nationally within 2025.

3.2.2 Better Lives Charity

The Better Lives Charity Strategy 2021-2024 aims to increase funds going into the Trust Charity thus increasing charitable spending to improve the experience, health, and wellbeing of service users and staff, whilst ensuring the future sustainability and growth of the charity. There are three main areas of delivery for the strategy:

Trawally Rachel
22/07/2025 08:12:11



During this year the Charity has delivered several fundraising events including a third Charity Golf Day and second Charity ball. Staff, friends, family and people in our communities have also participated in events to raise funds, including the Great North Run, The Yorkshire 3 Peaks, Bradford Dragon Festival, Quiz Nights and Saltaire Arts festival. The charity has seen new corporate supporters and sponsors: Enable 2 who were the headline sponsor of the Golf Day, P.E.C who hosted the Charity Ball, and Coral Windows and P.E.C who sponsored Dragon Boats. Without their generous support, these events would not be possible. The Chairty has raised more than £35,000 through these events.

The funding has enabled the charity to support a range of projects and interventions within the Trust which enhances the care the Trusts provides, this has included:

- Introductory walk-through videos for community mental health teams who wanted to support patients coming to their first appointment. The teams see high non-attendance rates for first appointments due patients feeling anxious about attending somewhere new and unfamiliar.

- The videos provide an introduction to, and navigate a patient through accessing the building, the reception and waiting areas and clinic rooms so that patients know what to expect on arrival.

- The Palliative Care team purchasing a range of resources to help patients and their families. These include key safes, baby monitors and additional chairs. Five patients have so far benefited from these chairs, and due to the waiting list a 4th chair has now been requested.

- Tools to support horticultural and green therapy activity at Lynfield Mount, Airedale Centre for Mental Health and the Community Allotment in Keighley.

Trawally Rachel
22/07/2025 08:12:11

- The purchase of weighted lap pads to support the Immunisations team in providing vaccinations to children and young people with additional needs. The uptake of vaccinations can be low in children and young people with special educational needs, and the lap pads were amongst a range of desensitisation strategies recommended as a helpful tool for many children and young people.

The Charity has seen some success with applications for grants from Trusts and Foundations for specific projects. These have included:

- Creative Arts Sessions for inpatients funded by the Keith Howard Foundation (carried over from 23/24)
- Dance United Yorkshire project for young people on the Child and Adolescent Mental Health Service (CAMHS) waiting list funded by the Manny Cussins Foundation. (carried over from 23/24)
- The purchase of bikes, safety equipment and training for new arrivals and care leavers who experience travel poverty and therefore can find it difficult to attend health appointments.

3.3 Supporting staff – supporting the conditions for quality improvement

3.3.1 Staff survey – hearing what staff have to tell us

The NHS Staff Survey 2024 took place at the Trust from 23 September to 29 November 2024, supported by a comprehensive, effective and targeted engagement programme, amongst substantive staff and Bank staff.

1766 staff took part, along with 149 Bank-only staff – a record number. The Survey response of 53% for 2024 built upon the on the previous year's significant improvement from 41% to 51%. Around 300 staff provided more detailed comments through the available option.

All NHS People Promise (which is a promise that all NHS workers must make to each other to work together to improve the experience of working in the NHS for everyone) and themes results were slightly **higher** than both last year's scores and those of the sector, with two significantly higher than the sector and one significantly higher than 2023. This improvement across all themes is recognised by NHS England as a significant achievement, for which the Trust received a certificate of recognition.

Trawden Parish
22/07/2025 08:12:11

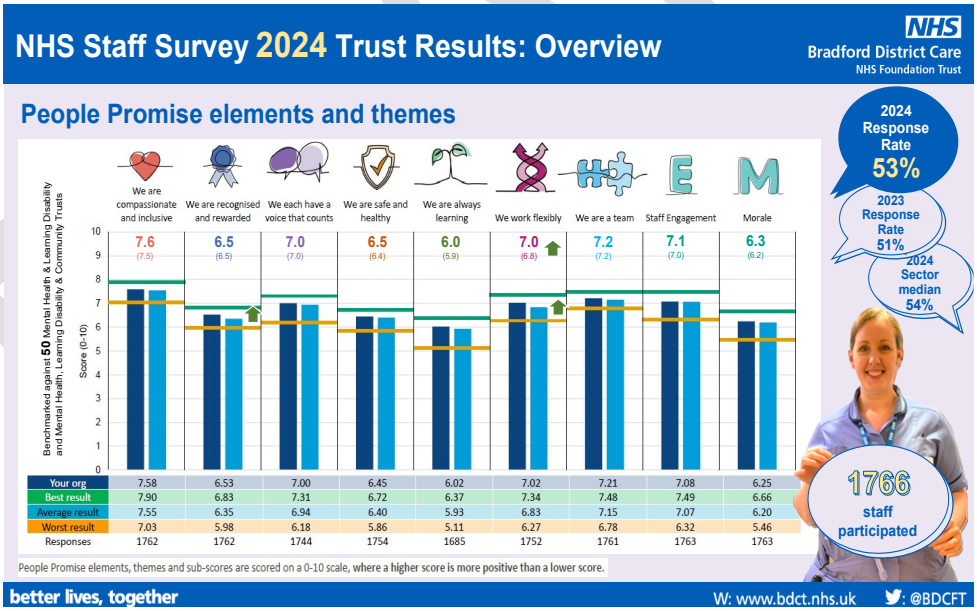
'I am delighted to get in touch following the publication of the 2024 NHS Staff Survey results which show your trust as improving across all seven elements of the People Promise and the themes of Staff Engagement and Morale

The NHS is operating in a challenging environment and improving staff experience in these circumstances should be recognised as a real achievement. I would like to thank you and your team for all your hard work in leading and delivering improvements for our NHS people. This truly matters to the care we deliver for our patients and service users.

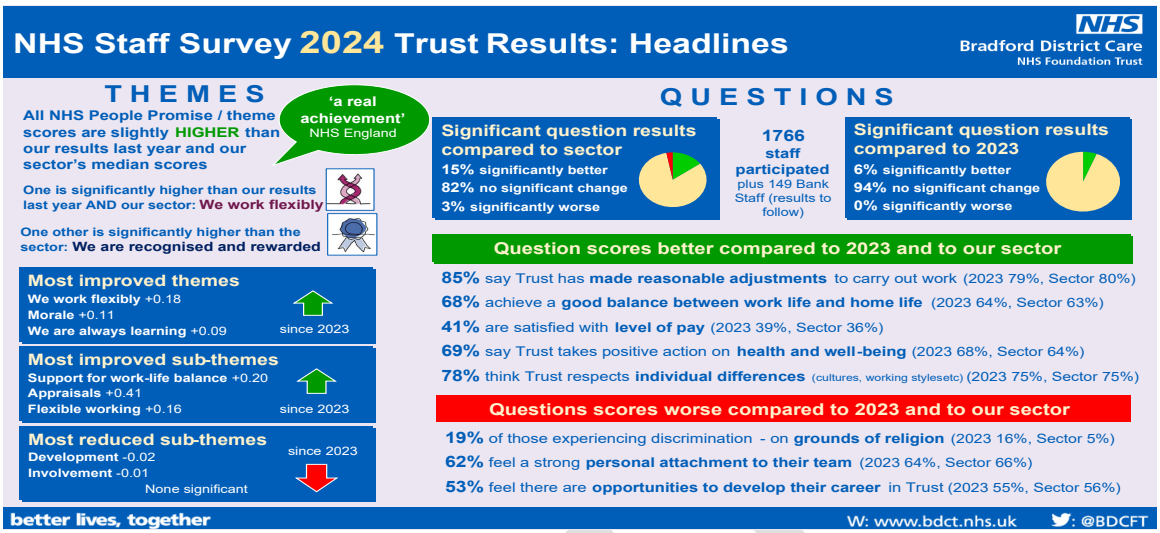
Em Wilkinson-Brice | Director for Staff Experience & Leadership Development, NHS England, April 2025

Despite the improvements, detailed analysis revealed a wide variance of staff experience across the Trust's individual services and teams. Bespoke reports and targeted support ensure these variances are discussed, explored and actioned at both the local and corporate levels.

The Board, People and Culture Committee, senior leaders and People Matters (previously known as HR) are continuing to identify responses and actions towards addressing variances and embedding the People Promise themes.



Trawally,Rachel
22/07/2025 08:12:11



People Related Highlights

This year has seen a number of remarkable improvements and innovations under the umbrella of "people matters", as well as some major inroads in relation to workforce productivity, that reinforce the strategic theme of being the "Best Place to Work". Our people are our most valuable, valued and costly assets and therefore it is so important to ensure that we have a workforce of the right numbers, with the right skills and values and representative of the populations that we serve. We take great pride in providing an employee life cycle that ensures a high quality experience from start to finish and a relationship between us and our colleagues that reflects our Trust values.

Recruitment Activity

Starting with reaching out into our communities and beyond, we are committed to collaborating with our Place partners to provide entry level job, training and career opportunities by working closely with our education and local authority partners to identify roles for young and workless people to join the health and social care workforce family. Our recruitment performance outstrips expectations as far as the timescales over which aspirant employees are attracted, interviewed, screened and on-boarded. The average time to fill, which is the time from job advert being published, to an unconditional offer of employment being confirmed, is 21 days against a 65 day target. By swiftly moving job applicants through the process, we ensure that we don't lose anyone with the enthusiasm to come and work with us through complex and laborious processes.

Trawally,Rachel
22/07/2025 08:12:11

Induction

This year saw the second year of our “New In” monthly welcome days for new starters, a vital component of the effective onboarding and setting the right tone for the start of their employment journey with us. Averaging 35 attendees per month, our new colleagues are introduced to Trust Board and Executive Management Team members, undertake some workshop sessions relating to the Trust Values and Staff Charter and are provided with a wealth of information about how we will look after and grow people who work with us. Feedback from new starters is overwhelmingly positive and together with a 30, 60 and 90 day follow up to see how people are getting on, has reduced turnover of staff with less than two years’ service from 50% to less than 20%. We also follow up colleagues on the first and second anniversaries of their appointment with a check in and offer of career advisory support if desired.

Employee Relations

With a workforce the shape and size of ours and the volume and complexity of the work that many of us undertake, it’s inevitable that there will be some dissatisfaction or behavioural concerns amongst our colleagues. Our approach to employee relations activities, particularly disciplinary and grievance cases, has been revolutionised over this year, with live cases being reduced by over half. This has been achieved through effective partnership working with our Staff Side colleagues and introducing a more comprehensive fact finding and triage process to establish the right pathway to follow and intensive training for our managers in people management practices and investigatory methods, where they are indicated. Not only are we reducing the overall numbers of cases through better and more compassionate decision making, but we are also radically reducing the time taken to investigate and complete cases, so important in maintaining peoples’ wellbeing and reducing disruption to services.

Growing our Workforce

We want to make sure that not only are our people well led and supported to be the best they can in the workplace, but we also want them to thrive personally and professionally and pursue career ambitions where they can. By the mid-point of the year, we had improved our appraisal, mandatory training and clinical supervision activity to above the 80% compliance target. As well as targeted and role specific Continuing Professional Development training opportunities, we have also expanded our apprentice support capacity to 120, which is twice our aspired level.

DRAFT
Trawalter, Rachel
22/07/2025 08:12:11

Productivity

Our efforts to drive up the quality of the care we deliver through more efficient and effective use of our people has seen some major progress, particularly in how we commission and deploy temporary staffing. Across our rostered services which include Mental Health inpatient areas, we are consistently fulfilling 90% of the demand for temporary staff, of which 90% are Bank Workers and 10% Agency Workers. This enables us to have more control over the quality and regularity of training the workers receive and through the appointment of a dedicated role; better oversee the supervision of temporary workers from a clinical professional perspective.

3.3.2 Staff Support and Therapy Service

The Trust is committed to providing a culture where staff feel able to seek support and take care of their health and wellbeing needs. The Staff Support and Therapy Service is the internal offer that provides confidential individual therapy (cognitive behavioural therapy(CBT), eye movement desensitisation and reprocessing (EMDR), counselling, compassion focussed therapy, schema therapy and mindfulness), and rapid access to speak to an experienced and accredited psychotherapist. A wide range of psychologically informed workshops on topics such as menopause, compassion, stress, burnout and post traumatic stress disorder (PTSD), mindfulness, maintaining better relationships and dyslexia are available to all staff across the Trust.



The Staff Support and Therapy Service offers consultation and signposting to all staff, allowing people to get the help they need.

Over the past year there has been a particular focus on:

1. Developing and designing, in conjunction with our service users, a Mindfulness for attention deficit hyperactivity disorder (ADHD) group. This is an 8 session, psychological group for staff who either have a diagnosis or self-identify as having ADHD. This has been piloted and will be evaluated to inform decisions about future offers for Mindfulness and ADHD staff. This is now the third psychological therapy group for staff offered in the service.

2. Developing and producing an 'Embracing Self Care' booklet of easily accessible resources for staff to enable people to take time to prioritise themselves and have the information if further support would be helpful.

Trawally Rahnet 22/07/2025 08:12:21

3. Maintaining menopause accreditation status for the Trust which has enabled the trust to apply the menopause accreditation status badge to all materials including job advertisements. The menopause workshop, menopause for managers, menopause café, menopause buddies and the annual menopause celebration event are now well established. In collaboration with a member of staff a leaflet for partners has been produced and we have been working with HR and ERostering around being able to accurately record menopause absences in the trust.

4. Hosting placements for trainee clinical psychologist, for the importance of staff support and wellbeing to be an early part of their learning and career development. To nurture and develop people early in their careers with the view that they may want to return to work for the trust once they qualify.

5. Continuing to increase awareness of the services on offer for staff. Improving the SharePoint page, increasing the visibility (the tab for the page now sits at the top of the trust home page), keeping the information up to date. To date there has been 12061 views of the page. Using other avenues such as posters in staff areas, screensavers, being presenters on executive broadcasts, advertising on Yammer and attending in person events to reach as many staff as possible.



3.3.3 Critical Incident Stress Debriefing

The Trust is committed to providing a timely and supportive response to all patient safety incidents and any distressing events that staff require a psychological debrief for. Over the past year there has been a particular focus on:

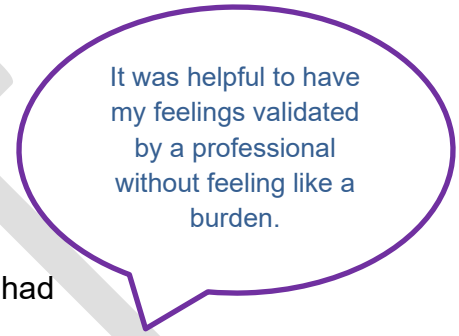
- The implementation of the Patient Safety Incident Response Framework which replaced the previous Serious Incident Framework. The new policy supports the development and maintenance of an effective patient safety incident response

Trawally, Rachel 22/07/2025 08:12:11

system that integrates the four key aims of the NHS Patient Safety Incident Response Framework (PSIRF) and the existing Trust values.

- Ensuring all staff exposed to patient safety and distressing incidents are well supported and are enabled to support others where appropriate.

The Critical Incident Stress Debriefing (CISD) service offers staff a space to consider the incident, how it is impacting them as individuals/ a group, what they might do to support themselves, one another and what they need of the organisation. The approach draws on Jeffrey Mitchell's 7 stage model:



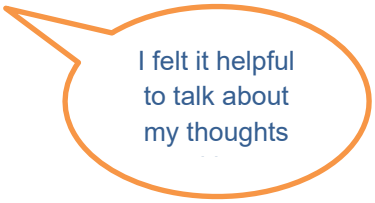
1. Introduction (including confidentiality within the group)
2. Facts – brief overview of who each person is, their relation to the incident/person who is subject of the incident, and what they know happened.
3. Thoughts – what was the first thought that people had when they heard of the incident?
4. Reaction – what is the worst thing about this incident for you personally?
5. Symptoms – how is this event showing up in your life? How is it affecting you personally/professionally?
6. Teaching – The facilitators seek to validate and normalise reactions to difficult experiences.
7. Re-entry – What can people do to move forwards, support one another, need of one another and the organisation.



The service has been running, using a duty system of trained facilitators for approximately 4 years and evaluates very well. As of November 2024, 265 CISD sessions had been offered of these 124 had been accepted.

Teams report feeling sufficiently supported to not require the service (from replies received). Feedback from those attending CISD sessions report an improved sense of wellbeing after the session and:

- 84% of people felt the space was safe to openly discuss their thoughts and feelings.
- 97% felt listened to.
- 94% felt their views were taken seriously.
- 97% felt the sessions was helpful.
- 100% would recommend to colleagues.



Trawally,Rachel
22/07/2025 08:12:11

DRAFT

3.4 Listening to the voice of experience

3.4.1 Patient and Carer Experience and Involvement

The value and importance of involvement, experience and feedback is recognised across all areas of BDCFT. We have worked hard to identify and celebrate all the different ways in which people who experience BDCFT services can share their voice of experience – and be listened to.

The Patient and Carer Experience and Involvement (PCEI) team continue to promote and support the active involvement of people who access and experience BDCFT services, in the shaping of our services and participation in improvement activities. The PCEI team champion the importance of the Voice of Experience in providing invaluable feedback regarding the quality, direction, and delivery of services. They do this through the promotion, monitoring and reporting on the collection of Friends and Family Test (created to help service providers understand whether patients are happy with the service provided of where improvements are needed) data, as well as supporting patient, carer and public involvement in bespoke improvement activities and projects across the Trust.

Service User Involvement

In BDCFT, Involvement is open-access and anyone who has an experience of BDCFT services will be offered opportunities to share their voice of experience – and be listened to. The Patient and Carer Experience and Involvement (PCEI) Team play a key role in ensuring that Experience and Involvement is at the very heart of all Trust activities. Involvement Partners in BDCFT are allocated, recognised roles, where people who have experienced Trust services, or are invested in the delivery of best quality services, can participate in structured activities designed to support and improve care.

Involvement Partners play a crucial role in service development and ensuring that the Voice of Experience is central to service delivery. To fully register as an Involvement Partner, an individual needs to go through an induction process, which includes some training, information giving, and signing up to the Involvement agreement. Feedback, regular communication, and clear, understandable processes are crucial to ensure the best experience for people participating in meaningful involvement (Involvement Partners).

DRAFT

Trawally Rachel
22/07/2025 08:12:11

The Variety of Involvement Activities:

There is a broad range of involvement activities across Trust services. The current and active involvement activities include:

Type of involvement	No. of Involvement Partners attending
Mental Health Legislation Committee	2
Quality and Safety Committee	1
Community Mental Health Transformation Programme	2
Healthy Minds Board	1
Crisis Services Involvement Group	3
Dialectic Behavioural Therapy Organisation Group	6
Suicide reduction steering group	1
Psychological Therapies Involvement Group/ Psychological Therapies Council	6
Positive and Proactive Involvement Group	2
Admin Involvement Group	2
Research and knowledge forum	1
Ligature, Environment, Risk and Safety (LERS)	1
Medicines Management Group	1
Neurodiversity Group	1
Smoke Free Group	1
Psychiatric Intensive Care Unit (PICU) Lived Experience Group (External)	1
Trust New Starter Inductions	Rotates between 3 people
Green Strategy Group	1
Individual Placement Support Steering Group	1
Patient and Carer stories at Trust Board	6
Low Secure service – Service user council	3
Learning Disabilities – Service user group	5
Information Governance – Requests for personal information	4
Specialist Mother and Baby Service (SMABS) servicer user feedback session	15
Early Intervention in Psychosis – Future Focus service user engagement / co production events	20
Child and Adolescent Services (CAMHS) e-referral improvement event	2

Trawalter, Rachel
22/07/2025 08:12:11

Examples of Involvement;
Lynfield Mount Hospital Redevelopment

A new role for an Involvement Partner was created as part of the Lynfield Mount Hospital Redevelopment Project Delivery Group. This has been recruited to and the first meeting of the group took place in February 2025.

Recruitment and Selection

BDCFT is dedicated to ensuring that the Voice of Experience is included in recruitment and selection activities in recruiting new staff. Involvement partners are provided training in recruitment activities, which includes being on an interview panel, asking questions and providing feedback. The PCEI team have been working with the People Matters (previously HR) directorate to update the recruitment and selection training for services users. This started with a session with involvement partners where they were able to honestly and constructively feedback on the current recruitment training offer. A new session based on this feedback was delivered to 14 Involvement Partners in October, and once further feedback from that session has been implemented, 3 sessions a year will be delivered for Involvement Partners who are interested in being involved in recruitment activity within the Trust.

Young Dynamos

Young Dynamos are now working with the 5th cohort of Healthy Minds apprentices who are recruited to focus on young people's mental health in Bradford. The Knowledge and Library service delivered a full day session in the school holidays, upskilling the group to deal with the many incoming requests, plus giving them new skills that can assist them in further education, which is something they value over monetary recognition.

This year has seen Young Dynamos be involved in a new project with 0-19 services in three schools across the district, where services from across BDCT engage with young people and families within the school settings. Lots of learning and experience has been gained from these 'one stop health shops' and there is a hope for these to roll out further. An NHS Charities Together Funding Bid has been submitted to assist with this. Young Dynamos have been a critical friend for the bid and will be for the project if successful.

Another first this year has been the takeover session in November which saw 8 different youth groups from across the district, including Young Dynamos, takeover the Children's, Families and Young People Strategic Board Meeting. Young Dynamos received a thank you letter from Councillor Duffy who heads up this board. This was so successful it may become an annual event.

Trawalla Rachel
22/07/2025 08:12:11

DRAFT

iCare Applications

This year's round of iCare applications asked for evidence on how service user experience and involvement would be included in the projects to achieve their outcomes. The winning applications, all of which included involvement were;

- improving the experience of interpreting services during therapy for patients, staff and interpreters within City Community Mental Health Team.
- expansion and roll-out of the Stepping Stones to Wellbeing Group project (a 9 week co-created support group) across Community Mental Health Teams.
- working with service users to co-produce a card deck resource to support conversations and interventions with service users and families in the Future Focus Service.
- improving the health passport, part funded by Better Lives Charity and iCare.
- equipment and assessments to trial with people living with functional neurological. disorder within the Primary Care Wellbeing Service.
- developing sensory maps of inpatient sites at Lynfield Mount Hospital.
- enhancing the student nurse experience by supporting the development of student-led clinics for pre-school children.

3.4.2 Patient Advice and Complaints Service (PACS)

It is important to us that any person using the services of our organisation can seek advice, raise concerns or make a complaint. The PACS team provide a point of contact for signposting enquiries and listening to concerns and complaints.

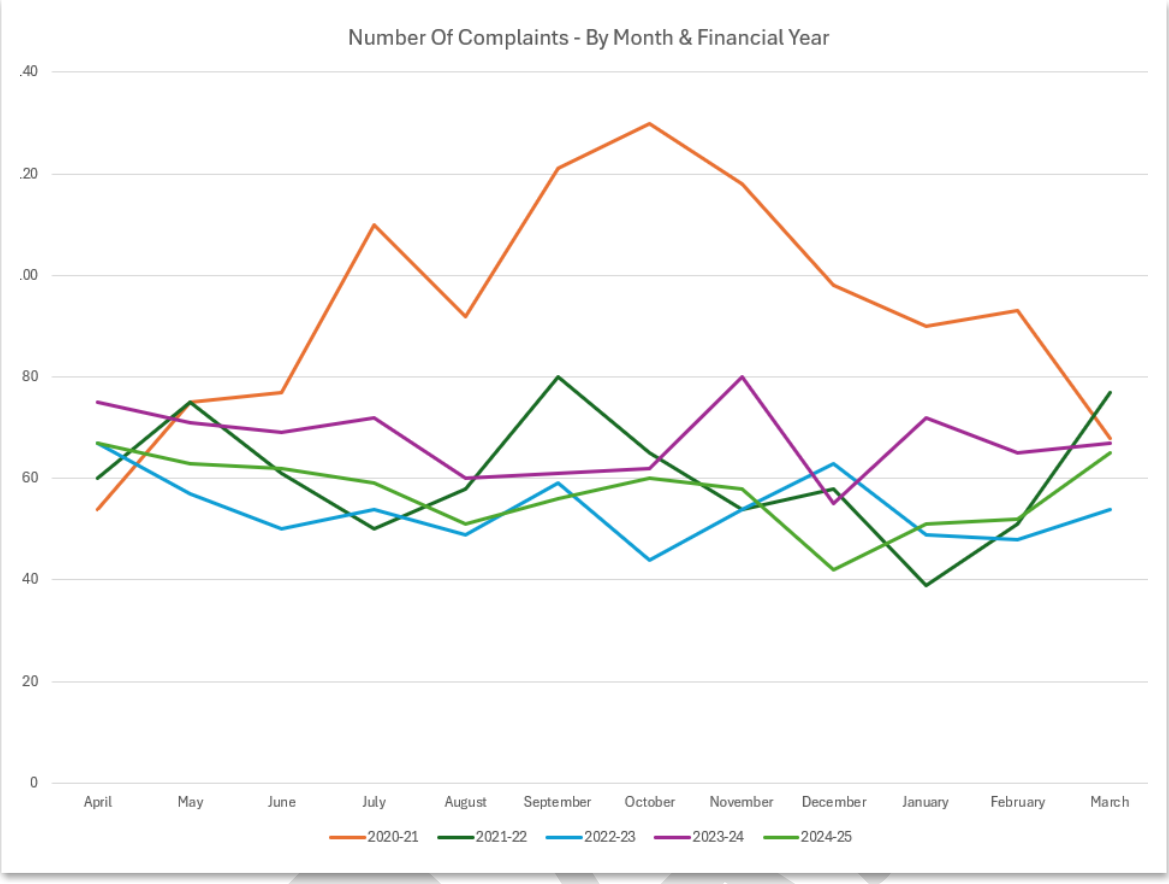
When a person using our services makes a complaint, this is handled in accordance with regulatory requirements. The PACS team aims to offer an accessible, robust complaints service that is responsive in addressing the complaint in an effective and timely way.

We understand that the complaints process is not always the best pathway for users of our service to receive a response to their concerns. This might be when there is a case of more urgent need for support or when it is possible for us to respond in a way that provides a faster solution to a problem (we call this local resolution).

During 2024/25 PACS handled 578 enquiries (of which 354 required signposting elsewhere) and 686 complaints.

Trawally Racing
22/07/2025 10:08:12:11

The graph below shows the number of complaints received over the last five years, comparing each year from April to March inclusive:



We value all feedback that we receive from users of our service, and people who care for and represent them. When we receive a complaint, we look at these to explore what happened, what should have happened, and to identify if there are areas of care or service that we could have provided in a better way. This might also involve comparing this to best practice.

Learning from experience and looking at this alongside other information we collect such as patient safety information, information about staffing or information from our staff (examples), is one of the ways use complaints. This gives us a wider view of our care and services our services and helps us better understand the areas in which we need to improve.

Reports containing the information described (and more) are produced each month and discussed within our quality and safety meetings. We use our governance processes to review and discuss these to assess how well we are doing with regards to these areas of our service, along with any actions we might need to take to make improvements for the benefit of people using our services.

Trawallwyd yn electronig
22/07/2025 08:12:11

We continue to engage with the Parliamentary and Health Service Ombudsman (PHSO), who were set up by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS in England, as needed. In 2024/25 the PHSO reviewed 5 of our complaint cases.

Learning from Complaints

In 2024/25 the top three most complained about areas were:

- Lack of support. (Where the complainant felt that the service user, patient or themselves, were not provided with the support they needed from services or staff)
- Information. (Where the complainant felt that insufficient information was provided to them or the patient, service user or carer. This could be information about the service, their care plan, or something else.)
- Attitude of staff. (Where the complainant felt staff attitudes were unacceptable, for example being dismissive, or appearing uncaring.)

The table below demonstrates examples of actions taken in response to complaints made in 2024/5, to improve our services:

Service Area	Improvement action taken
Older People's Service Care Home Liaison Team	A team leader has been appointed specifically for the CHL team, and an away day planned to look at the referral process and get feedback from the care homes and commissioners.
Community Mental Health Team (CMHT) Older People (Bradford South & West)	The team will now allow a minimum of 2 weeks for letters to arrive, as there may be delays with the postal services. Furthermore, any appointments with less than 2 weeks' notice will now be communicated via telephone.
Lynfield Mount Hospital (LMH) 136 Suite	Feedback received from complaints is being used in the Culture of Care and continuous improvement work across inpatient services. The feedback has also been discussed within the care group assurance meetings.

Trawalli Trust
22/07/2025 08:12:11

Community Dental Service (Horton Park Mobile Unit)	The service organised an education session for all clinicians to ensure all staff are able to spot and identify possible cystic lesions on x-rays.
Daisy Hill Dementia Assessment Unit	Additional training has been arranged on the ward, specifically in relation to Parkinson's disease, its symptoms and treatment. A pharmacist attended the unit to undertake a medication round with qualified staff to aid in identifying any further training needs.

Review of PACS and improvement plans

Following the review of PACS in early 2024, processes were improved and all cases that had been open for more than 6 months were closed. A new complaints policy which reflected the updated processes, went live in December 2024. Since then, there have been no cases which have been open in excess of 6 months.

There have been some changes in leadership within PACS. A new Senior Patient Experience Manager came into post in September 2024, and an interim Complaints Manager has been in post since August 2024; she will continue in this role until June 2025 when the newly recruited substantive Complaints Manager will join the service.

An internal audit of PACS was conducted in February 2024, with the report due in April 2025.

PACS will be using a new version of our current complaints recording system, to log complaints, which will improve data quality and support the new processes as outlined in the recently updated complaints policy.

The improvement work is continuing into 2025/26 with plans to:

- make further improvements to our processes and systems
- provide further training for our complaint handlers
- develop training for service managers who might need to respond to complaints

Trawally Rachel
22/07/2025 08:12:11

Compliments

When compliments are received within our services, we try to ensure these are recorded to reflect our positive feedback.

During 2024/25 the Trust recorded 245 compliments. Compliments are an important measure of patient experience. We recognise that as an organisation we could improve the recording of compliments alongside our other methods of feedback so that we can see a full picture of the experience of users of our services.

3.4.3 Triangle of Care

The Triangle of Care is a therapeutic alliance between carers, service users and health professionals. It aims to promote safety and recovery and to sustain mental wellbeing by including and supporting carers.
Bradford District Care Foundation Trust has committed to being a member of the Triangle of Care and upholding the 6 key standards across all of our clinical services.

The 7 key standards are:

1. Carers and the essential
2. role they play are identified at first contact, or as soon as possible thereafter.
3. Staff are ‘carer aware’ and trained in carer engagement strategies.
4. Policy and practice protocols re: confidentiality and sharing information are in place.
5. Defined post(s) responsible for carers are in place.
6. A carer introduction to the service is available, with a relevant range of information across the care pathway.
7. A range of carer support services is available.

As part of our Triangle of Care membership, we are annually assessed against how well we are upholding the 6 six key standards. The most recent assessment, in January 2025, resulted in BDCFT retaining our current 2-star status, for the work within our inpatient and crisis services and our community services. Each star relates to a stage and the maximum is 3 stars. This would not have been possible without the hard work and dedication of BDCFT staff who work with carers every day. The Carers Trust have provided suggestions and recommendations for improvement moving forward towards a 3rd star for the trust, within our Adult Physical Health services. We are very much looking forward to working with our

Trawellyn Tasche
22/07/2025 16:11

inpatient and crisis services, our community services and our adult physical health services to implement this recommendation.

3.4.4 Well Together and Volunteering

The Volunteer strategy ended in December 2024. This strategy delivered the vision 'empowering people and the organisation to realise the impact of volunteering within the NHS'.

There has been significant growth in investment in Volunteering, diversity of roles and individuals volunteering in the last 3 years. There has been a notable culture shift within the organisation, with the Volunteer to Career programme leading the way in changing how volunteer roles are developed and how our relationship with volunteers is viewed. This was evidenced in the awarding of the Investing in Volunteers standard in June 2024, with an exceptional report within which the Trust's values and inclusivity shone through.

" A key strength is how the BDCFT values volunteers and the impact they have, and how this contributes to volunteers feeling confident and empowered in their work. Valuing volunteers is embedded across the whole organisation. All staff interviewed praised volunteers and expressed how valuable they are, and volunteers talked about how valued they felt" (Investing in Volunteers Assessor).

The deployment of Assemble, the volunteer management system in 2021, has improved the Volunteer Services ability to manage volunteering recruitment at scale and brings accurate and up to date oversight of volunteering activity in the Trust. This has enabled the Trust to respond to the new NHSE Volunteering Mandatory data requirements, which for the first time is giving accurate national data on the scale of volunteering with the NHS. Within the Trust from 1 April 2024 to 30 Nov 2024 224 people volunteered with the Trust, gifting 5674 hours of their time.

There is increased diversity in the volunteers being recruited, with ages ranging from 16 - 90, whilst the Well Together volunteer workforce tends to be older age categories and are more likely to have a long-term health condition or disability. The Volunteer Service is attracting more young people and people of working age. This is due in part to the Volunteer to Career and Therapeutic Volunteering programmes. This is also driving the involvement

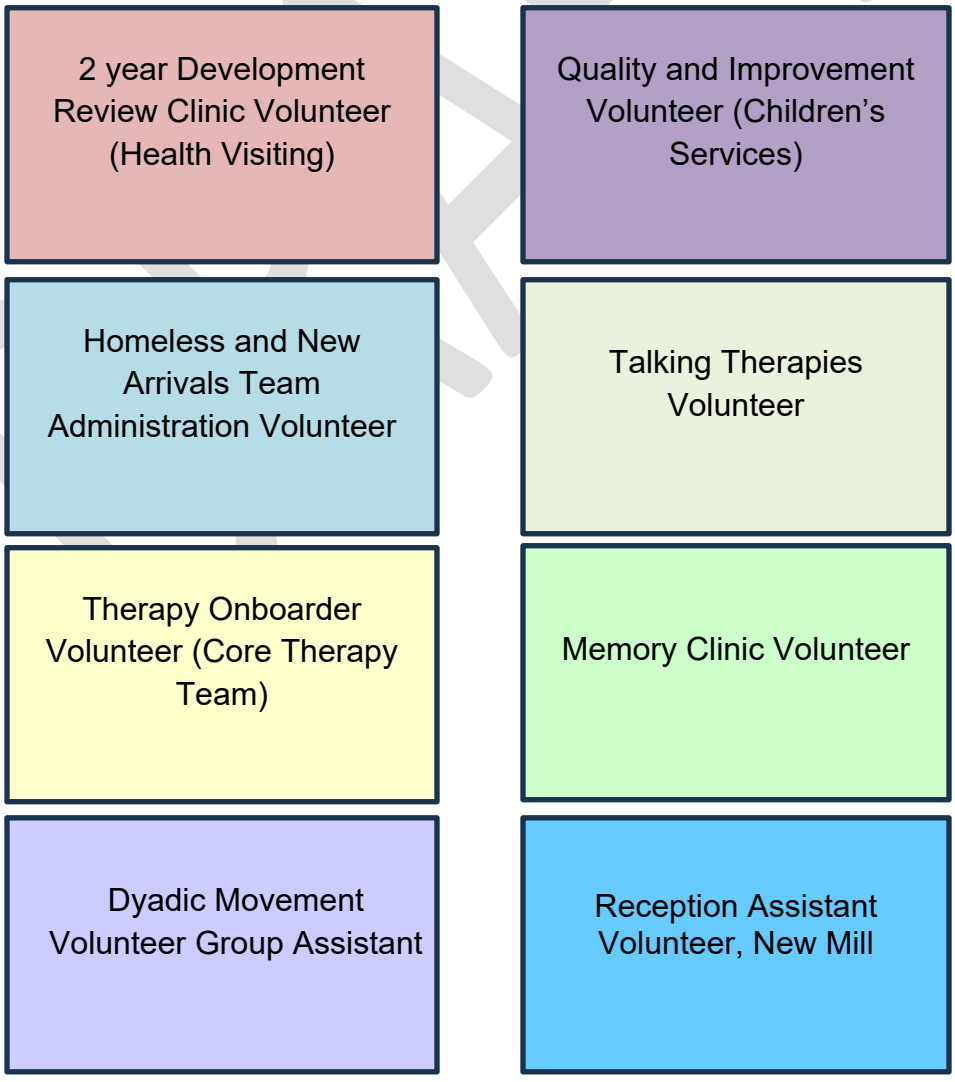
Trawsnant Report 22/07/2025 12:21

of more ethnic and cultural diversity with an increasing number who have lived abroad at some point in their life.

Well Together, following a successful Partnership with Helpforce, published a new impact and insights report to highlight the difference the service makes to volunteers, group participants and staff. Bradford-Well-Together-Evaluation-report-February-2024-v6.1.pdf (storage.googleapis.com). They have also been included as a case study in the new Helpforce report volunteering in NHS 10 year plan | Helpforce.

Both the Volunteer Service and Well Together have increased their presence within the district working in partnership to grow and develop the volunteer offer, most notable of these are the partnership with BTHFT to deliver a standardised and portable volunteer offer, driving up quality and efficiencies. Well Together has developed a positive working relationship with Active Travel Bradford to increase the offer of accessible and supportive walking groups across the district.

The Volunteer Service has advertised 33 roles this year and received 139 applications.



Trawally Rachel
22/07/2025 08:12:11

876 people have attended the 55 Well Together groups this year, Well Together have developed several new groups, stretching across the District from Settle to Wyke:

Community Activities:

- **Art Group at Shipley Library** – A creative space, popular with people facing mental health challenges.
- **Bradford Active Travel Walks** – New walking routes in Thornbury, Peel Park, and Manningham.
- **Chair-Based Exercise (Settle)** – Gentle stretching and movement to music for relaxation.
- **Relaxation Groups** – "Calm at the Castle" (Keighley) and "Chat and Relax" (Wyke) offer peaceful spaces to unwind.
- **Sewing Group at Women's Zone** – A new gathering for sewing and craft enthusiasts.
- **Settle Cancer Support Group** – Open to anyone affected by cancer, including patients, carers, family, and friends.
- **The Wheel and Walk** – An accessible walking group designed for people with mobility challenges.
- **Weekend Walks** – Outdoor activity options beyond the usual Monday–Friday schedule.
- **Yorkshire Dales Strollers** – Scenic walks using the Dalesbus, ideal for eco-conscious walkers or those who prefer shorter routes.

3.5 Medicines Optimisation

Demand continuously exceeds capacity in the Community Nursing Service and recruiting and retaining our qualified nurses is challenging. In recognition of the fact that medication administration/management constitutes approximately 20% of community nursing activities, a strategic response was implemented in October 2022. This initiative involved the introduction of the lead pharmacy technician role, which has yielded positive outcomes by augmenting community nursing capacity and enhancing standards of care and patient outcomes.

One band 6 Lead Pharmacy Technician was recruited to work directly into community nursing teams providing an opportunity to develop and test a consistent approach to medicines optimisation as well as supporting capacity and demand issues through the undertaking of administration of medications such as insulin and working with patients to support independence. Being integrated into teams offered the post holder an opportunity to identify and deliver training and development needs with the aim of reducing medication errors.

Trawalliwacton 22/07/2025 16:14:11

Since 2022, the lead pharmacy technician has collaborated with various community nursing teams, initiating with the Windhill Team and subsequently extending support to the Bingley, Holyfield, Kilmeny, Ilkley, Affinity (Shipley), and Silsden teams. Additionally, the role has accommodated referrals from other areas when deemed appropriate. The role has expanded to include the Falls Prevention Team, where the pharmacy technician collaborates with patients and the multidisciplinary team to review medications associated with fall risk. Additionally, the lead pharmacy technician now supports self-management facilitators during patient visits, assessing individuals who may be suitable for discharge from the district nursing caseload and addressing any medication-related queries.

Data was collected between May 2024 and September 2024, during which 43 completed interventions were recorded over the five-month period. Of these, 22 interventions (51.2%) resulted in patients becoming independent from the district nursing team caseload, no longer requiring their involvement for the specified intervention. This outcome translated to an average of 75 hours of nursing time freed up per month for other clinical activities. The lead pharmacy technician role has proven to be highly beneficial for both staff and patients. Identified opportunities to collaborate with care home staff and home care providers through the Local Authority present the potential for further expansion, contingent on available resources. This extension could bring additional benefits through training and support within the broader community system.

PACT team

With the success of the lead pharmacy technician role in community nursing, a band 5 pharmacy technician was recruited within the proactive care team. This addition has seamlessly integrated into the multidisciplinary team, contributing significantly to support, teaching, leadership, management, and the provision of advice on best practice guidance related to medicines optimisation and management. The role has successfully optimised patient care, emphasising the preservation and maintenance of patient independence whenever feasible.

Medicines Safety

Following a national patient safety alert on Valproate medication, which introduced new regulatory measures for prescribing oversight in both new and existing female patients, the pharmacy team collaborated with West Yorkshire to implement updated prescribing guidance. As part of this initiative, a Trust-wide teratogenic policy was developed and shared across West Yorkshire for adaptation. The Teratogenic Policy outlines the safer use of medicines in women and girls of childbearing age which are known to cause abnormalities or birth defects in a developing foetus. This policy has proven valuable, as a subsequent

Trawalla Rashid 22/07/2024 08:12:11

safety alert for topiramate introduced additional safety measures, including a Pregnancy Prevention Programme. These new measures have been incorporated into the teratogenic policy to ensure comprehensive patient safety and regulatory compliance. The policy has been disseminated across the Trust, and both the Director of Pharmacy and Deputy Director of Pharmacy conducted teaching sessions with the medical team to ensure clear understanding and effective implementation.

During National Medicines Safety Week, the Trust's Medicines Safety Officer collaborated with the KPO team to launch a series of medication safety webinars aimed at promoting the safe administration of medications. These sessions were recorded and made available to nursing staff via the intranet for future training purposes.

Research and Development

Following a collaboration between the Trust and the University of Bradford, one of our Trust pharmacists successfully completed a PhD in Pharmacogenomics. Following this successful collaboration the Trust is looking to replicate this again and offer another pharmacist the opportunity to obtain their PhD.

Our Trust Lead Pharmacist in Learning Disabilities successfully presented a poster at the College of Mental Health Pharmacy conference in Glasgow in October 2024 following acceptance of her abstract and poster. Our Principal Pharmacist for Older People's Mental Health has also had a poster accepted at the British Geriatric Society annual conference.

Pharmacy Technician Role Expansion

Following investment and a recruitment drive, Pharmacy Technicians are now undertaking the role of medicines administration to patients on most of our acute wards at Lynfield Mount Hospital and the Airedale Centre for Mental Health. This allows them to use their skills to support patients to use their medicines safely and effectively and supports nursing staff to be freed up to spend more time on other clinical tasks and face-to-face patient care.

3.5.2 District Nursing

Anticipatory care

Trawalty Recovery
22/07/2025 09:12:17

The Pharmacy technician role has continued to have a positive impact on both patient care and adult community caseloads, especially in terms of addressing polypharmacy (reviewing patients taking multiple medications), patient education, and supporting taking medications regularly as prescribed. The role has been integral to the multi-disciplinary team (MDT- the

use of different roles to work collectively to address patient's needs) pilots with the Westbourne Green District Nursing team and, the Falls service.
The multi-disciplinary pilot with the Westbourne Green District Nursing is now being extend to the Hillside Bridge District Nursing team following a successful bid for Service development funding which will support the use of a care co-ordinator in managing the multi-disciplinary meetings.

The Westbourne Green pilot showed that 47% of patients reviewed by the team required more than the core skills of one discipline, so the MDTs have been instrumental in seeking the wider support patients require.

The self-management team are working closely with the District Nursing teams and promoting self-care. Between January and October 2024, they supported 148 patients to be independent and self-caring with blood glucose monitoring and insulin administration.

The service development funding will also be supporting widespread training across all 3 portfolios on shared care training and a greater focus on self-care and proactive/anticipatory care to support different thinking and culture change, as reflective of the new NHS objectives.

3.5.3 Self-Management Facilitators.

The Self-Management Facilitators (SMFs) are a new role to Bradford District Care NHS Foundation Trust. The SMFs work closely with either patients, a family member or, carer, to support an individual to become independent and self-caring with an aspect of health care they need; this could be self-administration of medication, wound care or catheter care to name but a few.

The SMFs work closely with the District Nursing teams and Pharmacy technician, collectively encouraging self-care and proactive working. The role will also be supporting the Well leg Service aimed to reduce the re-occurrence of leg ulcers.
From January to June 2024 the SMF team have supported 632 individuals to become independent with an aspect of their health care. This not only supports the individual to have greater understanding of their health need, personal control and freedom in relation to their own health care and day to day management but, also reduces the impacts on the health care system.

DRAFT

Trawally Rachel
22/07/2025 08:12:11

The role can offer many benefits to the organisation:

- Change of thinking for all, changing the conversation and offer.
- Financial/ time benefits and, effective use of resources
- Discharges- early involvement. Promoting self-care earlier, reducing impacts on planned and unplanned care
- Close working with MAIDT at BTHFT
- MDT approach: linking with Local authority, therapy, Pharmacy technician
- Understanding roles and referring appropriately
- Working with Care Homes

Breakdown of Interventions Over 6 Months

Intervention Type	Count
Anticoagulant Administration	22
Bladder Maintenance Solution	14
Compression Hosiery Education	51
Dressing Changes	50
Emollients	3
Eye Drops	1
Insulin Administration	105
Intermittent Self Catheterisation	0
Leg Bag Changes	97
Manage Catheter Care	133
Pressure Area Education	62
Social Support	2
Stoma Care and Bag Changes	16
Test Blood Glucose Levels	53
Transdermal Patches	7
Vitamin B12 Administration	1
Well Leg Service	15
Total	**632**

Trawally Rachel
22/07/2025 08:12:11

3.5.4 The Bradford Keeping My Chest Healthy Project

The Learning Disabilities team recognised the need to shift the focus from responding when people become unwell to a more preventative, proactive model of care for respiratory health. They also recognised the need for accessible, fully translatable educational resources.
The pathway is used to identify people with a learning disability who are at the highest risk of respiratory illness, ultimately preventing hospital admissions, improving quality of life, and reducing costs in the NHS. It includes targets to reduce unplanned hospital admissions, ultimately reducing avoidable deaths.

The new pathway considers everything that can affect a person's chest health and increase their risk of respiratory illness and uses a simple scoring system to assess their level of risk. The scoring system is regularly reviewed and reflects guidance from NICE and the British Thoracic Society on aspiration pneumonia and community acquired pneumonia.

From a holistic assessment of anyone identified as at risk, the team produces a personalised 'Keeping my Chest Healthy' care plan. This describes everything a person and their support network can do to reduce their risk of respiratory illness, the soft signs of deterioration, as well as the person's baseline readings to assist carers to recognise promptly when a person is becoming unwell. It also gives actions people can take if they are becoming unwell and information for staff if the person requires hospital admission. If a person's health needs change, the team update the plan.

The team worked with the University of Bradford's Digital Media Working Academy to develop the 'Keeping My Chest Healthy' digital hub, which works on desktops and smartphones. Care plans have a scannable QR code that links to the digital hub, where users can find fully translatable co-produced resources with information about the risk factors for respiratory disease. Short videos explain the interventions a care plan may list.
The hub has been developed further to include CPD accredited online training modules demonstrating each stage of the pathway, including the scoring and other clinical tools. The team are also piloting a digital version of the Keeping my Chest Healthy care plan.

Outcomes: By December 2024 over 200 people with a learning disability had a 'Keeping my Chest Healthy' care plan. From a random sample of these, 12 months after the plan was produced, the number of chest infections treated with antibiotics had reduced by 54% and the number of hospital admissions for a respiratory condition by 70%.

Between December 2023 and September 2024 the Keeping My Chest Healthy digital hub had 3,236 unique users, 12,763 page views, 37,674 interactions and 100% positive feedback. Families/carers who use the hub report feeling 40% more confident that they are

DRAFT

Trawalla Beach
22/07/2025 08:12:11

providing the right respiratory support. One family member said how much they valued the videos in Urdu.

Wider impact: The team shared this pathway with primary care staff who complete annual health checks, so they can proactively identify anyone at greater risk of developing respiratory disease and refer them.

They also shared it with acute trusts so any individual who has an acute hospital admission for a respiratory condition is now considered for a Keeping my Chest Healthy plan to improve their chest health and prevent their readmission.

The team are now working with other Trusts to pilot the KMCH pathway to support the spread and scale of the work to other NHS Trusts.

The successes of the Keeping My Chest Healthy project have been recognised at the HSJ patient safety awards in September 2024, with it being identified as the learning disabilities initiative of the year.

3.5.5 Proactive Care (PACT) team

The PACT have achieved some major milestones in 2024 following an evaluation by Bradford Institute of Research in September 2023 which demonstrated A&E attendances 41% lower in the PACT group. The eleven disciplines, continue to provide a multidisciplinary approach blurring boundaries to provide holistic proactive care for patients in central Bradford. The team were proud to receive the 2024 Star Award for Adult physical community health services team of the year with some members of the team attending the Trust's glitzy Star Award event. Members of the team were invited to the houses of parliament for NHS Parliamentary Awards and were delighted to win the NHS Parliamentary award for excellence in Primary Care and Community Care 2024 giving the team another proud achievement.

The learning journey to meet the needs of the patient population, contributing to many community events to raise the team profile and encourage both self and professional referrals. Collaborative working is supported and encouraged and the links with Bradford Teaching Hospitals NHS foundation Trust and Dementia Uk who support care provision continue to develop. Partnerships are being built with our GP surgeries, Bradford Adult Social care and the Voluntary sector to ensure excellent communication channels.

DRAFT
Trawally Rachel
22/07/2025 08:12:11



3.6Mental health services

3.6.1Activity and Groups at Airedale Centre for Mental Health



At the Airedale Centre for Mental Health, the Therapy and Activity Team collaborate with the Psychology Team to offer a broad range of different sessions and groups to promote meaningful and therapeutic engagement and develop important life skills.

These are person-centred and ideas are generated through a variety of formats including gaining suggestions directly from the services users during the daily morning meetings, through themes that occur during one-to-one sessions on the ward, and alongside the therapeutic volunteer coordinator, influencing the recruitment of future volunteers. We do also encourage service users to help facilitate sessions where appropriate, which helps to

Trawellyn Lodge
22/07/2025 08:12:11

promote feelings of self-worth and confidence and can contribute significantly to an individual's recovery journey.

There focus on important life skills such as psychology's popular 'coping with a cuppa' where both staff and service users focus on emotional regulation techniques, to cooking sessions to build up confidence for independent living. The groups and activities also promote social interaction and inclusion and aim to reduce social isolation which is often a difficulty our service users experience.

The activities and groups are offered by a variety of individuals from the ward based therapy, activity and psychology team; nature-based therapy groups led by our Green Therapist; volunteers via our Trust volunteer coordinators; and also external partners from the community such as Keighley Creative. We also have links with Roshni Ghar, a mental health and wellbeing charity that provide culturally appropriate and responsive services, aimed predominantly at South Asian women.
In particular the sessions provided by our external partners help to create an important step in individual's recovery as networks are made supporting familiarity when experiencing the transition from hospital back home

The activities also recognise important events ranging from religious or cultural celebrations such as Eid or Christmas; celebrating sporting events such as the World Cup or Wimbledon; or engaging in local celebrations such as Lynfest or Bradford City of culture.
An overview of some of the current sessions offered are:

Activity Table

Category	Activities
Culinary & Food	Cooking and Baking
Creative	Arts and Crafts, Creative Writing
Outdoor & Active	Gardening, Walking Group
Social & Community	Coffee Afternoon, Games, Knit and Natter, Movie Night
Wellness & Self-Care	Pamper Session

Trawally Rachel
22/07/2025 08:12:11

The group and activity offer is regularly reviewed and the teams are responsive to request for future development- an example of such is that a recent suggestion has been around assertiveness training and therefore group planning sessions are now underway to meet this need. We recognise that group sessions are not always appropriate or a preference and although we promote the benefits of a group session, we strive to offer an alternative option or adaptation on a smaller or one-to-one basis where appropriate and possible.

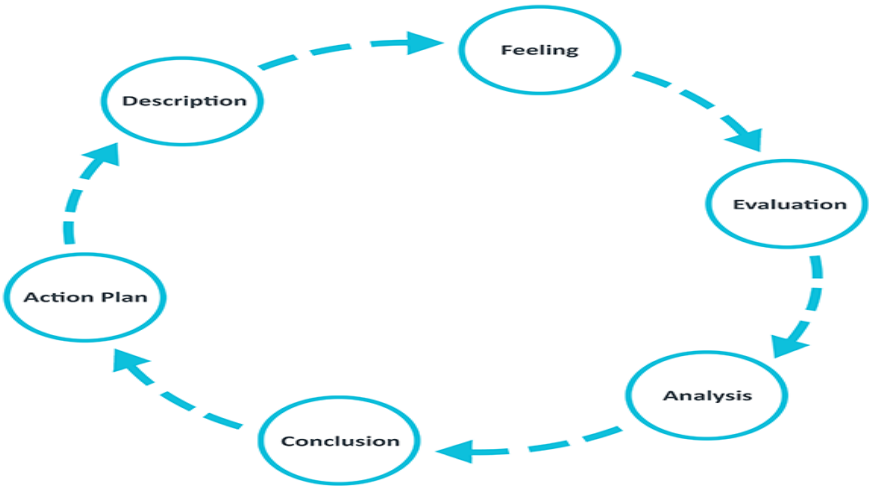


The team tailor and adapt the activity or session to meet the differing needs of the individuals attending to promote inclusion.

3.6.2Reflective Practice in Acute Community Services

Reflective practice is a planned, regular organised and confidential meeting space for a group of staff to look at and discuss the work they are doing and the impact of this upon the staff, those they work with and care for and the wider systems and processes. Reflective practice is recommended in all health and social care settings. There is evidence that reflective practice, which focuses on the emotional aspects of nursing, can improve nurses' wellbeing and mental health and is considered an essential aspect for improving nursing care. There are weekly sessions facilitated in First Response team, Bradford and Airedale Intensive Home Treatment Team and the Bradford and Airedale Acute Liaison Psychiatry teams have access to monthly sessions.

Gibbs'(1988) reflective practice cycle



Trawally,Rachel
22/07/2025 08:12:11

DRAFT

Co-production in Acute Community Services- The Involvement Group

The Acute Community Services Involvement Group started in February 2024 and had run monthly since that time. Membership of the group consists of five regular Trust Involvement Partners, the consultant clinical psychologist and the clinical manager for acute community services.

The aim of the group is to develop the quality and opportunity for client and carer centred care and service delivery across our acute community services. The group have worked closely with service staff on the transition to the 111 mental health service, specifically designing the messaging service directing callers to the most appropriate service and this year have collaborated on training on 'Working with clients who experience complex trauma and are in crisis'. This training has been delivered in partnership with Cellar Trust for Mental Health paramedics and co-delivered with Involvement Partners to Safe Spaces staff. The feedback about the contribution from Involvement Partners has been excellent and is much valued by the service.

3.6.3 Specialist Mother and Baby Mental Health Service - Bradford, Airedale and Craven's specialist perinatal mental health service

This multidisciplinary team is part of integrated pathways of care and is engaged with the regional Mother and Baby Unit, mental health services, and critical partners including maternity, health visiting, primary care, voluntary care service (VCS), and other acute services. The service is district wide covering Bradford, Airedale and Craven. It is available to women and other birthing people with severe mental illness and who are considering becoming a parent as well as to people in the perinatal period, which is during pregnancy and up to 12 months following birth. To be accessible and sensitive to perinatal (pre-birth) needs, most of the care is provided in people's own homes and some contacts take place via video, provided this is appropriate to need and doesn't present any risks to parent or baby.

The team offers:

- Preconception advice to women with a history of, or current, severe mental health problems, including information on the risks of pregnancy and childbirth to their mental health and the potential impact on the foetus/infant. This is provided by the perinatal consultant psychiatrist.
- Specialised mental health assessment, evidence based perinatal risk assessment and parent-infant relationship assessment.

Trawally Rachael 22/07/2025 08:12:21

- All women provided with ongoing care within the team are care co-ordinated.
- Add-on packages of care to women within the perinatal period, who are already have ongoing secondary care, as agreed with the existing service's care coordinator;
- Specialised medication advice to women and practitioners via the consultant psychiatrist.
- Mental health care and support to women, their infants and their families, including evidence-informed interventions. A range of therapeutic interventions are offered, including specialised support for the mother and for the parent-infant relationship. In addition, Nursery Nurses provide practical and emotional support.
- Accessible information and resources regarding perinatal mental health to the woman, her family and promoting awareness and knowledge across the wider community.
- Proactive communication across services to the benefit of the woman's care.
- Duty support to all professionals, supporting perinatal mental health care across services.

We have expanded so that 5% of the birthing population will be able to access specialist perinatal care in 2024/25. In 2022/23 we saw 4.2% of the birthing population. We are hoping to expand over time and with investment to meet the LTP of 10% access.

Referrals are received from any professional, or a mother or other birthing parent can ring up First Response Service for support in a crisis. Midwifery is the most prevalent referrer, then GPs, HV, and mental health services. About 50% of referrals are made antenatally, supporting early intervention and prevention. The wait to assessment fluctuates but is currently around 2 weeks, in line with NHSE ambitions.

Most mothers referred to the service experience deprivation, with over half of all the referral living within the 20% highest deprivation. Regarding ethnicity, the referrals appear broadly reflective of the demographics of Bradford. Therefore, it seems that SMABS is an accessible service. SMABS has taken part in the Equality Delivery System 2022 and were identified as excelling.

Specialist Mother and Baby Mental Health Service (SMABS) works directly to help women recover from their severe mental illness and provides prevention and early intervention, preventing and mitigating Adverse Childhood Events ACES. Based on clinician and patient measures, the data indicates that women who received care from SMABS mainly recover and that the majority of mother-infant relationships improve. 57% of mothers reported no psychological distress via their final Clinical Outcomes in Routine Evaluation (CORE) and 7% reported mild psychological distress via their final CORE. 60% of parent-infant relationships improved and 19% had no issues throughout care. Based on mothers' reports 8% of parent-infant relationships had no issues and 70% parent-infant relationships improved.

Trawalling Tech
22/07/2025 08:12:11

Our feedback from mothers is overwhelmingly positive as can be seen via Family and Friends, service user groups, and Royal College of Psychiatrists peer review. Given that the perinatal period can augur a significant deterioration in mental health with some serious mental illnesses being diagnosed for the first time, the outcomes are positive.
Women who receive ongoing care also receive parent-infant interventions, including therapy. We are recognised for our mature parent-infant mental health offer. We have a stepped care approach and are a service provider in BDCFT's infant mental health pathway. Ready to Relate is receiving national interest and a digital accompaniment product has been launched in 2023/2424, with more than 2800 users by the end of 2024. We are the first Trust, and perinatal mental health service, in the UK to implement Lieberman's Child-Parent Psychotherapy, a recommended gold standard intervention by the Early Intervention Foundation.

During 23-25 we have provided more than 607 advice consultations to support Perinatal mental health care across place. We have developed and shared the interactive recommended perinatal mental health care pathways guides to promote excellent perinatal mental health care to be implemented across services. We provide training to upskill practitioners both internal and external to the Trust: we develop perinatal mental health training and parent-infant mental health training for primary care practitioners, secondary and tertiary mental health service. The Ready to Relate training and resource is also invested in across Bradford, Airedale and Craven, with the aim to support parent-infant relationships and mitigate adverse childhood experiences by changing the narrative of the infant to one which is more evidence based and enable parents to better understand and find satisfaction and enjoyment with their infants. Training receives positive evaluations for example: *"Fantastically helpful and informative"* and *"It was great training. I wouldn't change it."*

We have also developed a range of resources which are available on our website, including prescribing advice, facilitated self-help and information and awareness raising resources. We have also developed the Ready to Relate digital offer which provides families with evidence-based information and supports practitioners in their interventions aimed at supporting the parent-infant relationship.

"When I look back in years to come at the birth of my son and the start of his life, I am so lucky to hold fond, loving memories of that time thanks for SMABS. Without their support, I am sure the experience would have been entirely different, I might not have even made it through to be there for it. I am beyond grateful. I owe SMABS a huge debt for all they have done for me and my little family. Words can't describe how thankful I am."

Trawally Rachel
22/07/2025 08:12:11

3.6.3Children's 0-19 Service

At Bradford District Care Trust our public health nursing teams deliver the 'healthy child programme.' (HCP). This consists of several contacts/ visits for parents/ carers and their children.

For those with children under 5 years this is an antenatal visit, a birth visit, a contact when the baby is between 6 and 8 weeks old and then 2 development reviews. (One when the child is around 1 year and one when the child is around 2 and a half.) These are all delivered by a member of the health visiting team.

Our school nursing team deliver the national child measurement programme (NCMP). The National Child Measurement Programme (NCMP) is a government-mandated public health program that measures the height and weight of children in Reception and Year 6. Children in reception will also have their hearing checked.

Both our school nurses and health visitors also deliver 'packages of care', which support families, children and young people who may be experiencing difficulty in a particular area, such as breastfeeding/ emotional wellbeing/ anxiety.

Over the last few years our service has introduced extra programmes of support including MECSH (The Maternal Early Childhood Sustained Home-visiting) and the infant to school programme, Infant to School helps parents prepare a child for school, offering support with things like toilet training and speech and language development. It can be used with families who have or have not been through the MECSH programme.

We have also introduced CHAT health. This is an anonymous and confidential way for people to contact our service. We have CHAT health across 3 areas:

- The parent advice line is for parents and carers of under-fives to text the Health Visiting team, where we offer a wide range of advice and support on topics such as safe sleep, behaviour, crying, toileting, immunisations, development and mental health.
- For mums who are breastfeeding, the Community Infant Feeding team can be contacted with any queries or concerns about breastfeeding, or for details of local support groups and clinics.
- Our third area is for Children and young people aged 11-19 who can text the School Nursing team and receive anonymous advice and support on a wide range of issues, from healthy eating and emotional health and wellbeing, to alcohol, smoking or vaping, drugs, self-harm, contraception, sexual health or bullying.

Trawally Rachel 22/07/2025 08:12:11

In the last year we have introduced development review clinics, where groups of children are seen in a community setting such as a family hub. One stop health shops have been trialled in some schools, the idea was to work with other agencies and allow a safe space for students and families to access different services and organisation in one area. Positive feedback has been received in all of our new development areas and we hope to expand on these in the future.

3.6.4 Mental Health Nurse Kate Dale Honoured in New Year Honours List 2025



Kate Dale has been recognised in the New Year Honours List 2025 with the British Empire Medal (BEM) for her outstanding services to people with severe mental illness.

Kate, a Mental Health Nurse with the Trust, has been a driving force behind improving the physical health outcomes of individuals with severe mental health conditions. This recognition highlights her remarkable dedication to reducing premature mortality rates among this vulnerable population, who are at risk of dying up to 25 years earlier than the general population due to untreated physical health issues.

With an incredible 45 years of continuous service to the NHS, Kate's career has been marked by unwavering commitment and a pioneering spirit. Her work, both locally and nationally, has brought about significant improvements in the delivery of integrated physical and mental health care. As a national leader in the Positive Practice Mental Health Collaborative's Special Interest Group on Integrated Physical and Mental Health Care, she has influenced policy makers and raised awareness of the need for a holistic approach to patient care.

A key achievement of Kate's career has been the development of the Mental Health Physical Review Template, an innovative tool that systematically guides GPs and practice-based staff in conducting comprehensive annual physical health checks for people with serious mental health conditions. This template has been successfully implemented across 80 GP practices, hospital wards, and five physical health and wellbeing clinics in Bradford and Airedale, allowing healthcare staff to provide more effective, timely, and tailored care.
The multi-award award winning template has been showcased by NHS England as an example of good practice and has been rolled out regionally through the support of the Academic Health Science Network and Kate continued to roll out the initiative nationally. In

Trawden, Rachel 22/07/2025 08:[illegible]:1

addition to her pioneering work, Kate regularly represents the Trust as a keynote speaker at conferences across the UK, advocating for parity of esteem between physical and mental health. Her efforts have been instrumental in improving physical health checks and raising awareness of their critical importance within mental health services.

Reflecting on her honour, Kate said: “There is no health without mental health and physical health; we need to look at patients holistically and not segregate the two. By improving the physical health of people with serious mental health conditions, we can reduce the number of premature deaths across the UK. This recognition is not just for me, but for the entire team at Bradford District Care NHS Foundation Trust, whose hard work, determination, and passion have made this possible.”

As a recipient of the British Empire Medal, Kate will be formally presented with her medal by the Lord-Lieutenant at a local ceremony and will be invited to attend a Royal Garden Party in recognition of her achievements.

Phil Hubbard, Care Trust Director of Nursing, Professions and Care Standards and Deputy Chief Executive, said: “The Trust is incredibly proud of Kate and congratulates her on this well-deserved honour. Her work continues to inspire and bring about meaningful change in the lives of those living with severe mental illness.

3.6.5 Children in Care team

The Children in Care team has been named a finalist for the prestigious HSJ Digital 2025 Awards in the “Empowering Patients through Digital” category.

This recognition highlights their efforts as the first service within our Trust to implement the Patient Engagement Platform, *Patients Know Best*—a user-friendly and accessible digital patient portal. This also looks like a national first of type, showing the true pioneering nature of this project.

Through this initiative, care-experienced young people aged 16-18 now have access to a secure digital version of their *My Health Passport*. This innovation enables them to manage their personal health records and communicate directly with our Trust’s nursing team. Co-developed with care leavers and staff, the project is designed to enhance patient communication and empower young people with greater control over their healthcare information. Including some positive user satisfaction stories, with one vulnerable patient engaging with care professionals who have previously refused to participate in the service offering.

Trawellingtech
22/07/2025 16:12:11

3.6.7 Clinical Administration Service

These teams have improved quality in many ways over the last year. Some examples include:

Team	Key Improvements
Central Administration	- Expanded the team with two Service Coordinators to support senior managers in Mental Health Teams - Assisted in 'One Stop Shop' events for parents - Supported clinical managers with return-to-work forms, releasing time to care
Children's Administration (CHIS)	- Reduced vitamin stock wastage, saving around £3,000 a month - Established a central phone line for reporting absences - Cross-trained staff for off-site duties to improve efficiency
Inpatient Services	- Improved supervision data input and training compliance - Reception team now manages ward keys, reducing replacement costs - Standardised vehicle booking system, releasing time to care
Mental Health Administration	- Took over reception duties at Fieldhead, freeing up clinicians' time - Supported transcription and processing for the Neurodevelopmental Service, reducing legacy waiting lists - Recognised with a You're a Star Award nomination
Physical Health	- Soft-launched the Patient Knows Best (PKB) digital platform - Started referral processing for the Tissue Viability Well Leg Service - Expanded uniform laundering and reuse, saving around £9,500 a year and reducing CO2 emissions - Piloted a centralised stock ordering system for Podiatry - Supported Early Language Support for Every Child (ELSEC) project
Service-Wide	- Supported the creation of an admin workforce pool, reducing agency reliance - High promotion rates due to strong induction and training plans - Leading in mandatory training and service performance KPIs - Actively involved in clinical transformations to free up time for care - Introduced admin service volunteers, enhancing engagement - Developed digital post ledger and franking label system for efficiency - Created in-house recruitment and training videos - Moved health & safety risk assessments online

Trawally, Rachel
22/07/2025 08:12:11

	- Added tamper-proof seals to emergency boxes for cost control - Developed new Friends & Family Test survey method - Conducted audits to improve communication quality - Enhanced staff survey feedback reporting for focused improvements - Improved internal communication through MS Teams and direct leadership access - Released 2,470 clinical hours in 24/25, totalling 11,821 hours over two years
Single Point of Access (SPA)	- Began 111 call redirect for better crisis support - Piloted a pressure ulcer prevention support line - Enhanced call handling for multiple teams, reducing unnecessary visits - Implemented MS Teams for rapid mental health team alerts - Developed duty lists for real-time clinician availability

DRAFT

Trawally,Rachel
22/07/2025 08:12:11

SECTION FOUR:

Statements from our Partners

Trowally Rachel
22/07/2025 08:12:11

4.1 Bradford Healthwatch

Healthwatch Bradford and District welcomes this opportunity to comment on the Bradford District Care Foundation Trust Quality Report for 2024/25

As the independent champion for people using health and care services, we welcome the work and commitment of the Trust in ensuring the voices of patients and service users are heard. Once again we recognise the commitment to the continued delivery of excellent services for the citizens of Bradford.

We also recognise the challenges that all providers are currently facing in regard to significant structural changes within the national and local health and care systems. Not least the huge financial savings that have already and will continue to need to be made.

It is pleasing that the ongoing strategy of the Trust continues to put the person at the centre of decision making and that the 'Ambition to Action' strategy focuses on patient experience with specific focus on those experiencing the greatest inequalities.

The success of the Personal Health Budgets initiative is especially pleasing in supporting patients to leave hospital and to become 'Happy, Healthy and At Home' just as soon as is safely possible.

We continue to maintain an effective working relationship with colleagues at all levels across the Trust and look forward to developing this further with the Patient Advice and Complaints Team and Patient and Carer Experience and Involvement Team.

We note that the Trust is undertaking a strategy refresh re patient experience and happily offer our support with this as may be required.

For the second year running Healthwatch Bradford & District are particularly pleased to have seen significant improvement in the delivery of children's mental health services over the last year. We have seen first-hand the commitment and leadership that has driven this work. It has been a pleasure to work directly with key Trust personnel to provide support and challenge to both strategy and delivery.

We look forward to working with the Trust and partners to continually improve services to patients and to see the workforce thriving in a supportive and successful environment.

Helen Rushworth
Chief Executive Officer
Healthwatch Bradford & District

June 2025

Trawally, Rachel
22/07/2025 08:12:11

Bradford District and Craven Health and Care Partnership ACTasONE

NHS West Yorkshire Integrated Care Board

23 May 2025

The Bradford District Care Foundation Trust Quality Accounts 2024/2025

On behalf of NHS West Yorkshire Integrated Care Board, I welcome the opportunity to feedback to Bradford District Care NHS Foundation Trust (BDCFT) on its Quality Report for 2024/25. The Quality Account has been shared with key members across the Bradford Place and this response is on behalf of the organisation.

The priorities set out in 2023/2024 have been linked to three key themes and I note the key achievements mapped against last year's priorities, which include:

Theme 1 – Access and Flow:

- The implementation of right care, right place, right time model to improve choice, access, reduce waiting times and enhance care delivery utilising partnership working, and digitally enabled services. The progress you outline includes waiting times for Child and Adolescent Mental Health Services, which has reduced from 21 to 12 weeks. You have developed an initiative in partnership with BTHFT and Locala to support eighty adults and children to access dental treatment under General Anaesthetic in a 3-month period. You have introduced digital systems including Artificial Intelligence (AI) within NHS Talking Therapies, digital consent forms in children's vaccination services, and the Patient Engagement platform across podiatry and dental services. I note that this priority will continue into 2025/2026.
- The enhancement of collaboration between mental, physical, and social care systems to embrace innovative ways of working, which has included the establishment of an award-winning care team. Further examples of progress include the continued roll out of Proactive care team (PACT), delivering a holistic service by different professions to people with the highest need, and the delivery of the Personal Health Budgets Pathway in partnership with Mind in Bradford.

Theme 2 – Learning for Improvement:

- The sharing of best practice and learning, to improve effectiveness, with key achievements noted as offering health support in schools, the implentation of the Personal Health Budgets Pathway for those in hospital to support discharge and the delivery of learning and education events across the district.
- The continuing work to embed the 'Care Trust Way' Strategy to ensure continuous improvement; an approach which embraces the integrated care agenda across Bradford and Craven, focussing on involvement of staff and service users to manage expectations and challenges, to provide safe and effective services, reaching those most in need.

Theme 3 – Improving the Experience of People who use our Services:

- The drive to embrace the principles of trauma informed care in the offer of services, including board training and involvement in the complaints process. I acknowledge that there is current work ongoing to refresh the Involvement Strategy to continuously improve peer support, volunteering opportunities to encourage learning to support transformational change. I note you take active steps to improve involvement from people who use your services thus improving experience.

The Trust has made further strategic quality improvement priorities, acknowledging the dedication and collaboration across services. The most notable improvements include:

Trawally, Rachel 22/07/2025 09:12:11

- The continued focus on the health and wellbeing of staff, including improving absence monitoring and support for staff and
- Enhancing the care pathway for patients with dementia and Alzheimer's
- Improving the digital patient referral system and continued commitment to data quality and effective electronic clinical record systems
- Improving experience for individuals using the Purposeful Inpatient Admission (PIPA), supporting staff with a learning event
- The involvement in audits to inform future care delivery, including engagement in 100% of National audits available, including Diabetic Footcare, the prescribing and use of several medications (Rapid Tranquilisation, Melatonin, Opioids, Clozapine)
- Staff and patients have continued to participate in clinical research, thus demonstrating the continued commitment to improving quality of care.
- The full transition in April 2024 to implement and embed the Patient Safety Incident Response Framework and plan, thus developing processes, new ways of working and approaches to learning from patient safety events. The Trust continues to strengthen opportunities in how 'Learning from Deaths' can be used to make improvements.
- The Patient-Led Assessment of the Care environment annual assessment scores for the Trust are higher in all areas than the national average, thus evidencing the enhanced patient experience.
- Ensuring the Freedom to Speak up approach is psychologically safe.
- Continued commitment to infection prevention
- The Trust Board continued their 'Go See' visits to inpatient areas with positive feedback.
- Securing £50 million in capital funding in August 2024, to develop two new wards, refurbishment of two existing wards, improve off ward facilities and develop an additional S136 suite at Lynfield Mount Hospital.
- The Better Lives Charity facilitated improving health, experience and well-being for staff and service users. The response rate for the staff survey was 53%; improvement areas were recognised and actions developed.
- The continued focus on enhancing how the Trust hears from service users and improving the experience of Involvement Partners
- The recognition of complaints with actions developed to address concerns; the new Complaints Policy was published in December 2024, alongside new systems.
- The continued progress in adopting the Triangle of Care across services, a therapeutic alliance between carers, service users and professionals.
- The continued commitment to Medicines Optimisation across the Trust, including the further development of medicines technologists and the
- For people and their caregivers, the educational and health improvement tool 'Bradford Keeping my Chest Healthy Project,' has been developed by Learning Disability Services.

The CQC rating remains as 'Good.' I acknowledge that the CQC has not taken any enforcement actions or undertaken any investigations against the Trust during 2024/2025 and commend you on this.

I note the key local priorities for quality improvement for 2025/26 will have a continued focus on change which will have the greatest impact:

- You will introduce a Quality Management System, to enhance how the organisations services meet quality standards; therefore, improving efficiency, reduce risks and monitor quality throughout the organisation.
- You will launch value stream into care groups with a dedicated focus on patient pathways and processes, thus ensuring each pathway delivers the greatest impact. This will serve as a foundation for long-term transformation, developing a culture of efficiency, collaboration, and value-driven quality care.

Trawally, Rachel
22/07/2025 08:12:11

- You will continue to embrace AI, Automation, and digital ways of working.

I confirm that the statements of assurance have been completed demonstrating achievements against the essential standards.

Finally, I am required to confirm that the Bradford District and Craven Health and Care Partnership has reviewed the Quality Account and believe that the information published provides a fair and accurate representation of Bradford District Care Foundation Trust's quality initiatives and activities over the last year.

I can also confirm that the Bradford District and Craven Health and Care Partnership has taken reasonable steps to validate the accuracy of information provided within this Quality Account and can confirm that the information presented appears to be accurate and fairly interpreted; the Quality Account demonstrates a high level of commitment to quality in the broadest sense and we support the positive approach taken by the Trust.

Your sincerely



Matt Sandford
Director of Partnership and Place
Deputy Accountable Officer BDC ICB

DRA

Trawally Rachel
22/07/2025 08:12:11

4.3 Independent Auditors Report

In response to the COVID-19 pandemic there is no requirement to obtain an independent Auditors Report. The production of this report has followed the existing governance framework developed over previous years and is, in our opinion, compliant with national guidance.

DRAFT

Trawally Rachel
22/07/2025 08:12:11

Glossary

This section aims to explain some of the terms used in the Quality Report. It is not an exhaustive list but hopefully will help to clarify the meaning of the NHS terms used in these pages.

Term	Definition
Audit	Audit is the process used by health professionals to assess, evaluate, and improve care of patients in a systematic way in order to enhance their health and quality of life.
Benchmarking	To evaluate something (e.g. a service) by comparison with a standard.
Care Quality Commission (CQC)	The independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. The organisation aims to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. The CQC seeks to protect the interests of people whose rights are restricted under the Mental Health Act.
Care Trust Way (CTW)	The CTW is our system of continuous improvement, bringing together the quality improvement methodologies of Kaizen, innovation and coaching, in order to work together to improve the experience for staff and service users, to collectively create Better Lives, Together.
CBT	Cognitive Behavioural Therapy - A talking therapy that can help you manage your problems by changing the way you think and behave.
Commissioner	Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning groups (CCG's) are the key organisations responsible for commissioning healthcare services for their areas. They commission services (including acute care, primary care, and mental healthcare) for the whole of their population, with a view to improving their population's health.
CQUIN	(commissioning for quality and innovation payment framework) - 'High Quality Care for All' included a commitment to make a proportion of providers' income conditional on quality and innovation, through the commissioning for quality and innovation (CQUIN) payment framework. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443
Data definitions	The indicators reported within this quality report are a combination of key performance indicators with national definitions and local indicators with an agreed local definition.
Foundation Trust (FT)	Foundation Trusts are still part of the NHS, and still have NHS inspections and standards to meet. Foundation Trust's are still accountable to Parliament, but differ from standard NHS Trusts primarily due to the accountability to local people who can register as members and be elected as governors.
Healthwatch	An independent consumer champion for both health and social care that replaced LINK from 1 April 2013.
Kaizen	Kaizen refers to activities that continuously improve all functions and involve all employees from the Chief Executive to front line staff. In

Trawally, Rachel 22/07/2025 09:12:11

	Japanese, 'Kaizen' is derived from two words – 'Kai' meaning 'change', and 'zen' meaning good. This translates literally to 'change for the better'.
LEAN Management	Lean management is an approach to managing an organisation that supports the concept of continuous improvement
National Patient safety Alert	Patient safety alerts are official notices issued by NHS England which give advice or instructions to NHS bodies on how to prevent specific types of incidents which are known to occur in the NHS and cause serious harm or death
NHSEI – NHS England and NHS Improvement	NHS England and NHS Improvement joined together from 1st April 2019. They support the NHS to deliver improved care for patients. https://www.england.nhs.uk/about
NHS staff survey	- An annual anonymous survey to staff in all NHS organisations http://www.nhsstaffsurveys.com/Page/1019/Latest-Results
NICE	The National Institute of Clinical Excellence https://www.nice.org.uk/
Quality	Quality is defined by Lord Darzi in 'High Quality Care for All' (2008) as an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. Quality is an NHS that delivers high quality care for all users of services in all aspects, not just some.
Quality report	A quality report is an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing. Quality reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.
R4	The Trust's clinical information system for salaried dental services.
Schema Therapy	A type of cognitive therapy.

DRAFT

Trawally Rachel
22/07/2025 08:12:11

Contact us

Communications

For all media enquiries or if you would like copies of the Quality Account or more information about the Trust you can contact us:

Email: communications@bdct.nhs.uk

Follow @BDCFT

Patient Advice and Complaints Department (PACS)

Tel: 01274 251440

Email: advice.complaints@bdct.nhs.uk

Bradford District Care NHS Foundation Trust

Tel: 01274 228300

Trust Headquarters New Mill

Victoria Road, Saltaire

Shipley BD18 3LD

Trawally Rachel 22/07/2025 08:12:11

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: 1st July 2025

Agenda Item

26

Key escalation and discussion points from the meeting			
Alert	**Action (to be taken)**	**By Whom**	**Target Date**
N/A			

Advise:

Following due diligence around data validation, the interim and final phase 1 baseline West Yorkshire (WY) Community Stocktake report will be shared, including to WY Place and Integrated Neighbourhood Board colleagues.

The WYCHS ExecLeads where asked to review and agree phase 2 of the WY Community Stocktake focus in their July 2025 meeting. Following discussion, the WYCHS ExecLeads agreed that;

- each ExecLeads to engage with their organisations/colleagues on the Final phase 1 report and provide feedback, particularly on preferred scope/focus for phase 2 over the summer and
- ExecLeads will agree scope/focus of phase 2 by early September 2025.

Following completion of the WY Community Stocktake and consideration of priorities and key deliverables from Winter planning, 25/26 UEC Plan, 10yr plan and WY ICB Transformation priorities, the Community Collaborative will agree its work programmes focus and sequencing and provide assurance around impact on VfM, patient outcomes and health inequalities to future meetings.

Assure:

It was agreed by Karen Jackson, Brendan Brown and Sara Munroe that the West Yorkshire Provider Collaboratives would consider what outcomes metrics we would want to collect and share around left shift/neighbourhood delivery.

Updated WYCHS governance documentation was circulated in April 2025 with the request this be reviewed by end of May 2025, with nil return being seen as accepting the versions supplied. No request for further amends were received, alongside confirmations of organisations acceptance of the paperwork. To that end, it was agreed to take these version of the WYCHS MoU and ToR as agreed and that they will be reviewed in April/May 2026.

Tameside Panel 22/07/2025 08:30 Item 26

Report completed by:

Becca Spavin
Programme Director: West Yorkshire Community Healthcare Provider Collaborative

14.7.25

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

Trawally, Rachel
22/07/2025 08:12:11